



**PATIENT**

The submitted study was limited to the gastrointestinal system.

Oliver King

**PRESENTING CLINICAL SIGNS**

**SPECIES**

Study limited to GI tract. Vomiting small amounts of bile. No change in diet (was on Ollie food). Started omeprazole x 2 weeks for possible gastric acid reflux. I/D diet. Instituted famodidine 10 mg BID, started ID diet. Patient now having liquid diarrhea with blood.

Canine

**LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Gastrointestinal**

Goldendoodle

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.34 cm in width.

**SEX**

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild segmental non-shadowing ingesta/ chyme with no signs of obstruction or foreign material. The duodenum wall measured 0.41 cm width. The jejunum wall measured 0.30 cm width.

MN

**AGE**

1yr5mo

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

**Free Abdomen**

**WEIGHT**

32lb

Intermittent variable asymmetrical mildly prominent to enlarged jejunocolic 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). A larger jejunal lymph node measured 4.3 cm x 1.15 cm.

**INTERPRETED BY**

Minor peri-intestinal effusion.

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

Generalized normal omental echogenicity was present.

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS, Certified  
Veterinary  
Sonographer (IVUSS)

**Primary**

- Structurally unremarkable gastrointestinal tract / colon with semi formed fecal matter
- Mild to variable jejunocolic lymphadenopathy -suggestive of benign criteria, i.e. variable hyperplasia or potential lymphadenitis
- Minor peri-intestinal effusion

**HOSPITAL NAME**

Fall River Animal  
Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Roberta FinatoDVM

Dietary intolerance despite bland diets, infectious disease, dysbiosis, non-structural inflammatory bowel, mild pancreatitis, occult parasitism, occult Addison's disease, less likely occult neoplasia, all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol is warranted. Assuming normal clotting status, FNA cytology of accessible jejunocolic lymph node could be considered for further clarification.

**INVOICE**  
24057

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

**DATE**

03/01/2026



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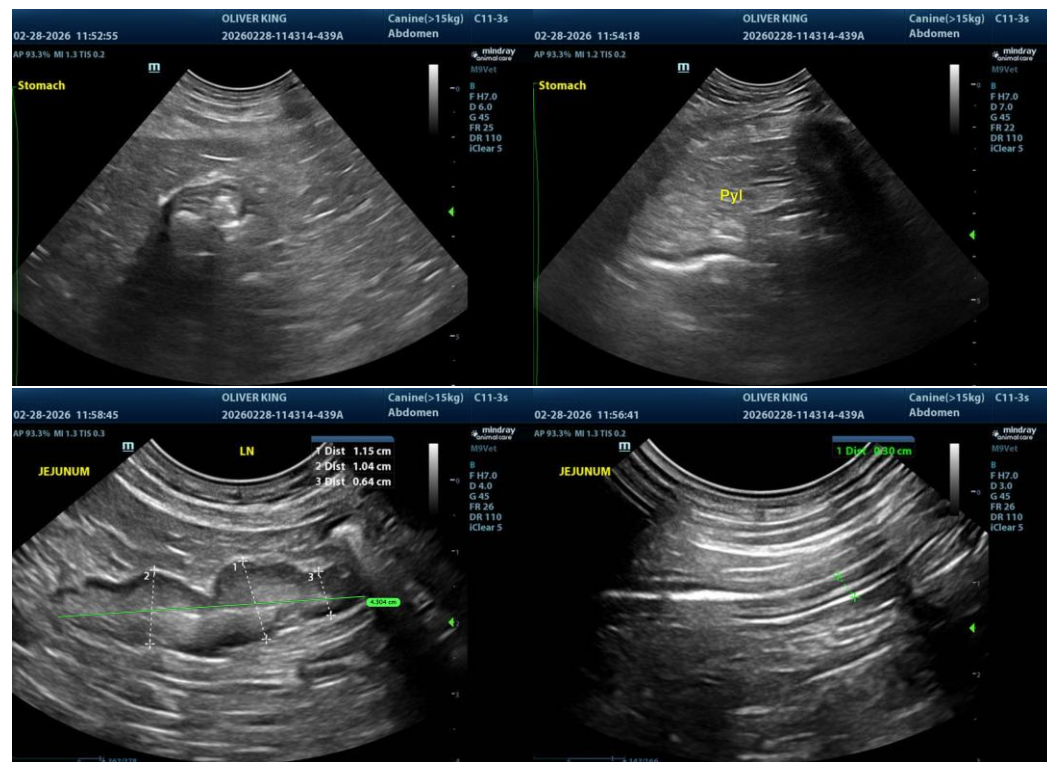
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even if fecal testing is negative), high colony count probiotic (Provable), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use 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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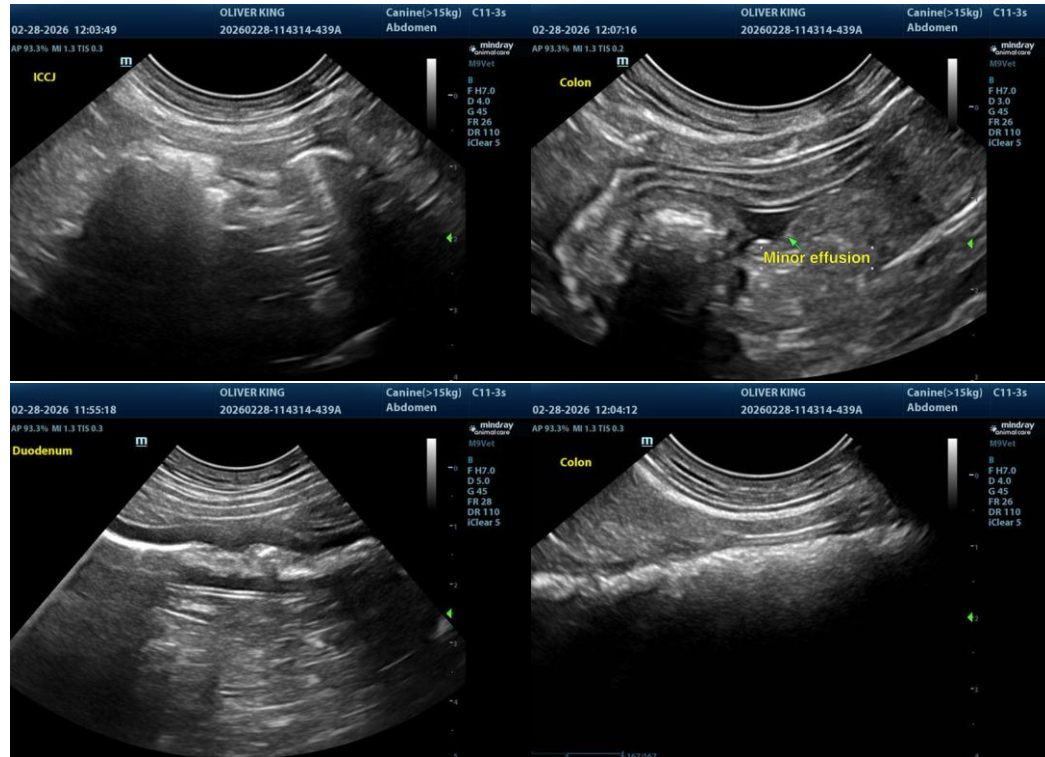
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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