

**PATIENT**

Gracie Smith

**SPECIES**

Canine

**BREED**

Bolognese

**SEX**

FS

**AGE**

13yr

**WEIGHT**

3.6kg

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Dr Kuzimski

**HOSPITAL NAME**Animal Emergency  
Deland**REFERRING VET**

Dr Kuzimski

**INVOICE  
23138****DATE**  
12/07/2025**PRESENTING CLINICAL SIGNS**

Patient has a history of intestinal issues - she had diarrhea after heartgard last month so owner tried interceptor (though this time she was fine for 17 days post medication). she is having bloody vomit and diarrhea. owner tried a bland food (pumpkin and rice) but no significant improvement Hx of heart disease - on vetmedin and enalapril

Abnormal PE/Chem/CBC/UA Results: Abdomen: Tense on palpation with discomfort CBC. NSF Chemistry. calcium 8.7 EPOC. NSF Radiograph- Report Attached Other: CpLi. abnormal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.5 cm width in the caudal pole.

The right adrenal gland was not definitively visualized, no obvious pathology.

**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 mildly enlarged. 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 mild non-organized debris. 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 was empty with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Mild segmental jejunal corrugation was present. Hyperechoic mucosal speckling was present. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.30 cm width.

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Normal visible colon wall layers were present with generalized soft feces in lumen.

## BREED

Bolognese

### **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 was evident.

### **Free Abdomen**

## SEX

FS

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

## AGE

13yr

- Nonspecific gastroenteropathy
- Normal area of pancreas
- Soft fecal matter in colon
- Mild benign hepatomegaly
- Mild non-organized gallbladder debris

## WEIGHT

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### **Secondary**

- Age related renal changes

## INTERPRETED BY

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(Canine and Feline)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance, infectious disease, inflammatory bowel, all potentials with no overt evidence or suspicion of neoplastic criteria. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A screening cortisol level may be considered.

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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), cobalamin supplementation pending assessment of cobalamin level and as needed gastric protectants may prove beneficial. Mild chronic pancreatitis at times may present sonographically normal.

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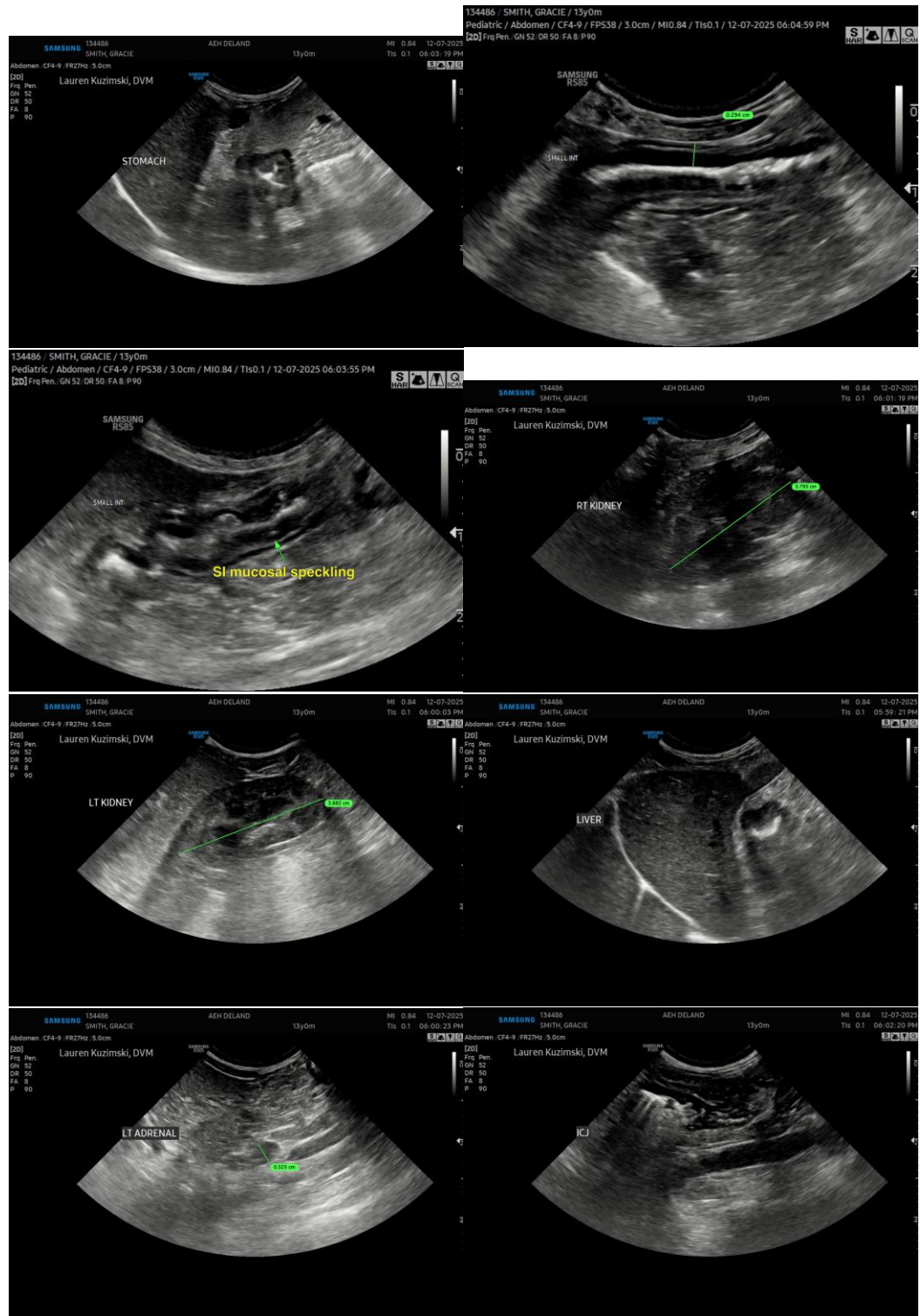
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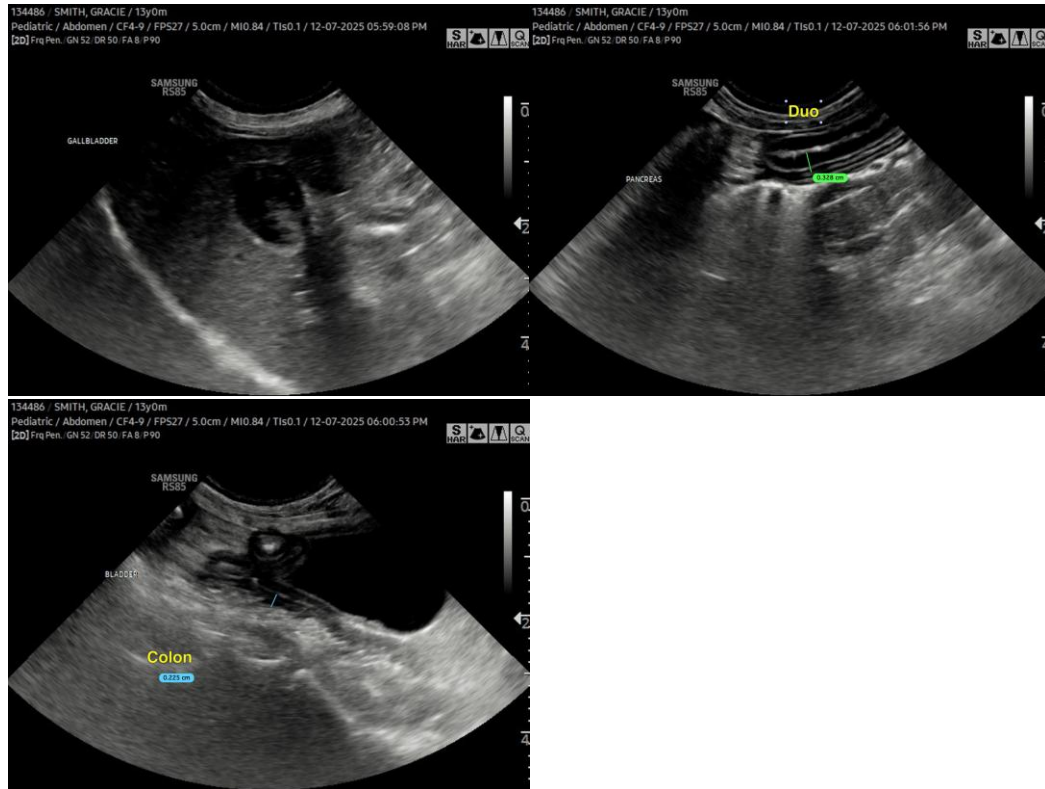
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)