



PATIENT

Sam Davis Dog
Farm

SPECIES

Canine

BREED

Great Pyrenees

SEX

MN

AGE

2y

WEIGHT

95 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers
VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Ark Animal Hospital

INVOICE

10409

DATE

12/3/25

PRESENTING CLINICAL SIGNS

rescue dog from a farm, chronic intermittent diarrhea and vomit, heartworm positive, underweight, poor appetite. Recent blood work unremarkable. Fecal previously positive for hookworms - was dewormed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

There was no overt pathology in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 7.5 cm in length. The right kidney measured 7.5 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 0.62 cm width at the caudal pole. The right adrenal gland was indistinctly visualized yet overtly normal in size, position, and shape. The right adrenal gland subjectively measured 0.62 cm width at the caudal pole.

Spleen

The spleen exhibited 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/ Gallbladder

The liver was subjectively normal in size, structure, and contour. 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.



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Gastrointestinal

The stomach presented intact, mildly prominent wall. The stomach was nondistended containing a mild amount of retained anechoic fluid. The gastric body wall width measured 0.69 cm in width.

The small intestine presented intact wall layering with a normal 1:3 muscularis/mucosa ratio. Propensity for prominent jejunal submucosa layer was noted. There is no evidence of mechanical / metabolic ileus to the level of the colon. The duodenum wall measured 0.52 cm width. The jejunum wall measured 0.38 cm width.

Normal visible colon wall layers were present with apparent formed 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 were evident.

Free Abdomen

Midabdomen, mildly enlarged mesenteric lymph 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 lymph node measured 2.6 cm x 0.67 cm. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Intact mildly prominent stomach wall with mild retained gastric fluid
- Suspect mild IBD intestinal pattern
- Sonographically normal colon
- Intermittent mild subjective benign mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive with possible patient variant, the small intestine exhibited subjective mildly prominent submucosa layer, which may be associated with inflammatory intestinal disease. There is no evidence of gastrointestinal foreign material or overt neoplastic criteria. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Re-deworming (Panacur 50.0 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks), hydrolyzed diet trial, high colony count probiotics such as Provable, and as-needed gastroprotectants if clinical signs consistent with gastritis, may prove beneficial. Although considered less likely, screening cortisol level to rule out occult Addison's Disease is suggested.



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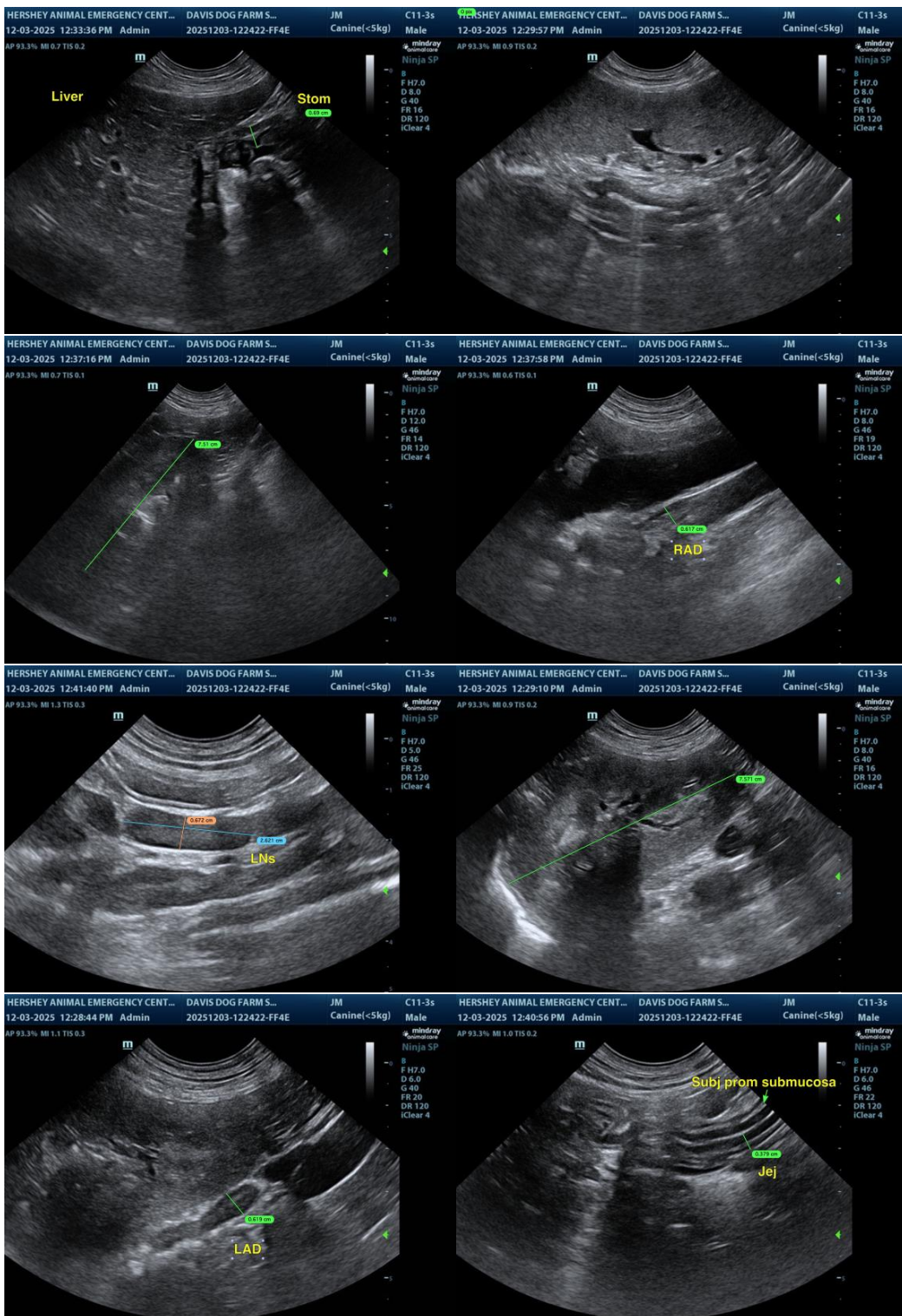
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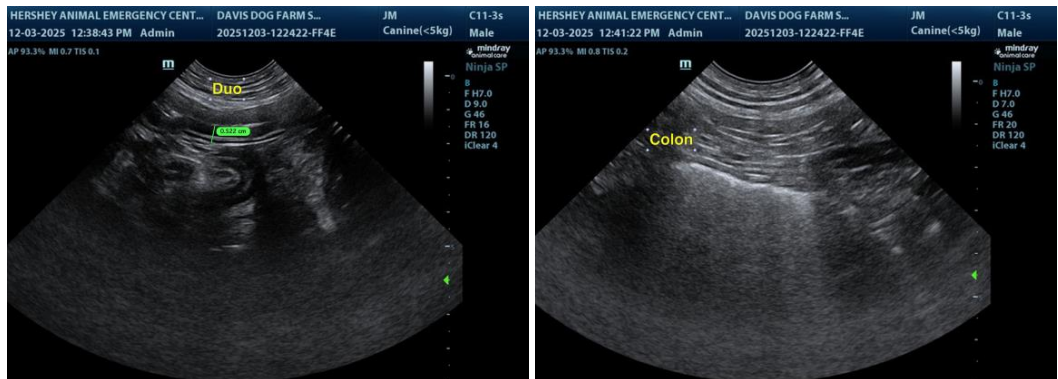
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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