



## PATIENT

Annabell Marotz

## SPECIES

Canine

## BREED

Yorkshire Mix

## SEX

FS

## AGE

14yr

## WEIGHT

13.06lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Agnes E. Rupley, DVM

## HOSPITAL NAME

All Pets Medical  
Center

## REFERRING VET

Agnes E. Rupley, DVM

## INVOICE 24041

DATE  
02/28/2026

## PRESENTING CLINICAL SIGNS

Presented for diarrhea of 3 day duration, vomiting for last 24h. Normothermic. Increased RR. B/S 6/9. Otitis externa. Atopic dermatitis. KCS. Liquid feces with blood on rectal exam. Parvovirus and Giardia detected no antigen. The CRP is greatly elevated at 122.2. The cPLI is in the gray zone at 240.7. Chemistry24 revealed elevated alkphos at 258. The electrolyte14 revealed elevated lactate at 3.15. Low number of large gram positive spore forming rod bacteria and large numbers of red and white blood cells on fecal gram stain. Urinalysis results reveal protein 15, pH 6.0, and Specific Gravity. 1.028. CBC results reveal evidence of dehydration. Annabell was hospitalized, and IV fluid therapy, sucralfate, metronidazole, maropitant, and Yunnan baiyao begun. History: Finished Cefaderm antibiotic on 2/18, Prednisone 2/21, and Mometamax ear medication on 2/15.

## 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 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. Minor pyelectasia was present bilaterally. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was 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 0.50 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 0.54 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 mild primarily gravity dependent to peripheral lumen non-organized debris. 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 small intestine presented intact non-thickened wall with maintained wall layer ratio and propensity for mildly prominent intestinal submucosal layer.

Normal visible colon wall layers were present with semi formed feces in lumen.

### **Pancreas**

The area of the pancreas was sonographically normal.

### **Free Abdomen**

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

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Nonspecific enterocolopathy
- Normal area of pancreas
- Mild age related kidneys with minor pyelectasia - consistent with IV fluid therapy
- Nonorganized gallbladder debris (non-mucocele)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastrointestinal tract is non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, dysbiosis, enterotoxin, inflammatory bowel disease, mild pancreatitis, occult parasitism, occult Addison's Disease, occult neoplasia (less likely), or other. No signs of gastrointestinal obstruction or foreign material. Gastrointestinal support is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level may be considered.



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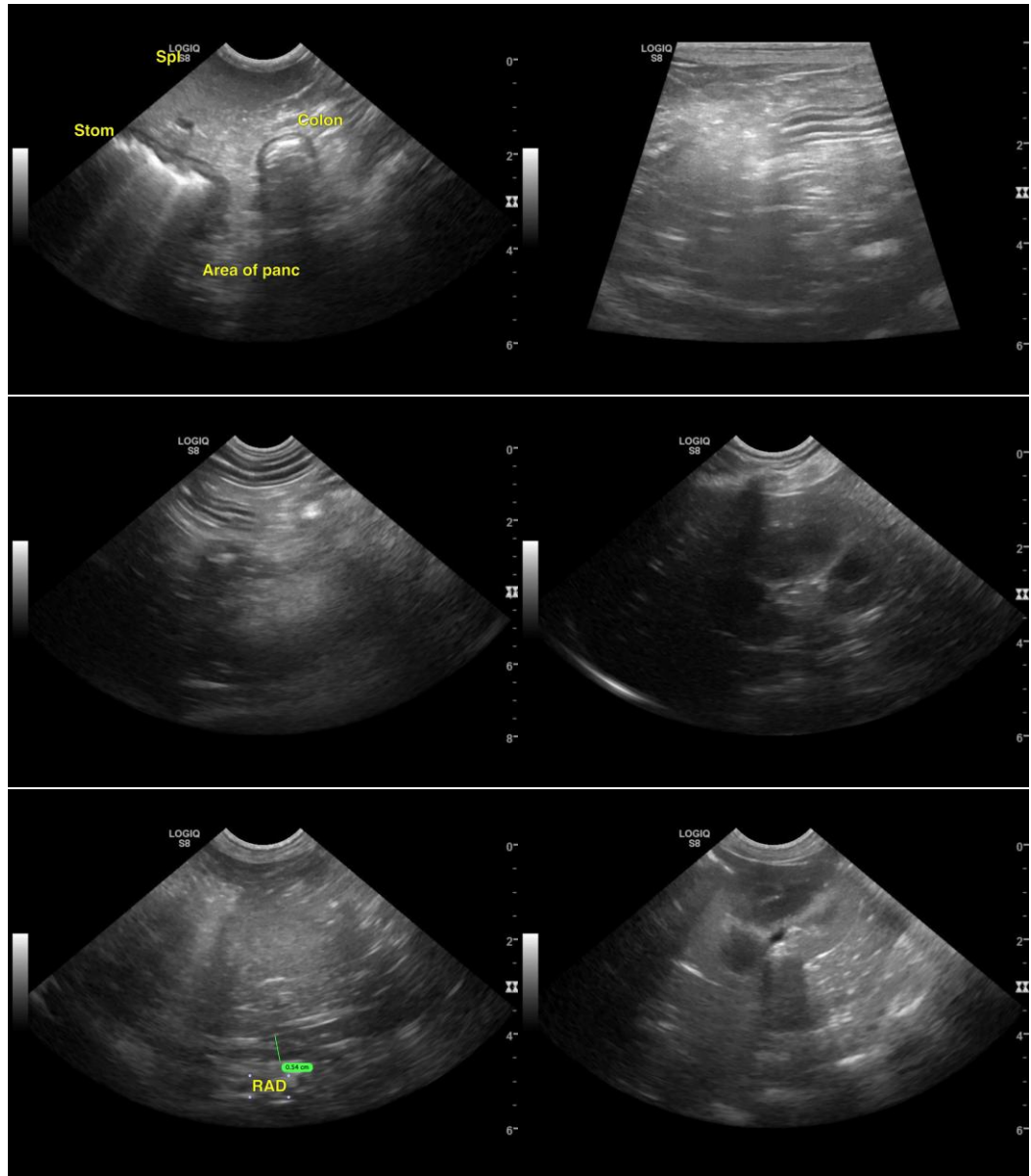
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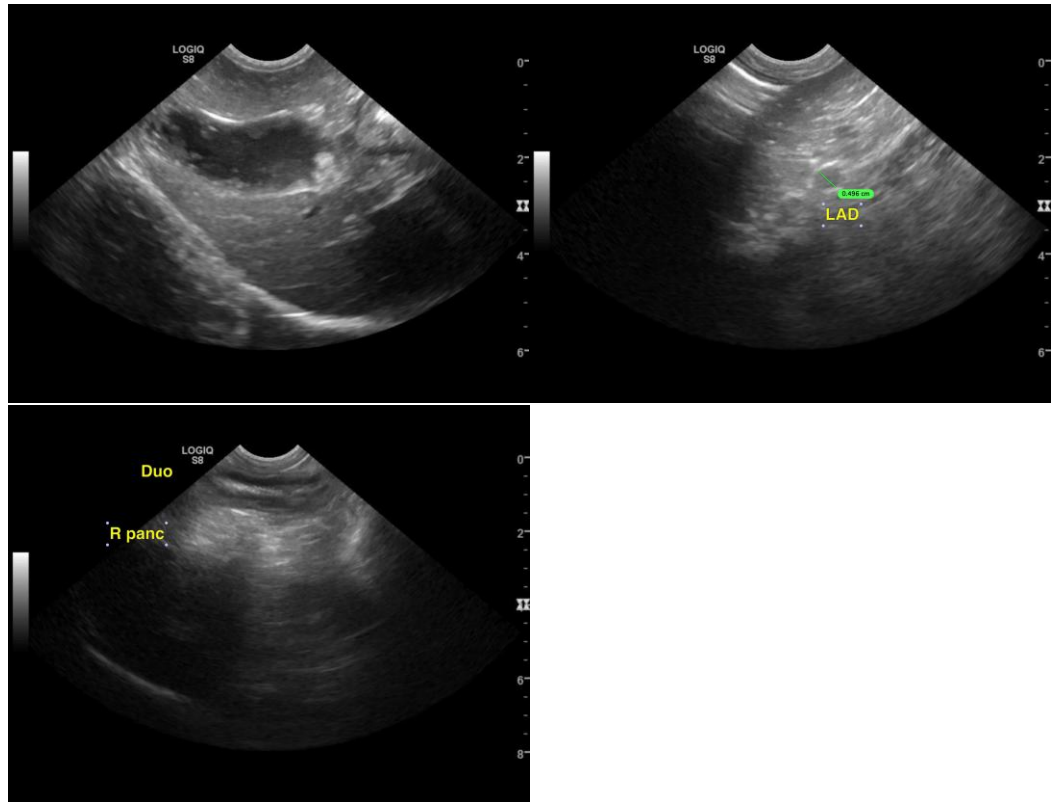
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)