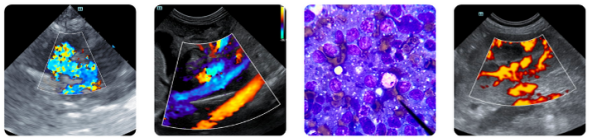


PATIENT

Moose Werkheiser

SPECIES

Canine

BREED

Wheaten Terrier

SEX

Male Neutered

AGE

2y 11m

WEIGHT

29.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Daniel Hoffman

INVOICE

12998

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: The patient has a history of chronic/recurrent GI upset (decreased appetite, diarrhea, vomiting) and lethargy, which typically responds well to conservative treatments (bland diet, Maropitant, Metronidazole, and subcutaneous fluids). The Owner has elected for an AUS to further characterize the patient's GI disease - differentials include inflammatory bowel disease, lymphangiectasia/protein-losing enteropathy, neoplasia, etc. The Owner is also beginning to transition the patient to a hydrolyzed diet.

Meds: No meds currently, but the patient was prescribed Metronidazole 200 mg PO BID x 10 days on 12/09/2025; he was also prescribed Fenbendazole 3 grams on food SID x 6 days on 12/10/2025.

Abnormal PE/Chem/CBC/UA Results: 1. CBC/Chemistry/T4/UA, performed 12/09/2025 -- there is a mild to moderate eosinophilia (EOS = 2.497 K/uL), as well as a mild pan hypoproteinemia (TP = 4.7 g/dL, ALB = 2.4 g/dL, GLOB = 2.3 g/dL), but the BW is otherwise unremarkable; T4 WNL; mild to moderate bilirubinuria was noted on UA, which was otherwise unremarkable 2. Resting Cortisol, performed 12/09/2025 -- Cortisol = 3.4 ug/dL (normal) 3. SNAP 4DX, performed 12/09/2025 -- NEGATIVE x 4 4. Fecal (Intestinal Parasite Screening), performed 12/12/2025 -- negative for ova and parasites

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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.

The residual prostate presented sonographically normal measuring 1.0 cm in diameter.

The area of the aortic trifurcation was free of pathology.

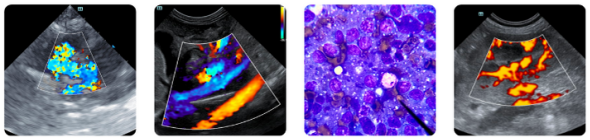
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.0 cm in length. The right kidney measured 5.6 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 0.41 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 0.37 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.



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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 minor, non-dependent, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented overall intact wall layering exhibiting propensity for mildly thickened to hyperechoic submucosa and segmental mildly prominent muscularis layer. Subjective mildly prominent to thickened ileum wall. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Ileum wall measured 0.52 cm.

Normal visible colon wall layers were present with apparent semi-formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 3.5 cm x 1.3 cm. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach
- Normal area of pancreas
- Enteropathy exhibiting subjective intact to mildly thickened ileum
- Normal colon containing semi-formed fecal matter
- Intermittent mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the small intestine exhibited mild mural changes suggestive of inflammatory criteria, i.e. IBD or other. Dietary intolerance, infectious disease, occult parasitism, mild pancreatitis which may present sonographically normal, less likely occult neoplasia, all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Current therapy including transitioning to a hydrolyzed diet, high colony count probiotic such as Proviable, Cobalamin supplementation pending assessment of Cobalamin level and consideration for a second round of deworming is suggested. Definitive diagnosis may require intestinal biopsies for histopathology. Adverse effects on normal gastrointestinal flora with Metronidazole use may be considered.

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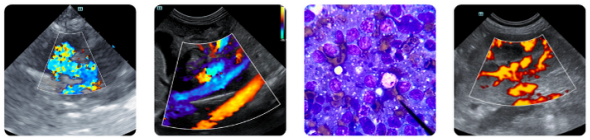

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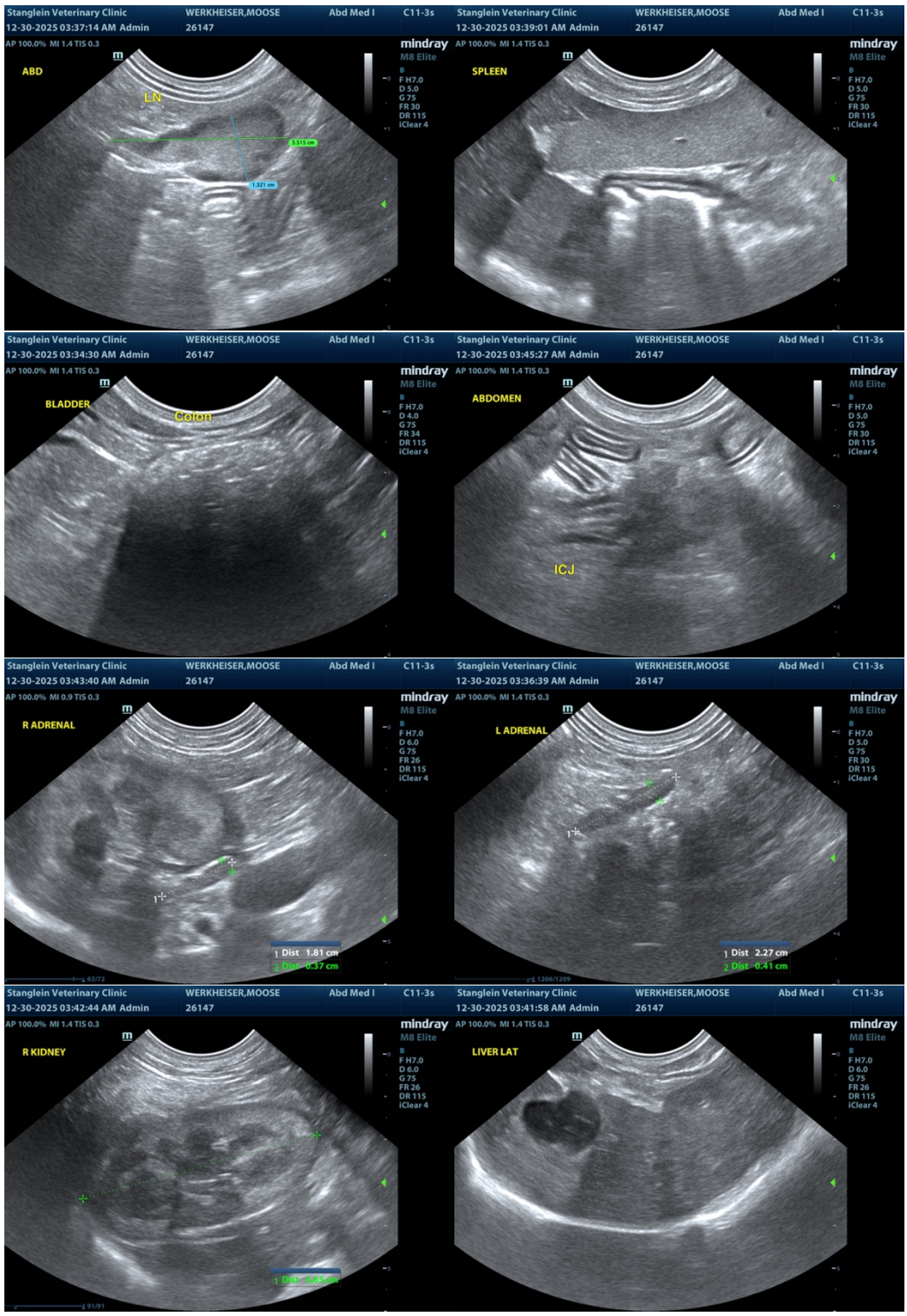

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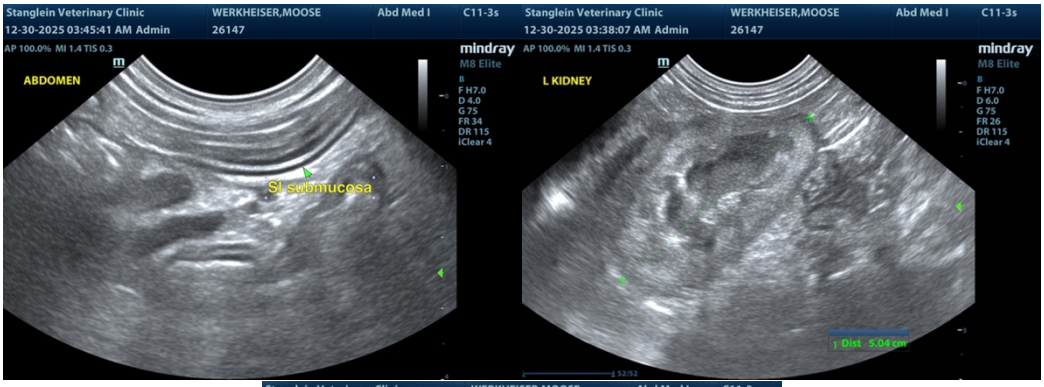

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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