



## PATIENT

Dori Huffman

## SPECIES

Canine

## BREED

Husky

## SEX

Spayed Female

## AGE

4 Years

## WEIGHT

58.8 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Rodriguez

## HOSPITAL NAME

Foxfield Veterinary  
Services

## REFERRING VET

Dr. Rodriguez

## INVOICE

13650

## DATE

02/09/26

## PRESENTING CLINICAL SIGNS

- Chronic diarrhea

Abnormal PE/Chem/CBC/UA Results: Resting cort: 5.4, na: 143, K: 6.1, Na/K: 23. Fecal neg

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. The pelvic urethra exhibited normal structure with mild decrease in depth to a depth of 2.0 cm. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 6.0 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 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 0.64 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. 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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.



<b>PATIENT</b>	The duodenum and jejunum exhibited intact wall layering and maintained wall layer ratio with mild segmental nonshadowing ingesta/chyme and lumen gas to the level of the ileum. Subjective intact mildly thickened ileum wall with ileum wall width measuring 0.39 cm.
Dori Huffman	
<b>SPECIES</b>	The colon exhibited generalized mild distention with soft to nonformed fecal matter. Segmental to variably thickened colon wall exhibiting mild decreased wall echogenicity and indistinct segmental colon mural detail. The thickened colon wall measured 0.40 cm to 0.66 cm wall width.
Canine	
<b>BREED</b>	<b>Pancreas</b>
Husky	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.
<b>SEX</b>	<b>Free Abdomen</b>
Spayed Female	Intermittent mesenteric 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 of the lymph nodes measured 2.1 cm in diameter. No evidence of peritoneal effusion.
<b>AGE</b>	
4 Years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
58.8 pounds	<b>Primary Findings</b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"><li>• Segmentally to variably thickened colon wall with generalized soft to nonformed fecal matter.</li><li>• Subjectively intact mildly thickened ileum.</li><li>• Nonshadowing gastrointestinal ingesta- consistent with food/chyme.</li><li>• Intermittent generally mild mesenteric lymphadenopathy.</li></ul>
R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)	<b>Secondary Findings</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"><li>• Normal bilateral adrenal glands.</li></ul>
Dr. Rodriguez	
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Foxfield Veterinary Services	Considerations for the ileocolic and lymph node findings may include variable non-specific ileocolitis, secondary to dietary intolerance, infectious disease, inflammatory bowel, occult parasitism despite negative fecal testing with associated lymphatic reactive hyperplasia or lymphadenitis with potential for emerging primarily colon neoplastic criteria and early metastatic lymphadenopathy are not definitively excluded. A GI panel to include PLI, TLI, cobalamin and folate is recommended.
<b>REFERRING VET</b>	Cobalamin supplementation (pending assessment of cobalamin level), deworming Panacur 50 mg/kg SID for five days with repeat protocol in three weeks, high colony count probiotic i.e. Provable in combination with dietary support +/- empirical antibiotic regimens such as Metronidazole/Enrofloxacin in combination with clinical and sonographic monitoring may prove beneficial.
Dr. Rodriguez	Endoscopic or surgical biopsies may be required for a definitive diagnosis.
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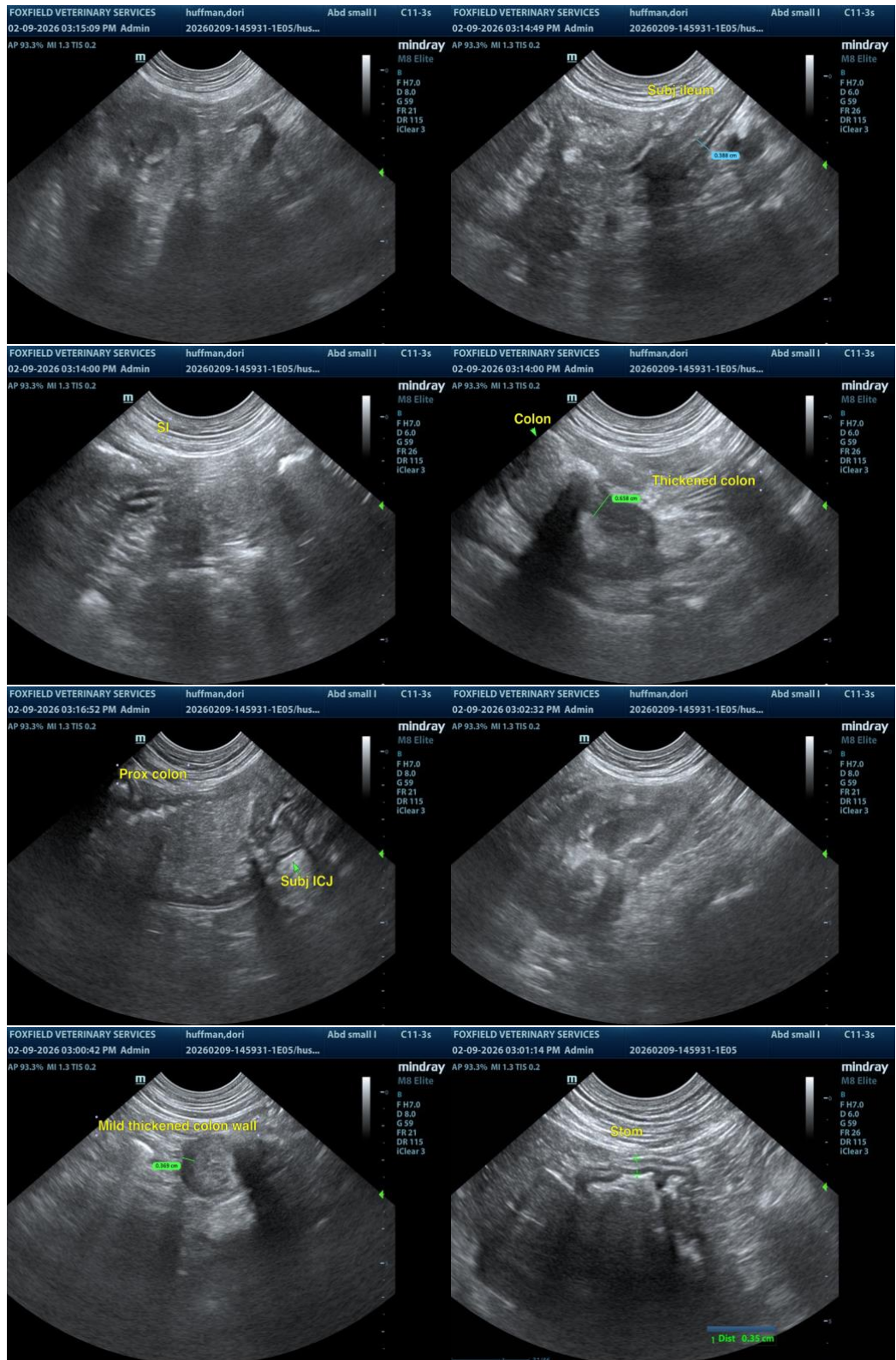
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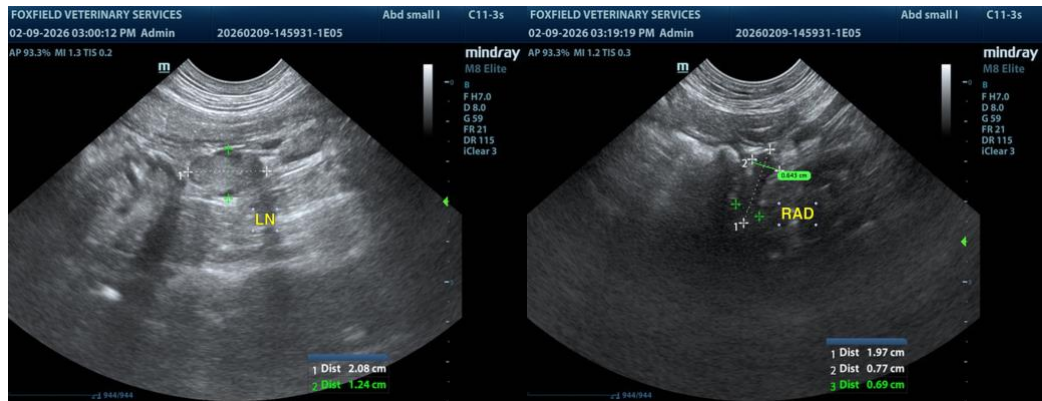
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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