



PATIENT

Cora Zentil

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

2yr

WEIGHT

27

INTERPRETED BY

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

IMAGING PERFORMED BY

ML

HOSPITAL NAME

Allure Veterinary
Hospital & Urgent Care

REFERRING VET

ML

INVOICE

23121

DATE

12/04/2025

PRESENTING CLINICAL SIGNS

Patient presented for vomiting and straining to defecate (now seems liquid diarrhea). Cora has a history of intermittent vomiting and difficulty gaining weight. The increased frequency of vomiting seemed to start after her Bordetella vaccine (about 1 week ago)

Abnormal PE/Chem/CBC/UA Results: CBC PDW 6.5 fL (9.1-19.4) L MPV 8.3 fL (8.7-13.2) L Chem Amylase 462 (500-1500) L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

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 6.9 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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. Normal vascular volume. 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 wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, strongly shadowing ingesta.



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The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Subjective borderline thickened duodenum with a focal area of non-obstructive mildly hyperechoic non-shadowing duodenal ingesta. The duodenum wall measured 0.49 cm width. The jejunum wall measured 0.37 cm width.

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

Pancreas

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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

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No omental masses or peritoneal effusion was present.

Intermittent mildly prominent to 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 measured 2.0 cm x 0.5 cm.

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ULTRASONOGRAPHIC FINDINGS

Primary

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- Strongly shadowing gastric ingesta
- Intact small intestine wall exhibiting subjective borderline prominent duodenum wall and focal duodenal ingesta
- Normal visible colon containing semi-formed fecal matter
- Intermittent mild benign mesenteric lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given reported non-NPO prior to the ultrasound, the strongly shadowing gastric and focal non-shadowing duodenal ingesta is likely consistent with variable dense food echogenicity. Definitive gastroenterocolic mural pathology was not obvious. Non-structural gastrointestinal disease may present sonographically normal. Ideally documented 12- 18 hour fast and sonographic reassessment of the gastrointestinal tract is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol is warranted.

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Empirically novel protein or hydrolyzed diet with concurrent assessment of caloric plane or for competitive eating environment, high colony count probiotic, cobalamin supplementation pending assessment of cobalamin level and empirical deworming Panacur 50 mg/kg SID for five days with repeat protocol in three weeks despite fecal testing may prove beneficial.

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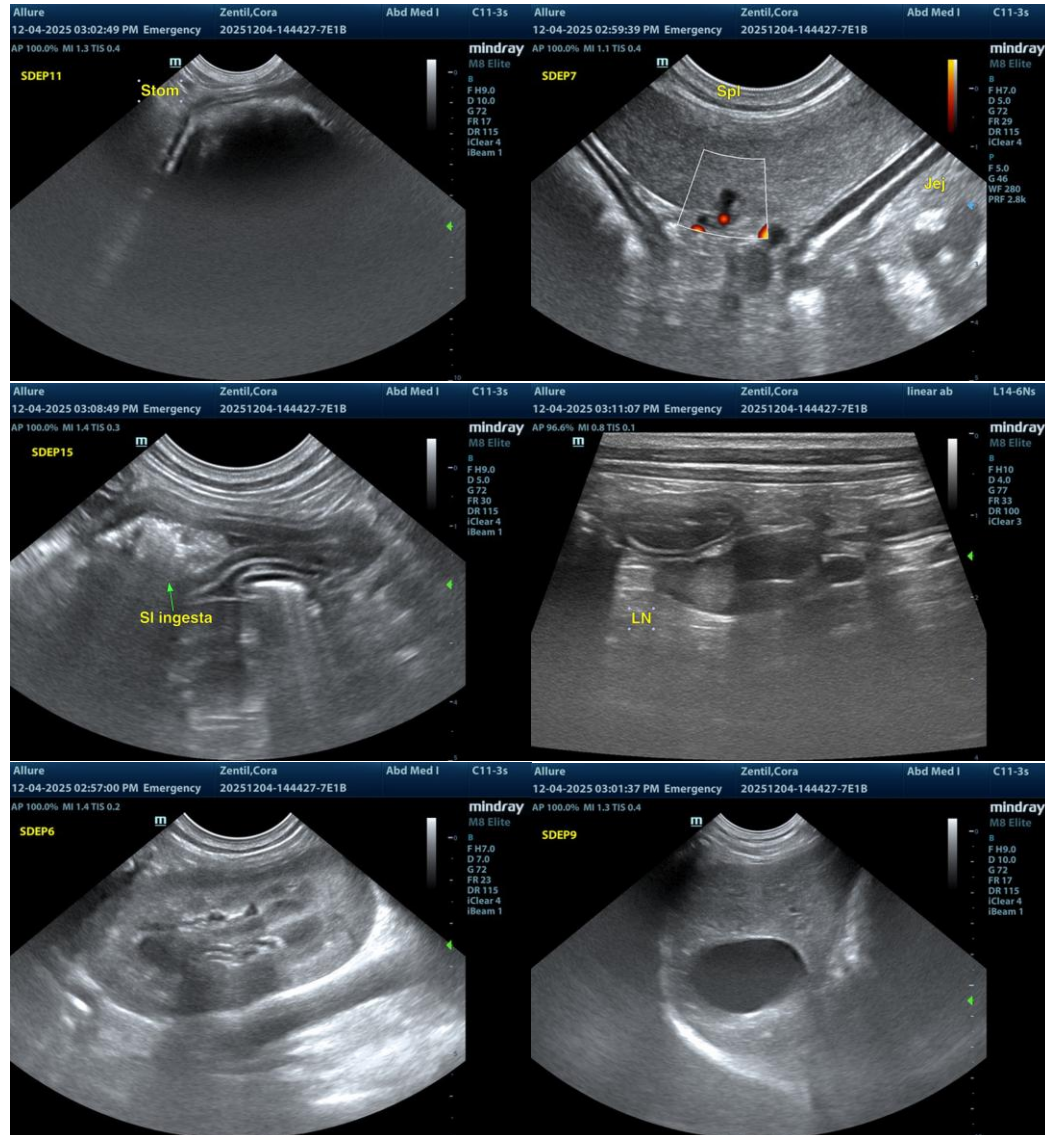
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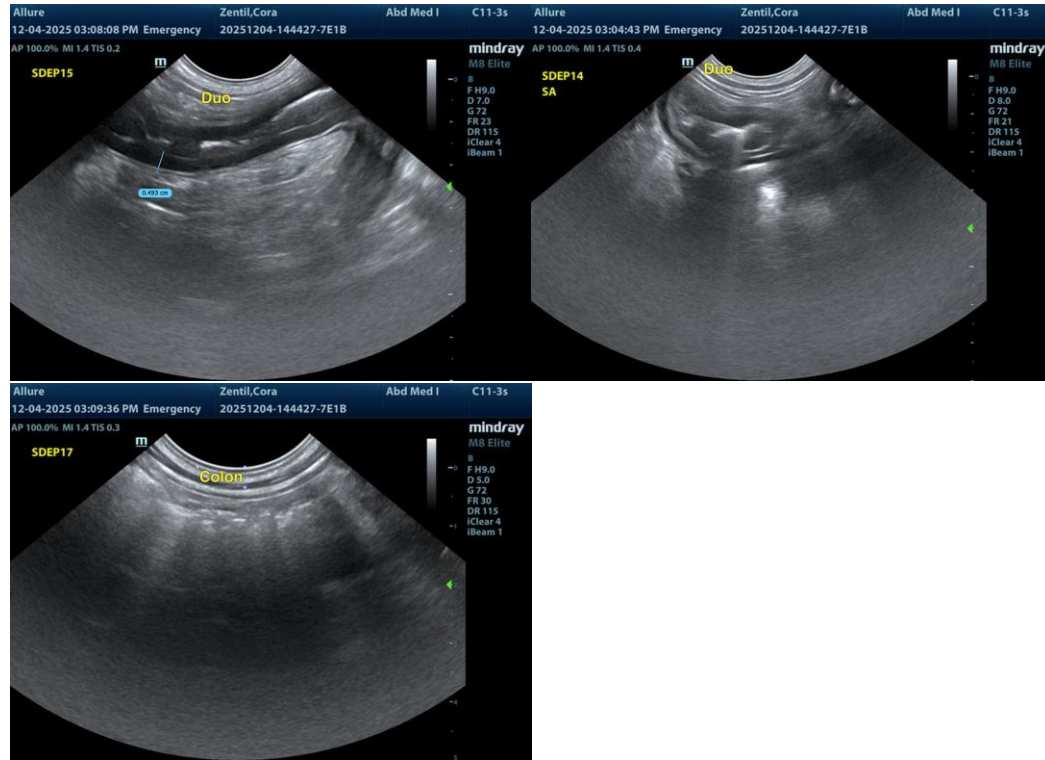
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com