



PATIENT

October Rodriguez

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

8yr

WEIGHT

32kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mallory Manes

HOSPITAL NAME

Wilvet South

REFERRING VET

Mallory Manes

INVOICE 23157

DATE
12/8/2025

PRESENTING CLINICAL SIGNS

P has history of MCT removal ~1 year ago. P originally presented on 12/6 for vomiting, diagnostics were unremarkable, was sent home on outpatient treatment. P re-presented 12/8 for bloody diarrhea, vomiting/regurgitation, and lethargy. Goal for ultrasound is to find cause for GI signs.

Abnormal PE/Chem/CBC/UA Results: Diagnostics performed on 12/6: EPOC = Unremarkable, CBC = Unremarkable, Pancreatic lipase= 68 Normal Three view abdominal radiographs Radiology consultation FINDINGS Gastrointestinal content has a normal appearance. Stomach contains a small amount of amorphous material and otherwise there is normal intestinal diameter and distribution. Liver, spleen, kidneys and bladder are within normal limits. Normal serosal detail for body condition and age. No acute or aggressive skeletal lesions. IMPRESSION No visible cause of gastrointestinal signs (no evidence of obstruction). Gastric content may reflect undigested food or dietary indiscretion. Possible etiologies include inf -F.A.S.T Scan - No effusions, no masses, no organomegaly, stomach empty Diagnostics 12/8: Giardia SNAP: Negative EPOC: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 6.3 cm in length. The right kidney measured 6.4 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. No obvious pathology was present in the area of the bilateral adrenal glands.

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



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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.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing to distal mild progressively shadowing ingesta with no signs of obstruction or foreign material.

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The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Propensity for subjective mildly prominent intestinal submucosal layer. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with semi formed to soft fecal matter and gas in lumen.

Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

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

Generalized normal omental echogenicity was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Normal non-distended stomach with mild primarily non-shadowing ingesta
- Empty small intestine exhibiting subjective borderline prominent submucosal layer
- Semi-formed soft fecal matter and gas in colon
- Normal area of pancreas
- Sonographic normal spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild gastric ingesta is most suggestive of potentially retained food echogenicity assuming documented NPO without overt evidence of gastric or gastrointestinal foreign body criteria. Suspect non-specific enteropathy with considerations including dietary intolerance/ indiscretion, infectious disease, non-structural inflammatory bowel, occult parasitism, occult Addison's disease, mild pancreatitis which may present sonographically normal all potentials. No indication for surgical intervention with gastrointestinal support indicated. GI panel and screening cortisol level to assess for occult or non-structural disease may be considered. Sonographic monitoring or reassessment recommended if non-response to dietary therapy, empirical deworming, probiotics, etc. or if progressive clinical signs.

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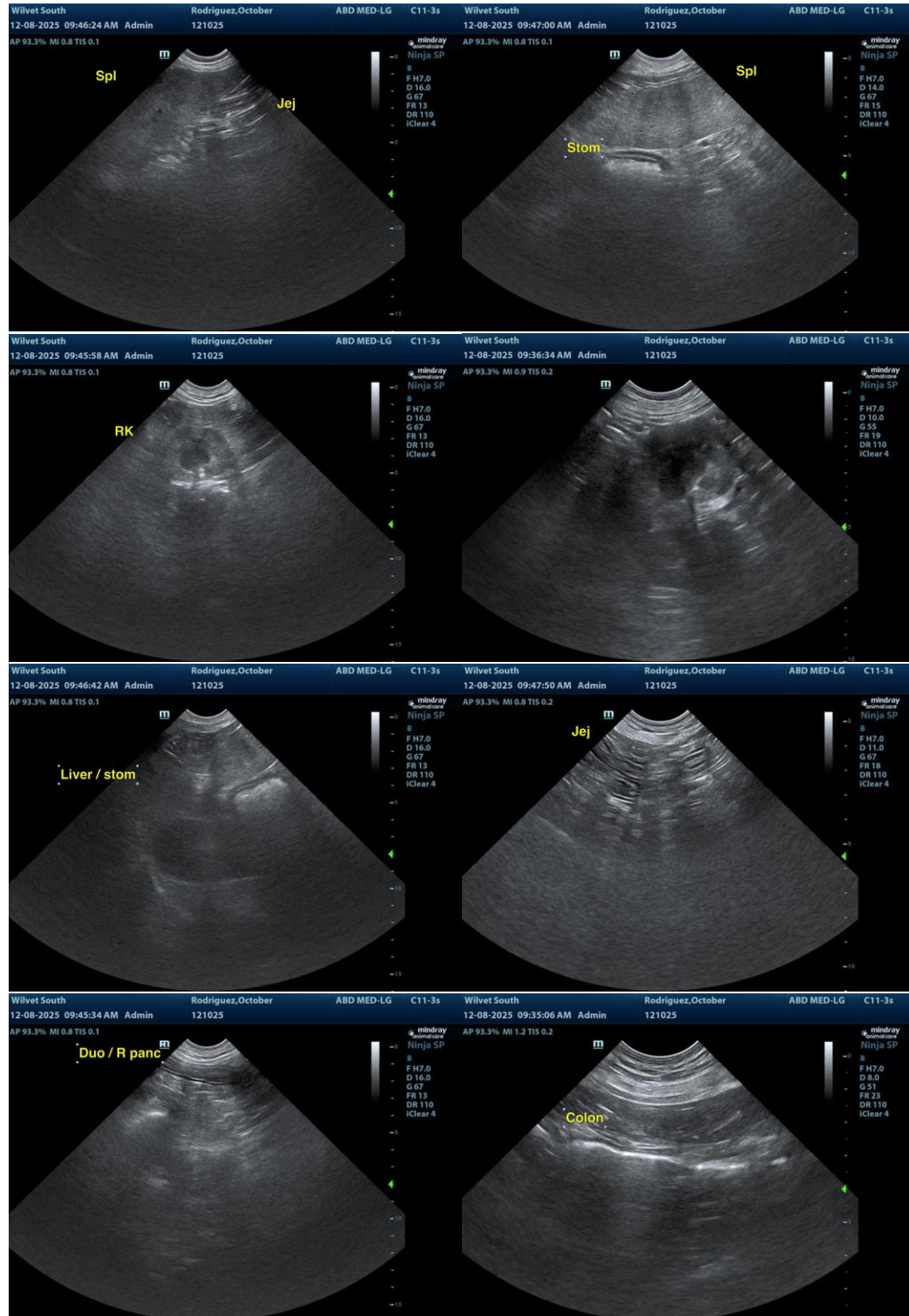
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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