



PATIENT

Fritz Thibodeau

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

12 Years

WEIGHT

14 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brittany Wolfe

HOSPITAL NAME

HomeVets

REFERRING VET

Dr. Brittany Wolfe

INVOICE

12577

DATE

12/05/25

PRESENTING CLINICAL SIGNS

P presented on 12/1 for acute V+/D+, hives, severe erythema, fever, anorexia, lethargy. tx w/ sex-sp, Benadryl, metronidazole, Cerenia, proviable, bland diet. T = 103.7 Presents today for persistent skin erythema (although a little better), anorexia, lethargy, D+, vomiting small blood clots. T= 102.2

Abnormal PE/Chem/CBC/UA Results: 12/1: non-regenerative anemia (HCT 31%), panhypoproteinemia (glob 2.6, alb 2.0), persistent ALP elevation, remainder of cbc/chem normal (neutrophils 7.54K) 12/5: stable non-regenerative anemia (HCT 32%), new neutrophilia (23.58K), worsening panhypoproteinemia (glob 2.5, alb 1.7), stable ALP elevation (255), remainder of cbc/chem/lytes normal. USG 1.020, remainder of UA normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.3 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen presented subjective mildly enlarged in size. A solitary small well demarcated nondisruptive perihilar mildly hyperechoic nodule was visualized measuring 0.50 cm in diameter.

Liver

The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nondependent congealed biliary sludge. No evidence of wall inflammation or edema. The common bile duct was not visualized.

Gastrointestinal

The stomach presented with intact borderline thickened wall. Empty lumen with mild lumen gas. Gastric body wall measured 0.44 cm wall width.

The intestinal walls demonstrated intact subjective borderline thickened wall layering and maintained 1:3 muscularis / mucosa ratio. Mild decreased mural echogenicity exhibiting subtle hyperechoic



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segmental intestinal mucosal speckling and mild nonobstructive intestinal ileus. Small intestine wall measured 0.40 cm wall width.

Normal visible colon wall layers were present with generalized soft to nonformed fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Minor peri-intestinal omental hyperechogenicity and intermittent scant pockets of peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute gastroenteropathy exhibiting mild nonobstructive intestinal ileus.
- Normal area of pancreas.
- Vacuolar/reactive hepatopathy pattern with mild nonorganized gallbladder debris (non-mucocele).
- Mild splenomegaly with probable perihilar myelolipoma.
- Mild peri-intestinal reactive omentum and scant effusion.
- Generalized soft/nonformed fecal matter in colon.

Secondary Findings

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, infectious disease, enterotoxin, nonspecific inflammatory bowel or protein losing enteropathy, occult parasitism, mild pancreatitis, occult neoplasia are all potentials. A definitive cause of the anemia was not obvious. Further assessment may include (if anemia is stable and assuming normal clotting status) screening hepatosplenic FNA cytology, a GI panel to include PLI, TLI, cobalamin and folate and CBC pathology review. No evidence of mechanical gastrointestinal obstruction i.e. foreign material, definitive mass, etc. Gastrointestinal support is indicated. Sonographic monitoring is recommended if continued clinical signs.



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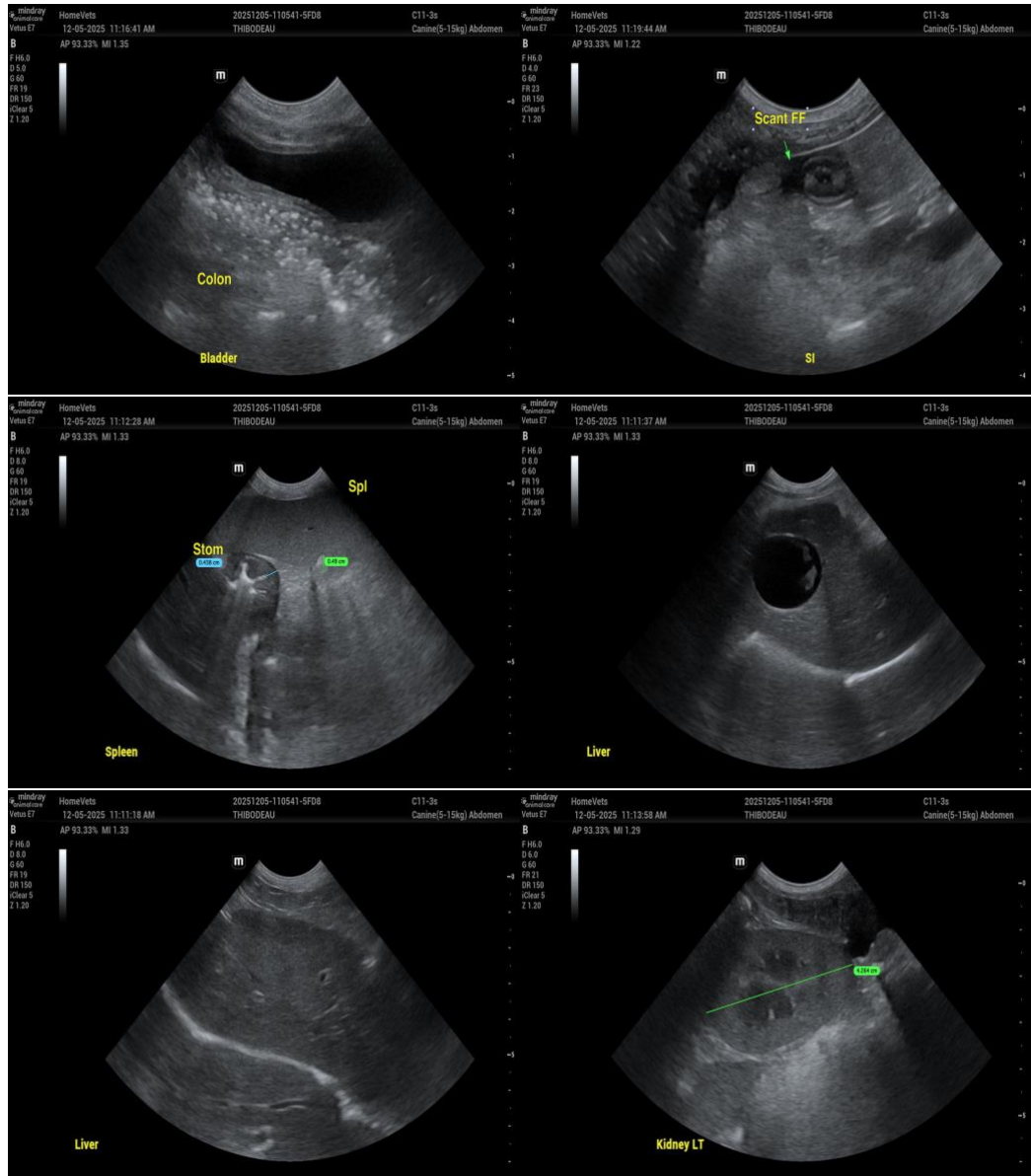
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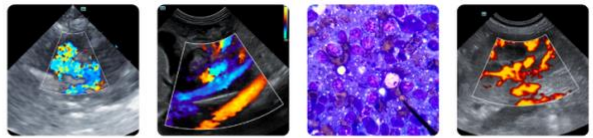
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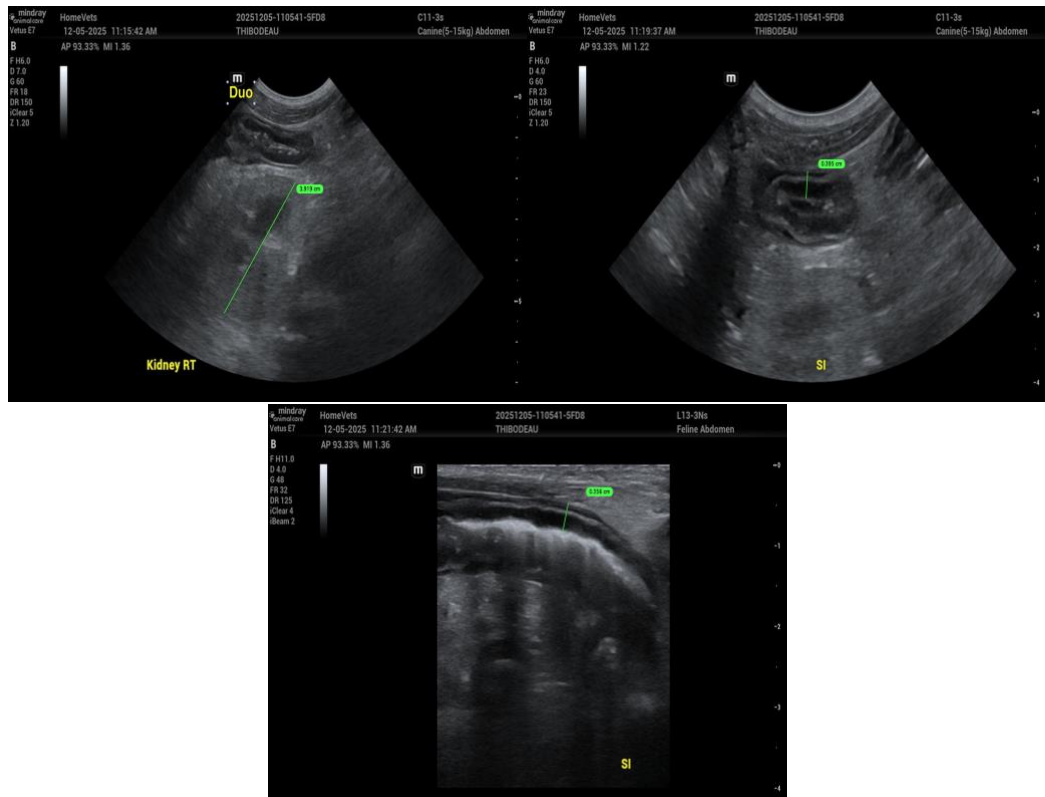
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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