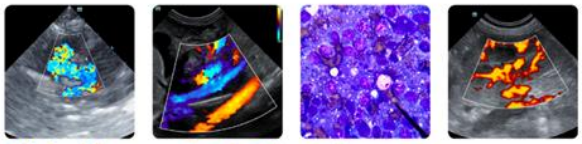


PATIENT

Dusty Bunnell

SPECIES

Canine

BREED

Havanese

SEX

MN

AGE

12yr

WEIGHT

14lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

River's Edge Pet Medical Center

REFERRING VET

Dr Anne Todd

INVOICE
24264

DATE
03/23/2026

PRESENTING CLINICAL SIGNS

- -Pt presented on 3/22 for soft serve blood tinged stool. Pt was still eating well but had vomited once.
- -BW was all WNL
- -Treated with SQF, Cerenia, Propectalin
- -Today 3/23, pt has had HGE, vomited within 12 hours of getting inj Cerenia and is much more lethargic.
- -No salmon exposure
- -Fecal pending
- Current Medications:-Propectalin-Cerenia

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): -CBC: WNL -Chem17: WNL -Lytes: WNL -Panc lipase: WNL Radiographic Findings (if applicable): -Gas filled loops of intestine, empty stomach, no other significant findings

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.

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. No evidence of pelvic dilation was present. Small right kidney craniolateral cortical cysts. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

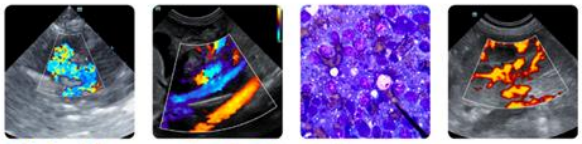
The residual prostate appeared normal and free of pathology measuring 0.9 cm in width.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.42 cm width in the caudal pole. The right adrenal gland measured 0.49 cm width in 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.



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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 non-organized primarily peripheral lumen debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The gastric lumen was primarily empty with mild retained fluid.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with segmental gas no signs of mechanical/metabolic ileus, obstruction or foreign material.

The colon walls presented intact yet mild thickened wall layering. Soft fecal matter was present in the non-distended colon lumen.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

Generalized normal omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastroenterocolitis
- Normal area of pancreas
- Chronic renal changes with right kidney cortical cysts
- Bilateral normal age-related adrenals
- Mild non-organized gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplastic criteria or mechanical gastrointestinal obstruction. 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, or other.

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

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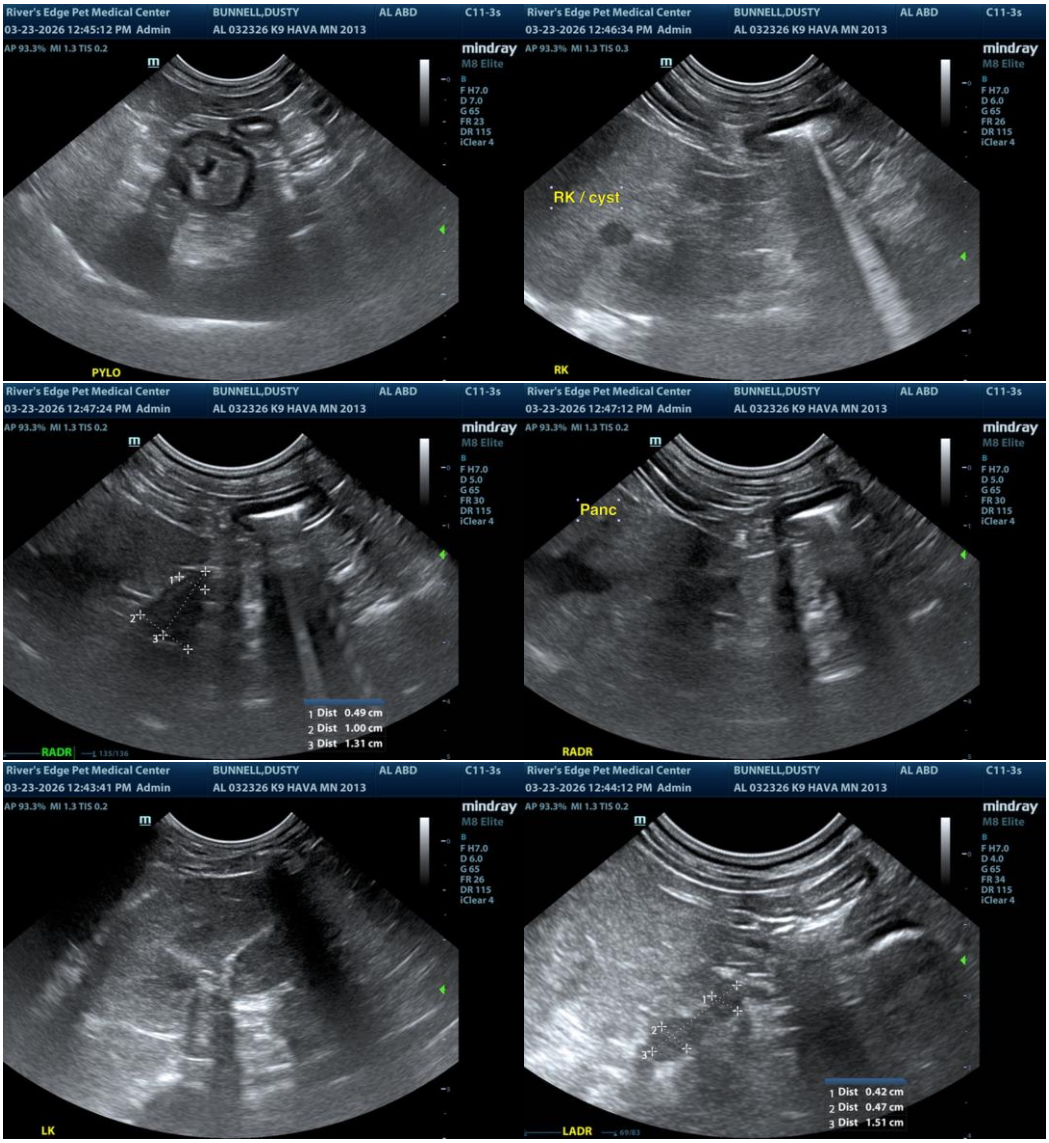
even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy. A GI panel and screening cortisol level for further assessment and rule out of occult disease may be considered.



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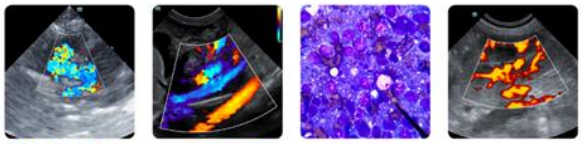

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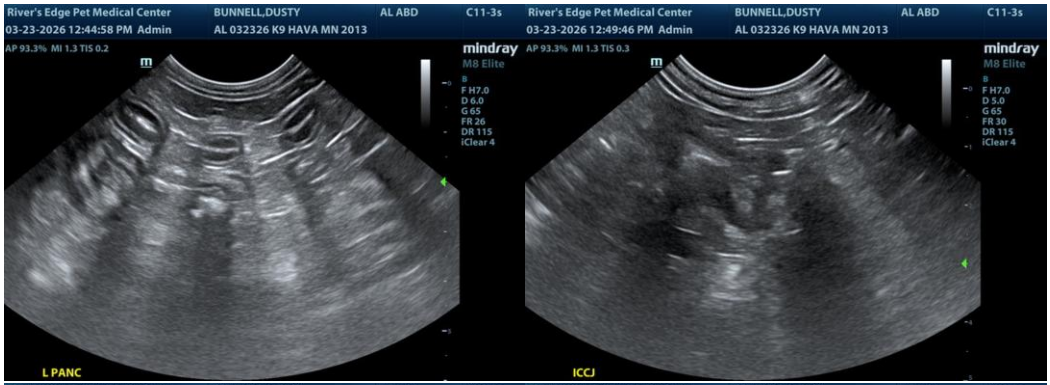

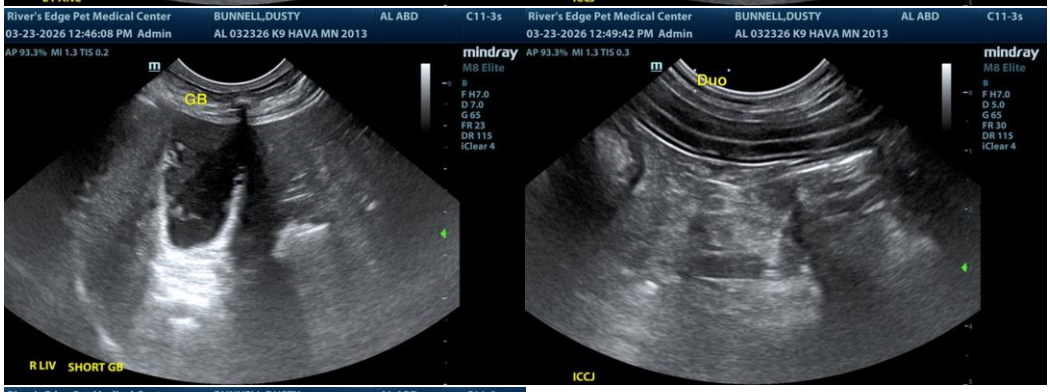

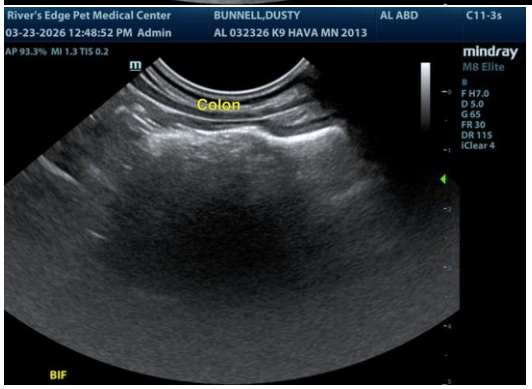

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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