



PATIENT

Doc Logan

SPECIES

Canine

BREED

Pitbull/Mix

SEX

Male Neutered

AGE

8y

WEIGHT

61.2 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo VC

REFERRING VET

Dr. Ackmann

INVOICE

12989

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: Presents for ultrasound - Chronic vomiting and weight loss (was 77.2 # per previous vet records on 5/9/25) - Previous veterinarian recommended abdominal ultrasound but was unable to see the patient for a couple of weeks - History of allergies, has been on apoquel and cytopoint in the past - Previous records show elevated SDMA (16) and crea (1.5), BUN 17, mildly low ALP (16). TT4 normal (3.3)

Abnormal PE/Chem/CBC/UA Results: PE WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.3 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.82 cm width at the caudal pole.

Spleen

The spleen was subjective mildly enlarged in size exhibiting a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjective borderline mildly enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact borderline to mild thickened wall owing to borderline to mildly thickened gastric mucosa. The stomach was overall non-distended containing a mild amount of



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anechoic fluid. Gastric body wall measured up to 1.2 cm width. No evidence of gastric foreign material or overt obstruction to pyloric outflow.

The small intestine presented intact generalized thickened wall layering with mild altered wall layer ratio owing to propensity for thickened hyperechoic submucosa layer and mildly thickened muscularis layer. The lumen of the small intestine was generalized empty with minor segmental, non-obstructive intestinal ileus and mild segmental jejunal corrugation. Jejunum wall measured up to 0.58 cm width

Normal visible colon wall layers were present with generalized soft feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measurement was 3.0 cm x 1.0 cm. No evidence of significant peritoneal effusion was present.

PRIMARY FINDINGS

- Gastroenteropathy exhibiting mild, non-obstructive gastric stasis and thickened small intestine wall exhibiting mild segmental jejunal corrugation
- Generalized soft fecal matter in colon
- Normal area of pancreas
- Intermittent, mild mesenteric lymphadenopathy
- Normal bilateral kidneys/adrenal glands

SECONDARY FINDINGS

- Hepatosplenomegaly – suspect secondary to sedation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of gastroenteropathy is nonspecific with inflammatory bowel disease or other inflammatory etiology favored. Infectious disease, dietary intolerance, occult parasitism, occult Addison's disease, occult neoplasia thought less likely yet not excluded. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis and screening cortisol level are warranted. Gastrointestinal biopsy is required for definitive diagnosis. Hydrolyzed diet trial with probable long-term dietary therapy, high colony probiotic such as Provable, empirical deworming despite fecal testing, as needed gastrointestinal support with clinical as needed sonographic monitoring would be reasonable.



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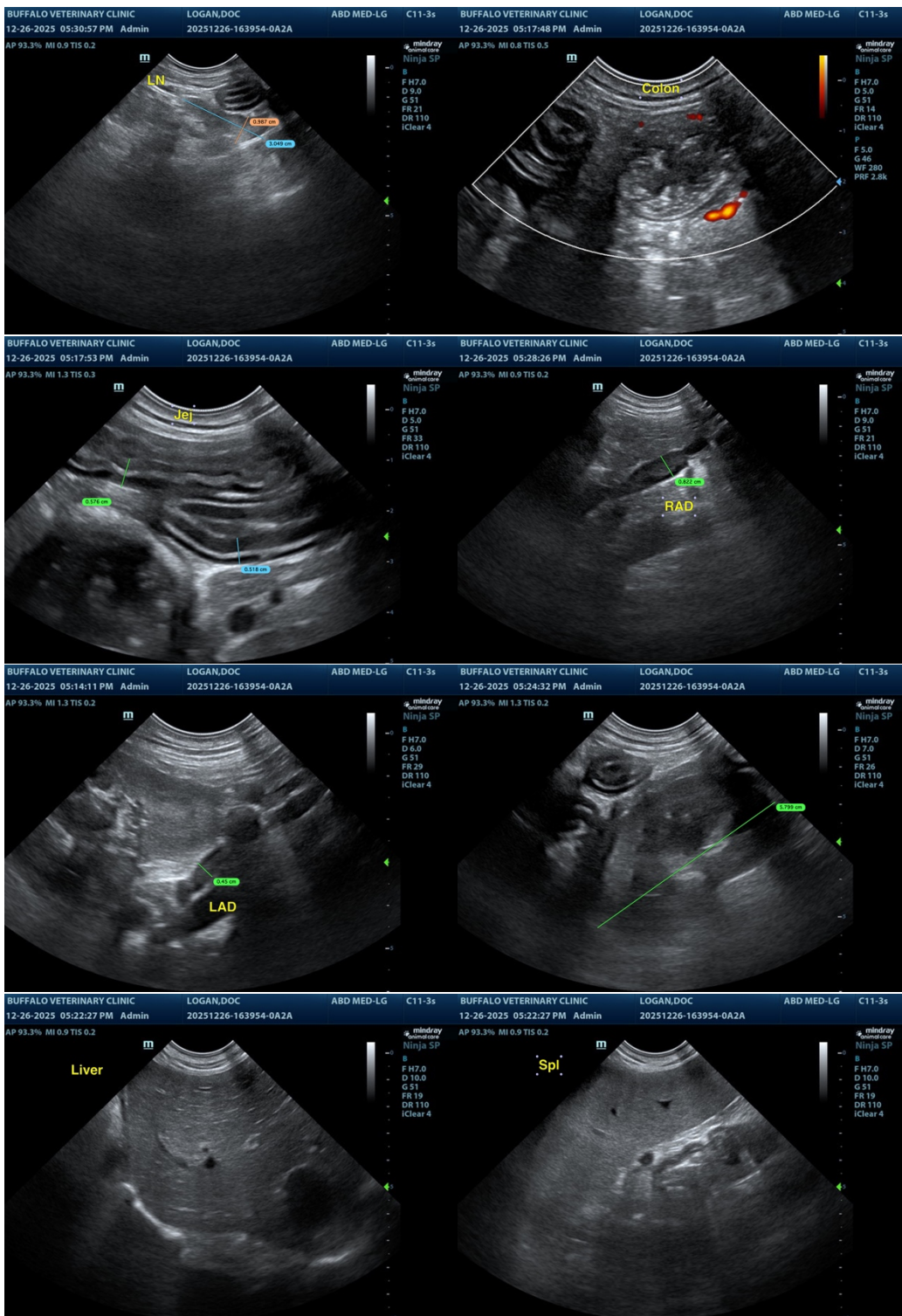
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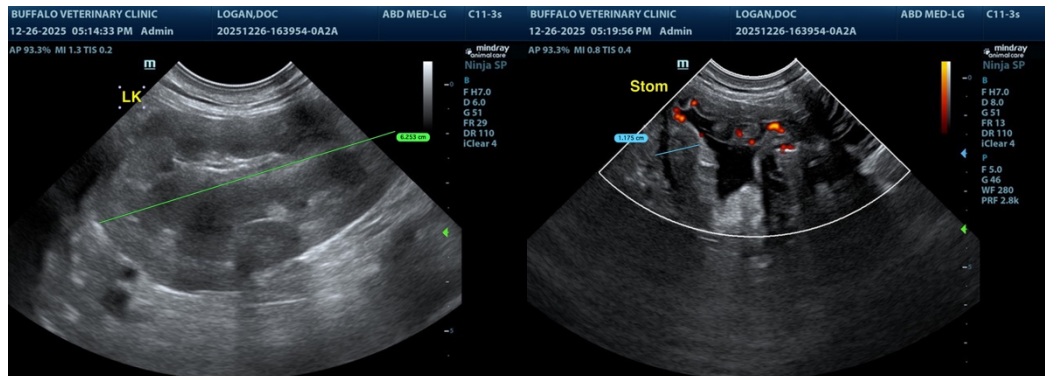
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com