



PATIENT

Rey Arriaga

SPECIES

Canine

BREED

Portuguese Water Dog

SEX

FS

AGE

5yr

WEIGHT

28.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

East Bradford
Veterinary Hospital

REFERRING VET

Meghan McGrath,
DVM

INVOICE

24233

DATE

03/16/2026

PRESENTING CLINICAL SIGNS

- AUS to further evaluate historic low albumin and total protein on lab work, history of waxing and waning diarrhea, R/I or R/O IBD, small bowel disease causing PLE. ED normally, occasional diarrhea, no vomiting. Occ poss urinary accidents.
- Diet: royal canine gastrointestinal low fat diet
- Meds: Metro / Provable
- Abnormal PE/Chem/CBC/UA Results: March 2026 [prev Nov 2025] - Chem: TP 4.5 L (5.0-7.4) [prev 5.3]; Alb 2.1 L (2.7-4.4) [prev 2.4], Glob 2.4-n, normal LES, BUN 17-n, Cr 1.0-n, SDMA 6.7-n, remainder NSF - CBC: Hct 61%, plts 416-n March 2026: - UA: USG 1.018, Pro neg, inactive sediment.

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

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was mildly subnormal in size with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.35 cm width at the caudal pole. The right adrenal gland was mildly subnormal in size with symmetrical contour and homogenous parenchyma. The right adrenal gland measured 0.33 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



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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 mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Minor segmental increased intestinal mucosa echogenicity to discreet mucosal speckling. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The pancreas was mildly prominent in size with capsule asymmetry and isoechoic mildly non-homogenous parenchyma compared to adjacent omentum.

Free Abdomen

No evidence of peritoneal effusion was present.

Generalized normal omental echogenicity was present.

Intermittent 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).

ULTRASONOGRAPHIC FINDINGS

Primary

- Probable mild PLE intestinal pattern
- Normal volume liver
- Sonographically unremarkable kidneys/ urinary bladder
- Mild subnormal adrenal glands- non-specific
- Mildly prominent non-homogenous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given lack of hepatic pathology or proteinuria as a contributing factor to the hypoalbuminemia, malassimilation /maldigestive disorder or intestinal protein loss is probable. A GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol is warranted. Intestinal biopsies could be considered for further assessment if ALB > 2.0. Gastrointestinal support and empirical therapy for protein losing enteropathy would be reasonable, pending additional diagnostics.

Sonographic monitoring of the gastrointestinal tract indicated if progressive hypoalbuminemia, gastrointestinal signs or weight loss. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may correlate with mild to potentially chronic pancreatitis is



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recommended.

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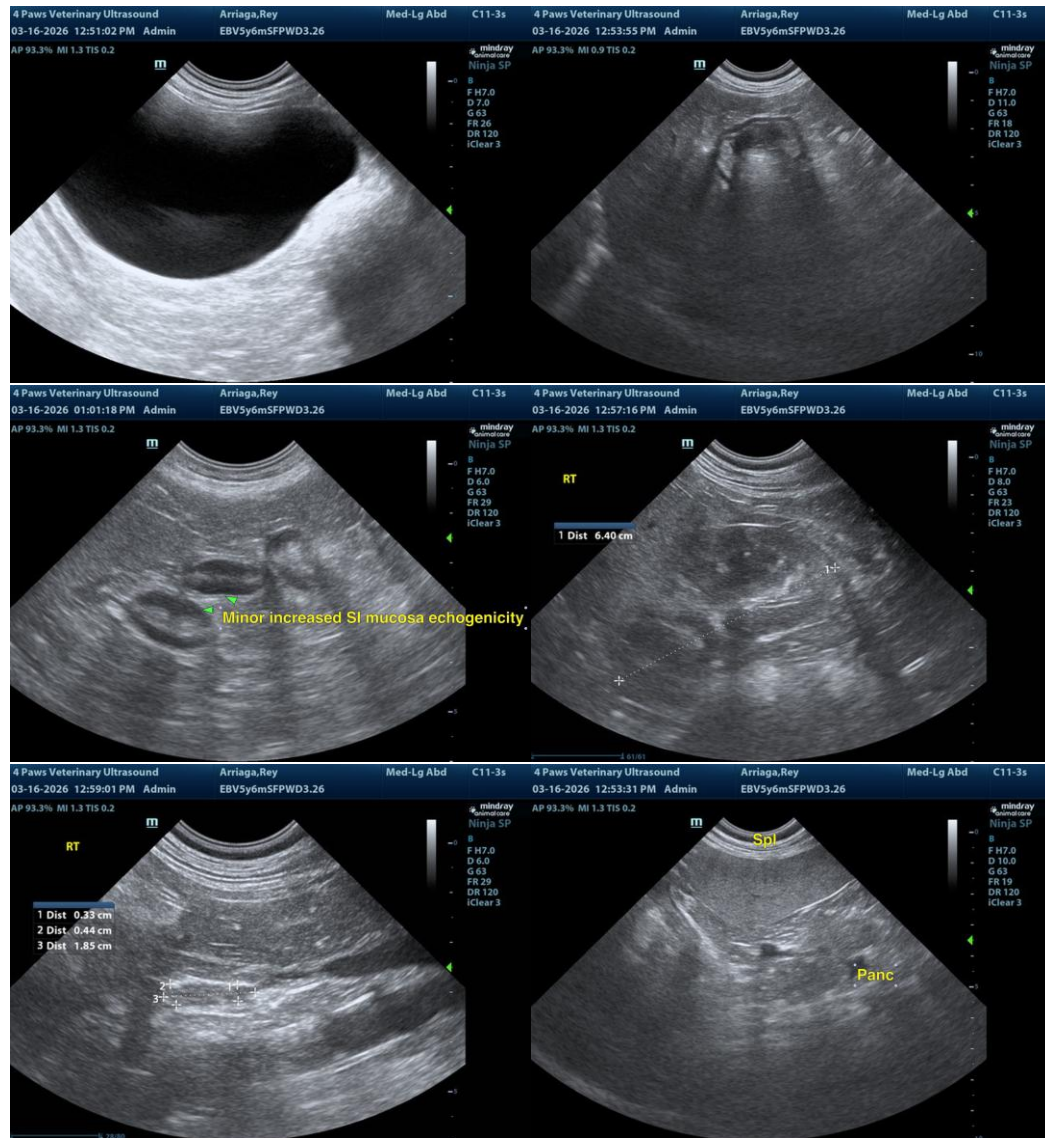
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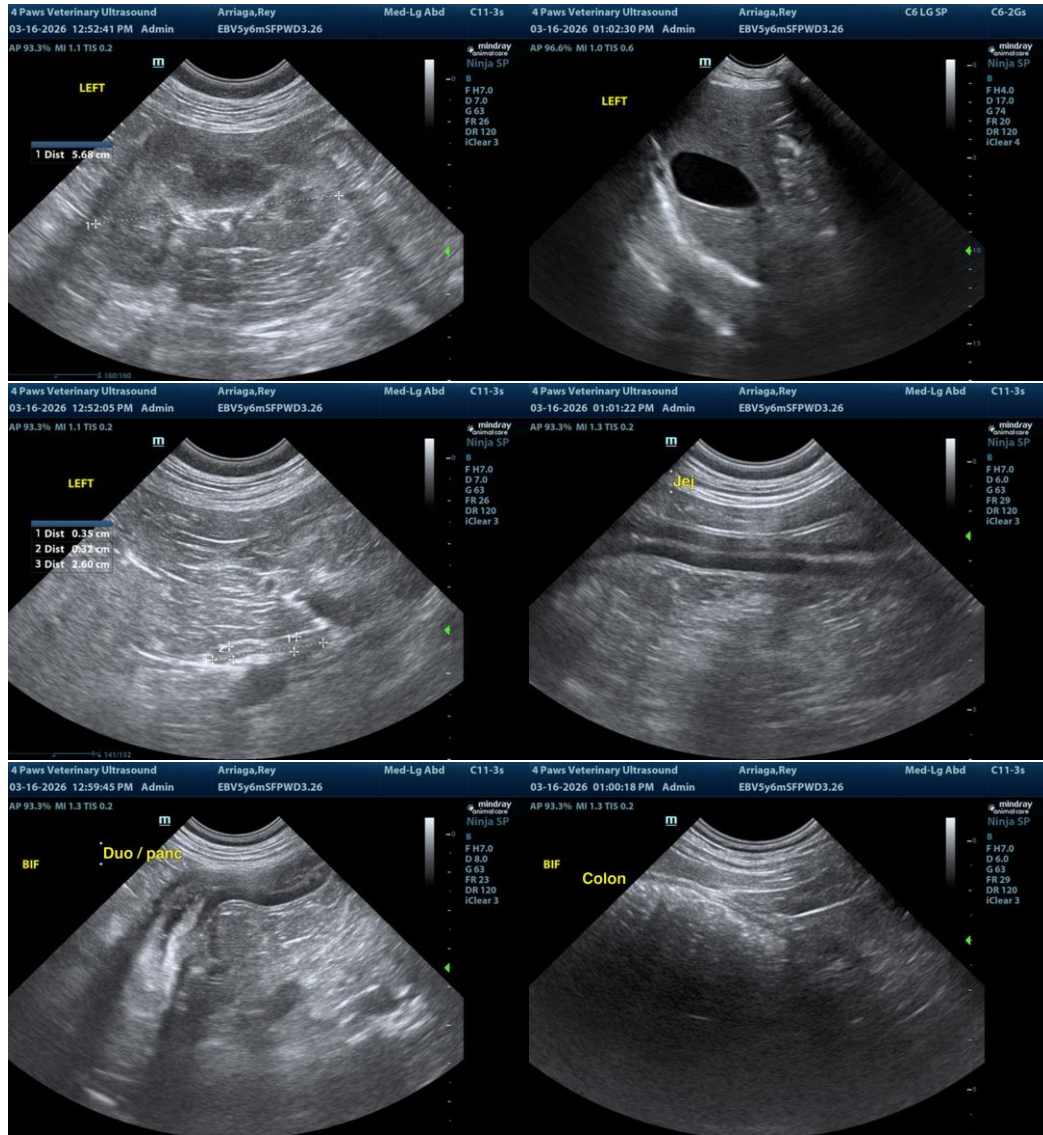
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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