



## PATIENT

Loki Miller

## SPECIES

Canine

## BREED

German Shepherd

## SEX

MN

## AGE

9yr

## WEIGHT

83.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Cathleen Whitcraft  
DVM

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Wylee Cooper DVM

## INVOICE

24294

## DATE

03/24/2026

## PRESENTING CLINICAL SIGNS

Patient had bw done and showed he had low albumin. Dr. Cooper recommended a Cobalamin/Folate/TLI. Test results came back low. Started dog on pred and cobalamin supplement. Recommended ultrasound.

## 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 7.0 cm in length. The right kidney measured 7.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

### Adrenal Glands

The left and right adrenal glands were not definitively visualized likely secondary to steroid therapy with no evidence of pathology.

### 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 presented subjectively mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. 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 was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering exhibiting propensity for prominent intestinal mucosa layer. Mild segmental non-obstructive intestinal ileus was present.



## PATIENT

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

Loki Miller

## *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.

## SPECIES

Canine

## *Free Abdomen*

## BREED

No omental masses, overt swollen lymphadenopathy or peritoneal effusion was present.

German Shepherd

## ULTRASONOGRAPHIC FINDINGS

### Primary

#### SEX

- Enteropathy
- Semi-formed to soft fecal matter in colon
- Normal area of pancreas
- Mild hepatomegaly-benign
- Mild gallbladder debris (non-mucocele)

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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IBD / PLE intestinal criteria is probable with minor potential for occult or emerging intestinal neoplasia given maintained intact intestinal wall. Monitoring for clinical response to current empirical therapy is recommended. Concurrent dietary trial with hydrolyzed diet and high colony count probiotic may prove beneficial. Empirical deworming is suggested despite fecal testing.

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Recheck sonogram is recommended if persistent or progressive gastrointestinal signs or hypoalbuminemia.

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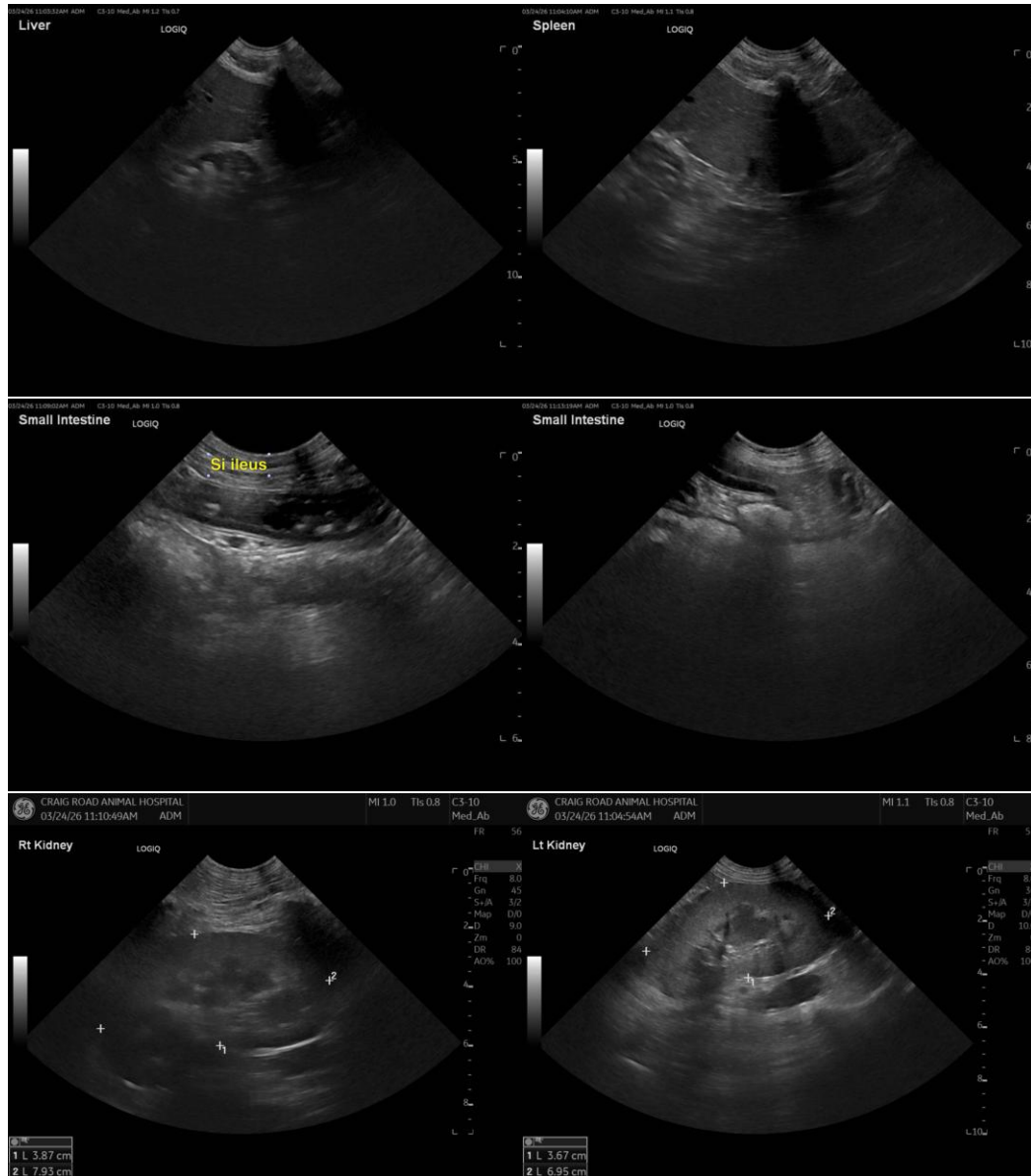
Wylee Cooper DVM

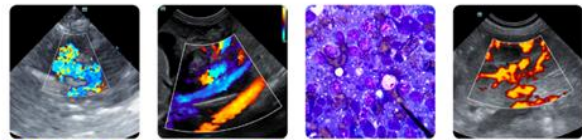
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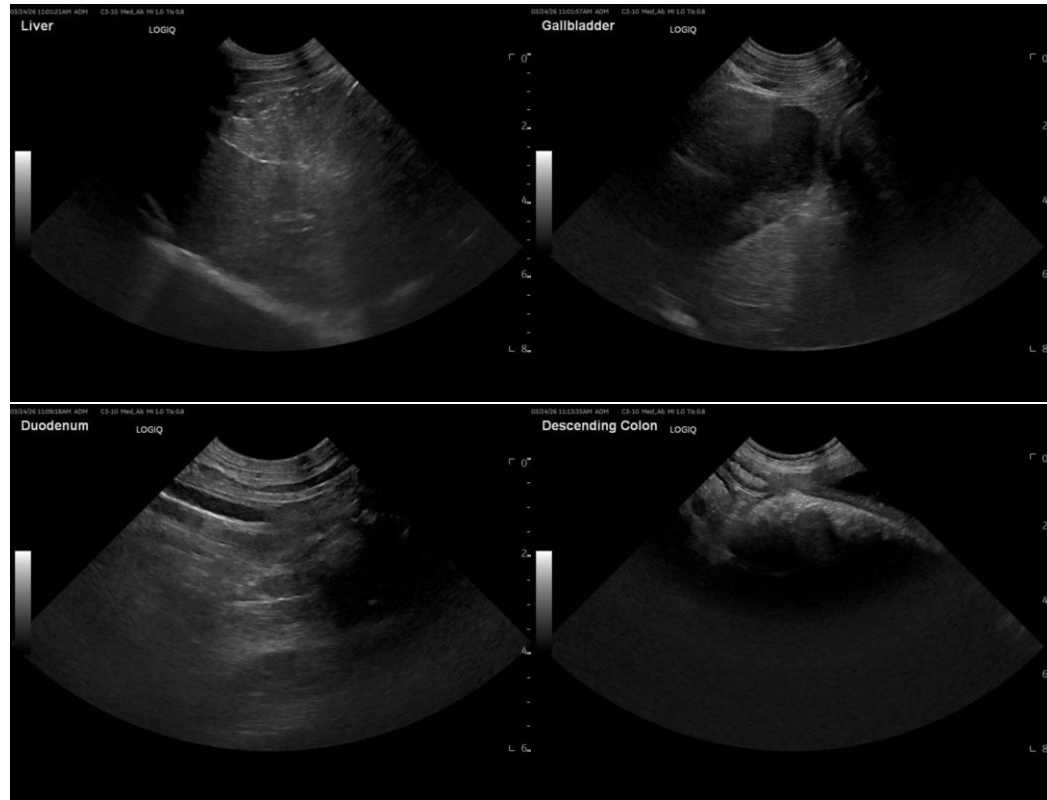
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)