



PATIENT

Rocky May

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

4yr

WEIGHT

53.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire Animal
Hospital

REFERRING VET

Laura Wojcik, DVM

INVOICE

23772

DATE

02/02/2026

PRESENTING CLINICAL SIGNS

Patient presented to the ER on 1/29 for vomiting and diarrhea. Patient had hypoalbuminemia (1.9), hypocholesterolemia and lymphopenia. Patient presented today at GP for follow up, vomiting has stopped but liquid diarrhea still present. Patient not eating well. Today albumin was increased (4.2), ALT slightly increased (172) otherwise Chem 10 WNL. GI panel pending. AUS for any structural abnormalities.

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 focal dependent hyperechoic foci /mineral. 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 5.8 cm in length. The right kidney measured 5.4 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 0.53 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 0.50 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 minor non-organized gravity dependent debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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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Generalized increased intestinal mucosa echogenicity with diffuse mucosa speckling to echogenic mucosal striations were present most notably in the jejunum. Intestinal wall layering was maintained with mild altered 1:3 muscularis / mucosa ratio. There was no evidence of an obstructive pattern or foreign material. The appearance of the small intestine is most consistent with protein losing enteropathy or lymphangiectasia. There was no evidence of infiltrative or neoplastic intestinal disease which is considered unlikely but cannot be ruled out without full thickness or endoscopic biopsies.

The duodenum wall measured 0.47 cm width. The jejunum wall measured 0.55 cm width.

Normal visible colon wall layers were present. Non-formed fecal matter was present in the non-distended colon.

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

No evidence of overt lymphadenopathy or current peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enteropathy exhibiting segmental jejunal mucosa speckling/ fogging
- Non-distended colon with non-formed fecal matter
- Normal area of pancreas
- Normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy, infectious disease, dysbiosis, enterotoxin, emerging PLE given previous hypoalbuminemia despite current normal ALB, mild pancreatitis, occult parasitism, emerging occult neoplasia (thought less likely) all potentials. Correlation with pending GI panel is recommended.

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 +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

Monitoring of serum ALB with potential sonographic reassessment if recurrent hypoalbuminemia is recommended.



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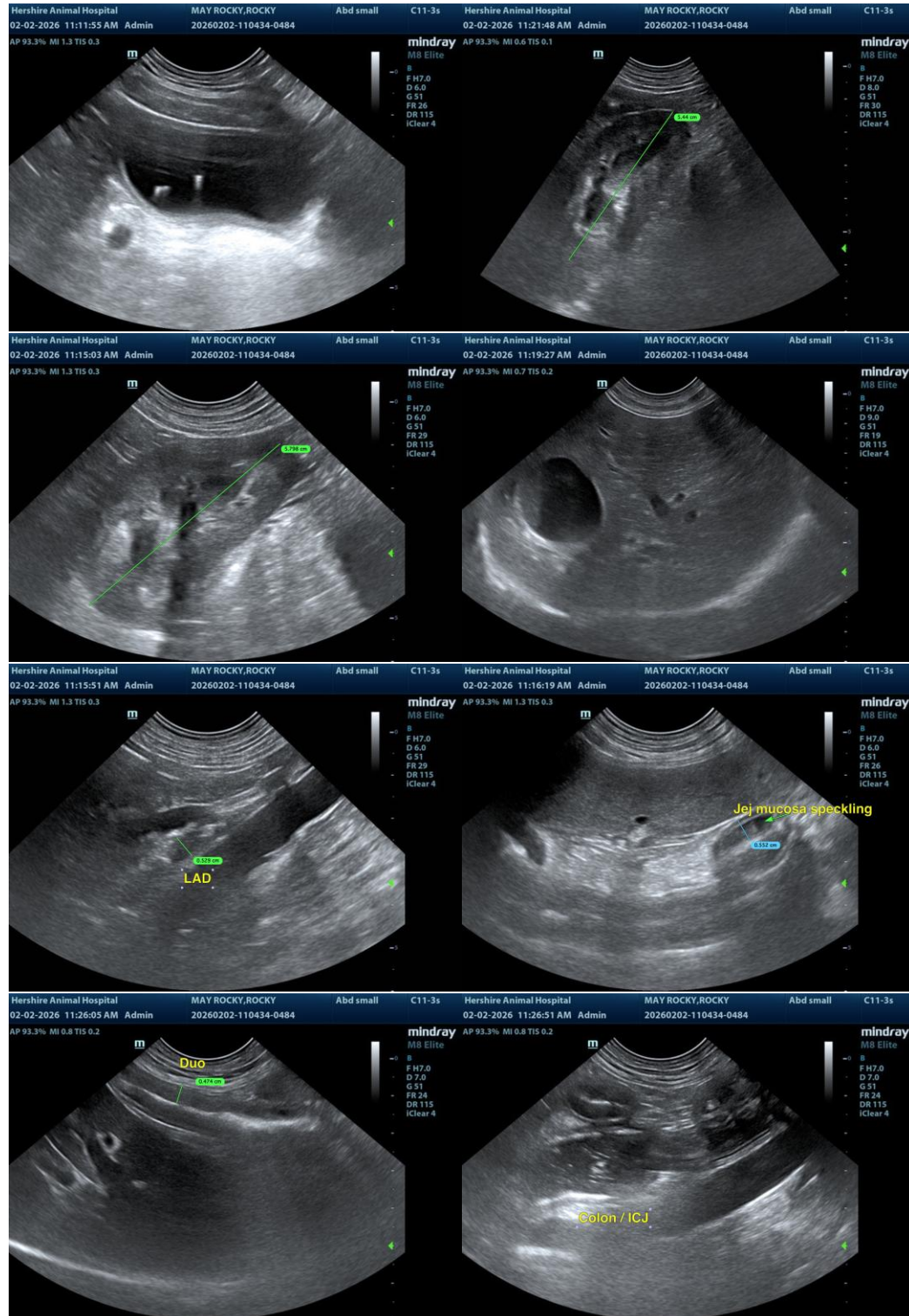
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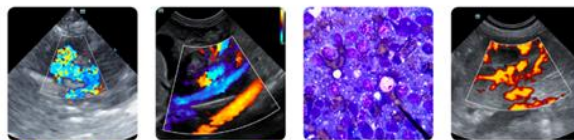
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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