



PATIENT

Lucy Reyes

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

7 Years

WEIGHT

45 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT,
CVT

HOSPITAL NAME

Bergen County
Veterinary Center

REFERRING VET

Dr. Moore

INVOICE

12868

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Progressive weight loss, d+, intermittent v+, treated for Lyme in October R/O PLE vs neoplasia

Abnormal PE/Chem/CBC/UA Results: Alb 2.0, 2.3 in October

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal tone. Anechoic urine was present in the lumen with mild particulate urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

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 6.2 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 0.68 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 0.51 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

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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with an empty lumen. No evidence of overt retained ingesta, fluid, foreign material or obstruction to pyloric outflow.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. Subjective prominent to mildly thickened ileum wall. Primarily generalized mild intestinal ileus to the level of the ileocolic junction. The jejunum wall measured 0.32 cm width. The ileum wall measured 0.39 cm width. No obvious obstructive pathology at the level of the ileocolic junction.

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Generalized colon distention was present with nonformed fecal matter in lumen.

Pancreas

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The area of the pancreas was sonographically normal.

Free Abdomen

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Intermittent 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). No evidence of peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Normal empty stomach.
- Nonspecific enteropathy exhibiting primarily generalized mild intestinal ileus.
- Intact mildly thickened ileum.
- Generalized distended colon containing nonformed fecal matter.
- Intermittent mild mesenteric lymphadenopathy- subjective benign.
- Normal area of the pancreas.

Secondary Findings

- Mild nonorganized gallbladder debris (non-mucocele).
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the small intestine may include IBD or other inflammatory or infectious disease, protein losing enteropathy or lymphangiectasia, infiltrative disease such as neoplasia, less likely fungal or other neoplastic intestinal criteria thought less likely yet cannot be definitively excluded. A GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level are recommended. No overt evidence of gastrointestinal foreign body or mechanical obstructive pattern which is thought less likely. Gastrointestinal support which may include dietary trial, high colony count probiotics such as Provable, cobalamin supplementation (pending assessment of cobalamin level) and empirical deworming (Panacur 50 mg/kg SID for 5 days with repeat protocol in three weeks despite fecal testing) pending additional diagnostics may prove beneficial. Intestinal biopsies are required for a definitive diagnosis and may be considered if albumin level is 2.0 or greater. Urinalysis if not done is suggested to rule out concurrent proteinuria given the patient's history. Recheck sonogram if evidence of progressive gastrointestinal ileus.

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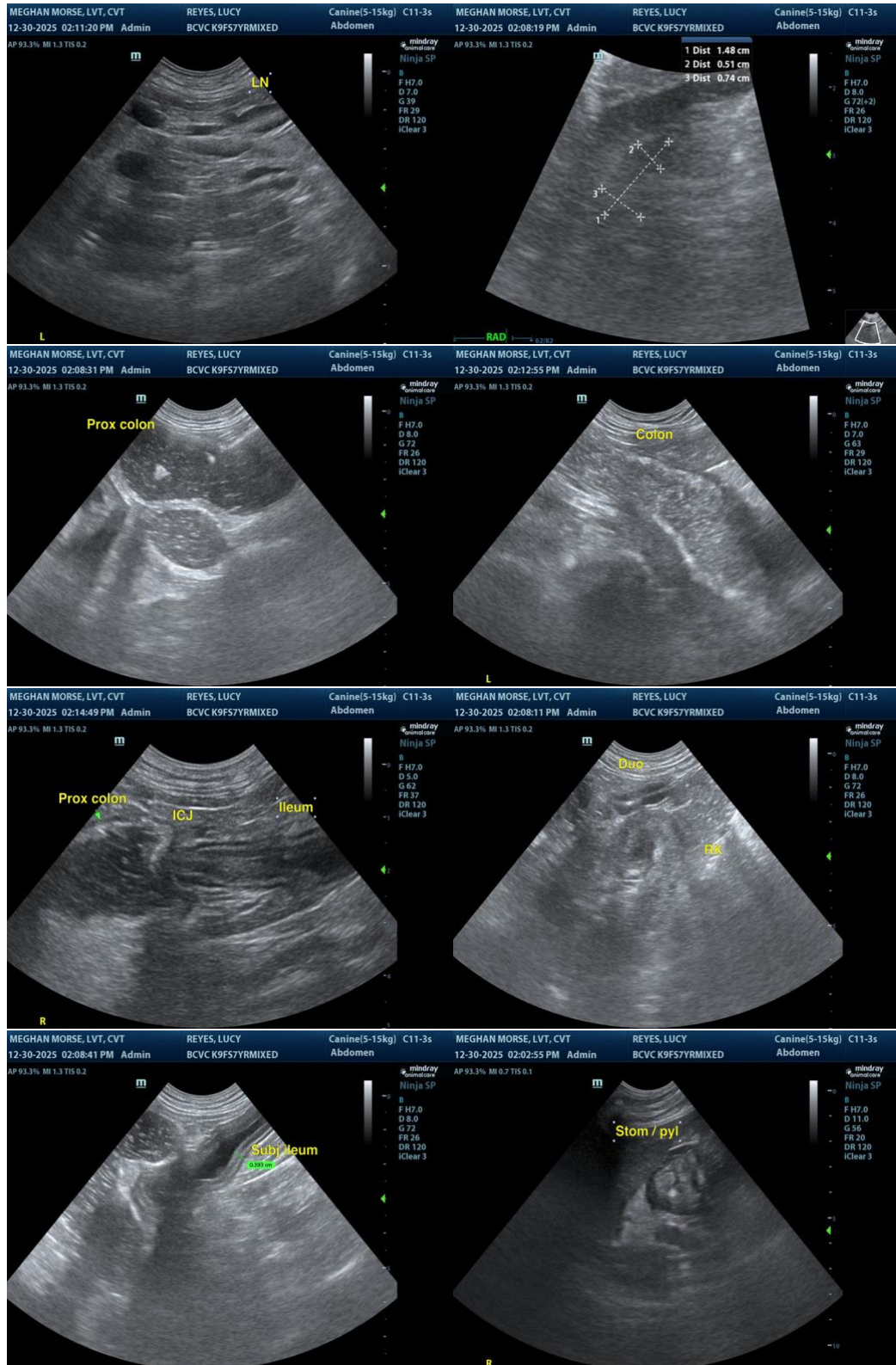
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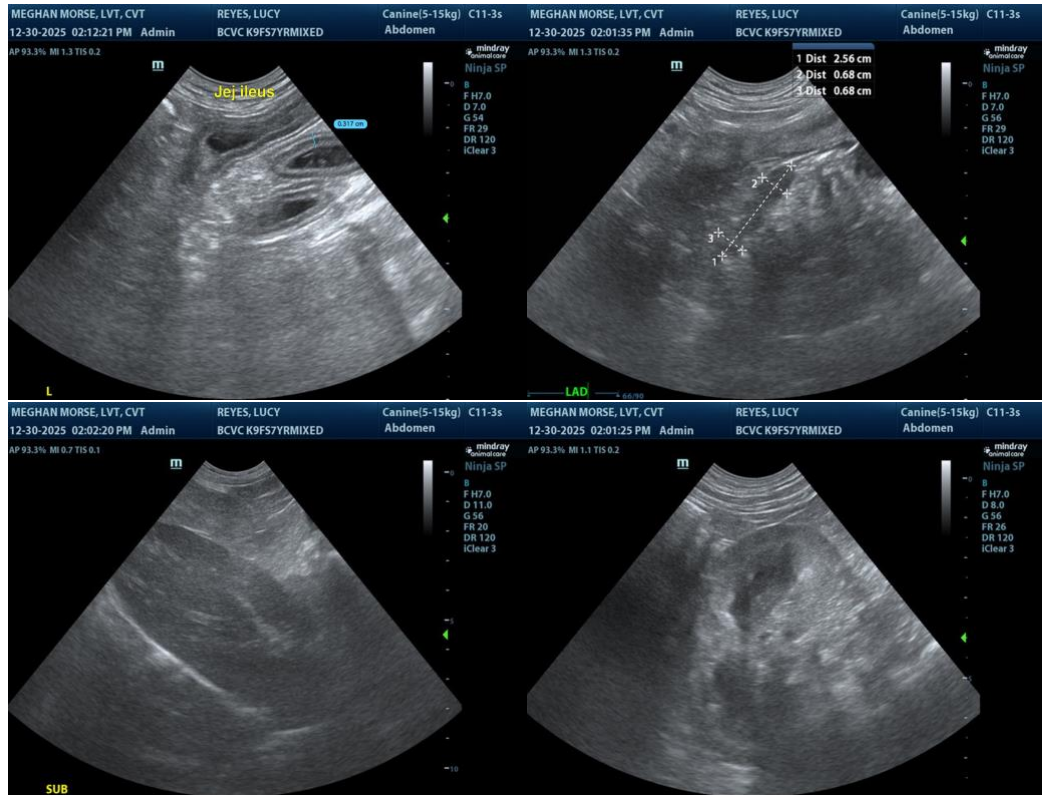
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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