



PATIENT

Gary Rhodes

SPECIES

Canine`

BREED

Pug

SEX

MN

AGE

13yr

WEIGHT

9.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Sunriver Veterinary
Clinic

REFERRING VET

Wendy Meredith DVM

INVOICE

23194

DATE

12-9-25-

PRESENTING CLINICAL SIGNS

Chronic diarrhea and intermittent vomiting

Abnormal PE/Chem/CBC/UA Results: - CBC/Chem/Iytes: WNL - Fecal: Neg - Abd rads: NSF; possible miliary cystic calculi - Texas A&M panel: PLI = 367 (< 200 ug/L) - Folate: 4.2 (7.7- 24.4 ug/L) - Cortisol: 7.2 (1-6 ug/dL)

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 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 0.59 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. 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



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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 pylorus wall measured 0.44 cm in width.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental mild intestinal gas and non-shadowing chyme with no signs of mechanical/metabolic ileus, obstruction or foreign material. The jejunum wall measured 0.36 cm in width. The duodenum measured 0.44 cm in width.

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Normal visible colon wall layers were present. The colon was not distended and contained soft fecal matter.

Pancreas

SEX

The pancreas was normal in size and contour with mild heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

MN

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

WEIGHT

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- Overall sonographically unremarkable gastrointestinal tract
- Normal colon containing soft fecal matter
- Mild heterogeneous pancreas
- Mild non-organized gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance, non-structural inflammatory bowel disease, mild to chronic pancreatitis, occult parasitism, all possible potentials. No evidence of neoplastic criteria. If not currently instituted, hydrolyzed diet trial with long-term dietary therapy, high colony count probiotics (Provable), cobalamin supplementation if cobalamin level less than 400, empirical deworming Panacur 50 mg/kg PO SID for five days with repeat protocol in three weeks despite negative fecal testing and as needed gastro protectants with assessment of clinical response may prove beneficial.

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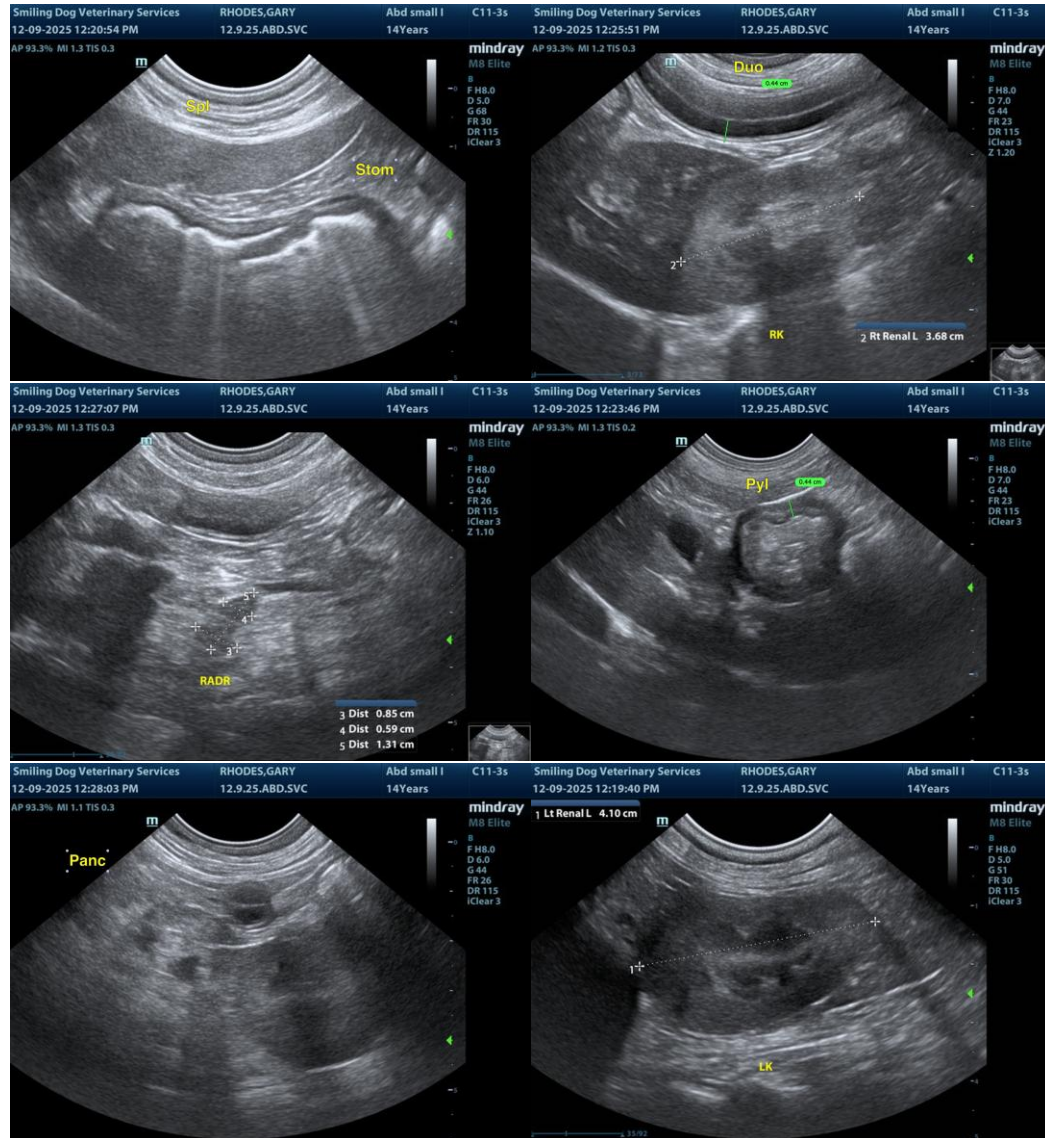
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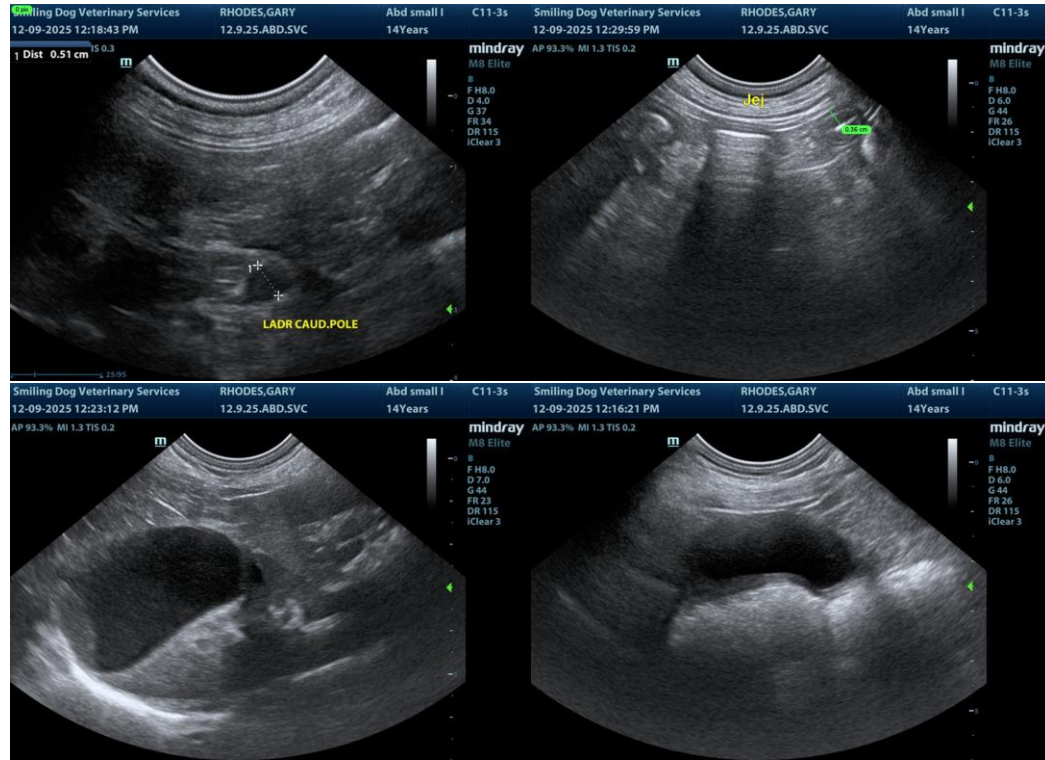
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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