



## PATIENT

Alfie Luke

## PRESENTING CLINICAL SIGNS

Diarrhea for several days now turned bloody decreased energy levels and appetite

## SPECIES

Canine

## 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.

## BREED

Mix

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 6.4 cm in length. The right kidney measured 6.5 cm in length.

## SEX

MN

## AGE

3

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 0.54 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

## WEIGHT

59.2

### 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.

## INTERPRETED BY

R. McKenzie Daniel,  
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(Canine and Feline)

### 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.

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of pyloric outflow obstruction.

## REFERRING VET

Dr Maniar

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segments of jejunum exhibited propensity for mild altered wall layer ratio owing to mildly prominent jejunum muscularis layer. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.36 cm in width.

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Soft fecal matter was present in the colon lumen with lumen dilation.

### **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 peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.0 cm x 0.84 cm.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Non-shadowing gastric ingesta -consistent with food echogenicity
- Non-specific enterocolopathy exhibiting segmental, mild prominent intestinal muscularis layer and soft fecal matter in colon
- Intermittent mild mesenteric lymphadenopathy - suggestive of reactive hyperplasia or possible lymphadenitis
- Normal area of pancreas

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## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, enterotoxin, inflammatory bowel disease, occult parasitism, occult Addison's Disease, occult neoplasia (less likely), or other. No evidence of mechanical gastrointestinal obstruction or foreign material. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level 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 (Proviale 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.



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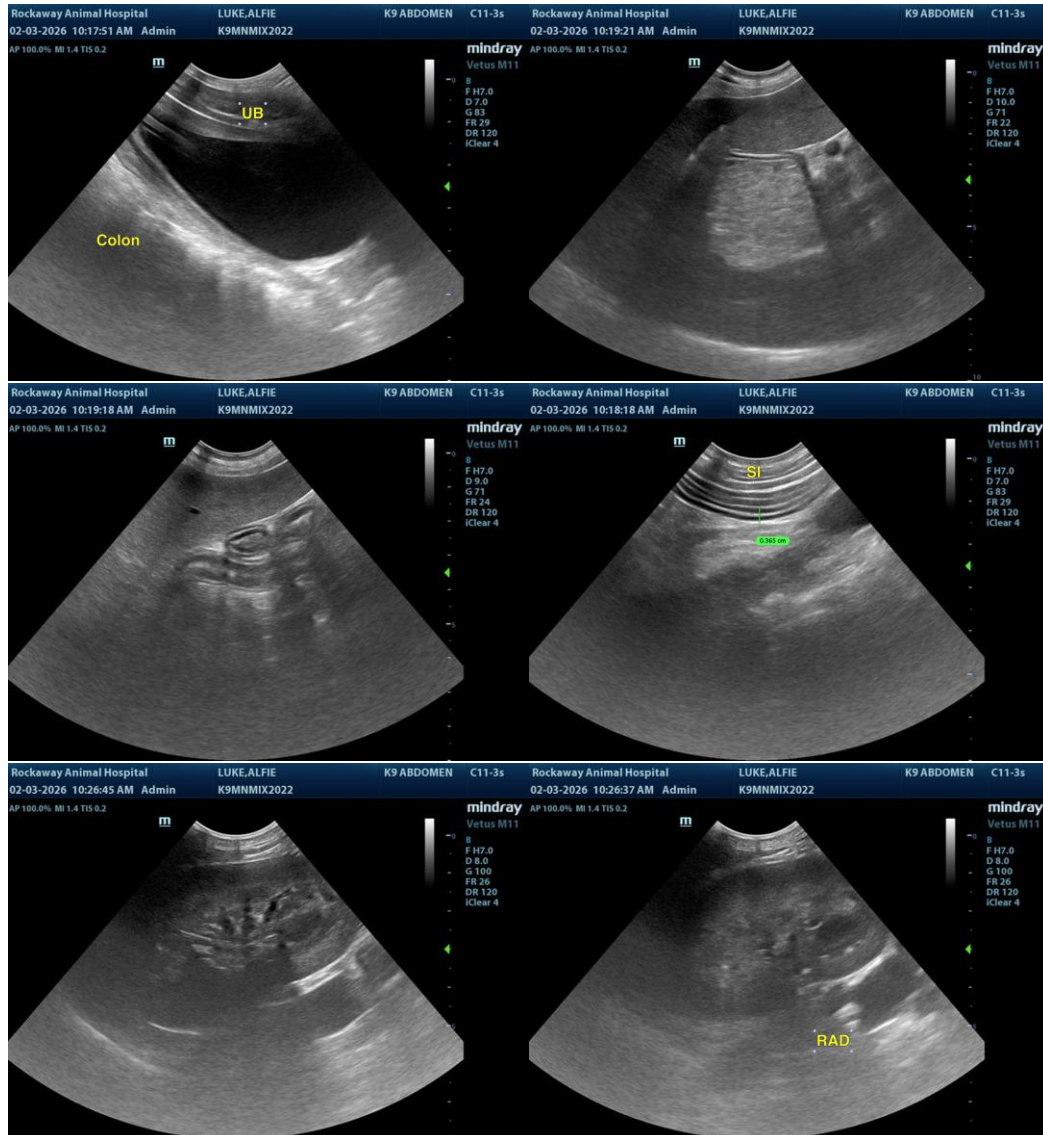
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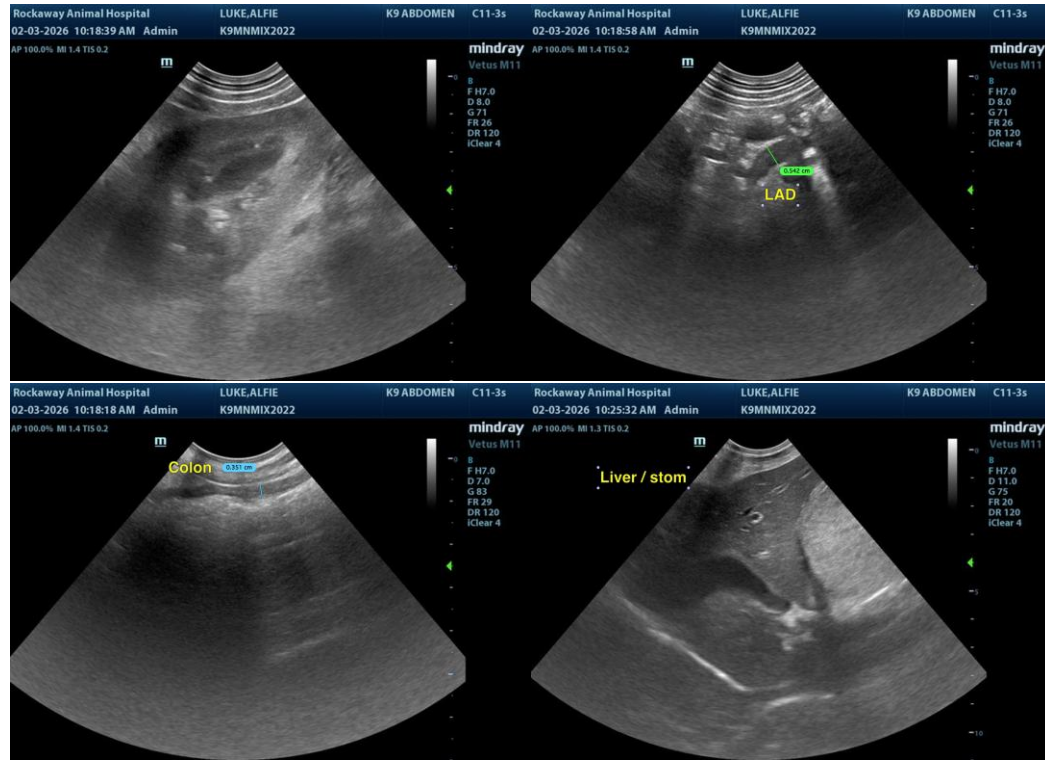
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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