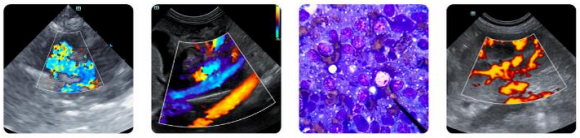

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PATIENT

Buddy Tom

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

12 yrs

WEIGHT

41.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Hoerauf

INVOICE

10715

DATE

3/24/26

PRESENTING CLINICAL SIGNS

History:

- Patient presented for 1 week history of poor appetite, soft stool and increased flatulence. He vomited once over that time period. May have eaten cat feces and Breeze litter pellets. Normal energy level.
- On exam, it was noted that Buddy had lost 4.5lbs since last recorded weight. Exam was otherwise unremarkable. No splinting on abdominal palpation.
- ABNORMAL Labwork Values: Neutrophils 10,884, Monocytes 1293, Glucose 55, SDMA 16, Potassium 3.9, Total protein 5.1, Albumin 2.1, Cholesterol 127
- UA : 1.027, trace protein, trace ketones, negative glucose, 15-20 WBC/hpf, 0-2 RBC/hpf, no bacteria, 1-2 epithelial cells/hpf.
- T4 normal at 1.2, Fecal pending
- Current Medications: Entyce
- Radiographic Findings, None taken

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

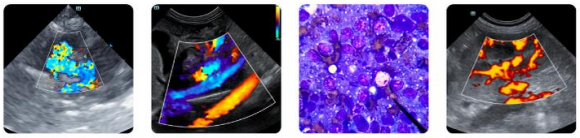
No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.9 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left adrenal gland was borderline to mildly enlarged in size with a uniformly hypoechoic parenchyma and normal contour. The left adrenal gland measured 2.4 cm length x 0.83 cm width at the caudal pole.

The right adrenal gland was mildly enlarged in the cranial pole and borderline to mildly enlarged in the caudal pole. Mild parenchyma heterogeneity and asymmetrical contour was present without suspicion for overt neoplasia. The right adrenal gland measured 3.0 cm length x 0.85 cm width in the caudal pole and 1.5 cm width in the cranial pole.



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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 containing primarily anechoic content with mild, nonorganized gallbladder 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 without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented overall intact wall layering with subjective thickened duodenum and segmental jejunum exhibiting mild duodenojejunal corrugation. The duodenum wall measured 0.69 cm width. The segmental jejunum wall measured 0.51 cm width. By comparison, sonographically normal non-thickened jejunum measured 0.41 cm wall width.

Normal visible colon wall layers were present with soft fecal matter in lumen.

Pancreas

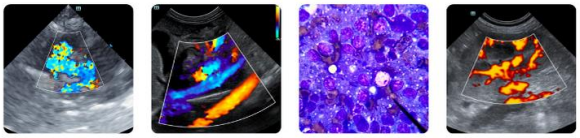
The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urine sediment
- Mild chronic renal changes
- Sonographically normal liver / spleen
- Mild gallbladder debris (non mucocele)
- Empty gastrointestinal tract with mildly thickened duodenum and segmental jejunum
- Bilateral mild adrenomegaly



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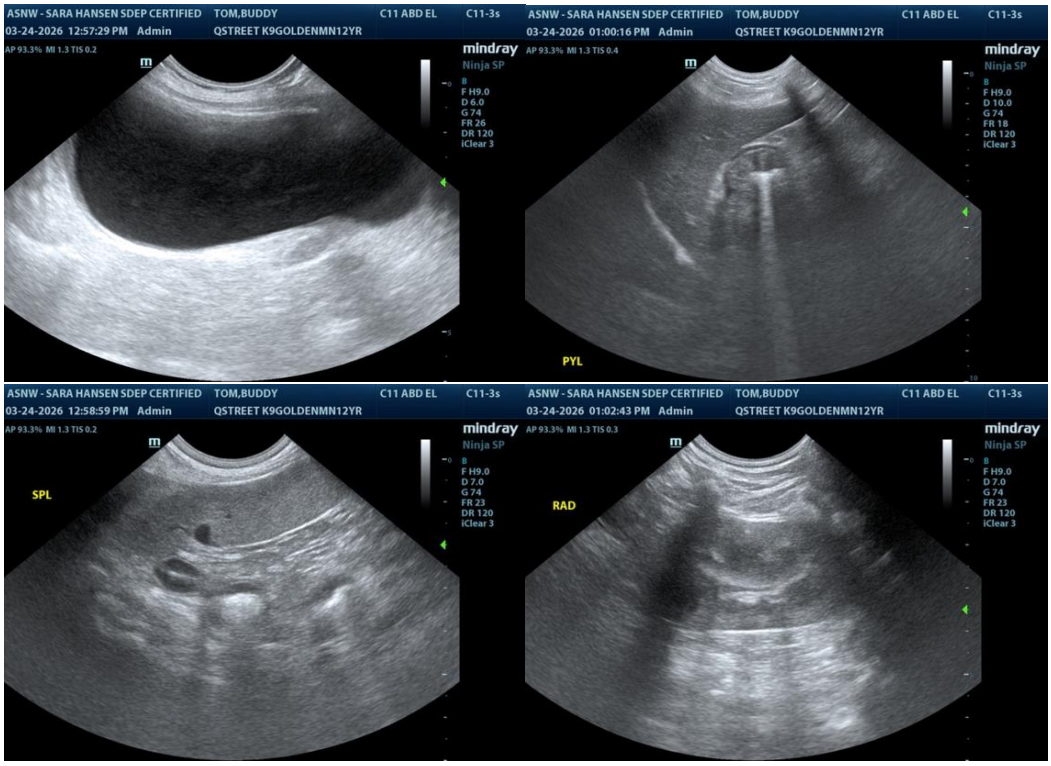
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of mechanical gastrointestinal obstruction or foreign material. The mildly thickened duodenum and segmental jejunum may indicate inflammatory, infectious, or emerging neoplastic etiologies. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Definitive diagnosis would likely require endoscopic or surgical biopsies for histopathology.

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 even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), and as needed gastroprotectants with clinical and as-needed sonographic monitoring would be a more conservative approach. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.



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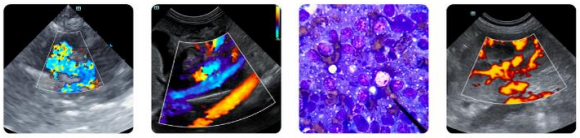

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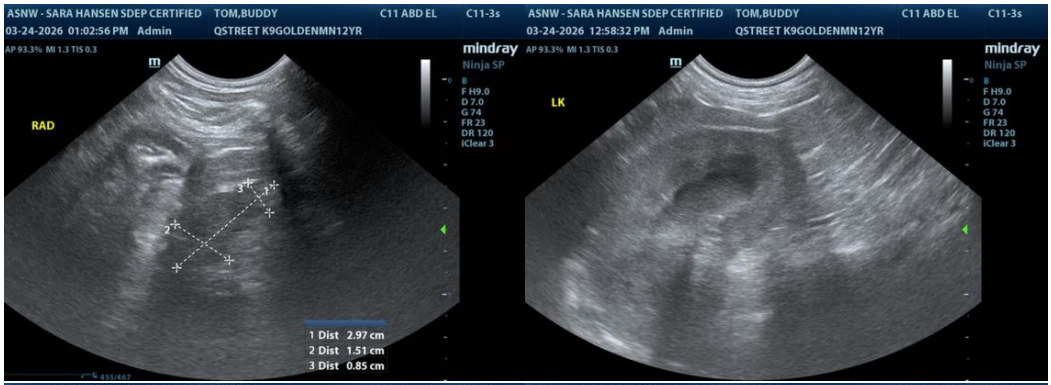

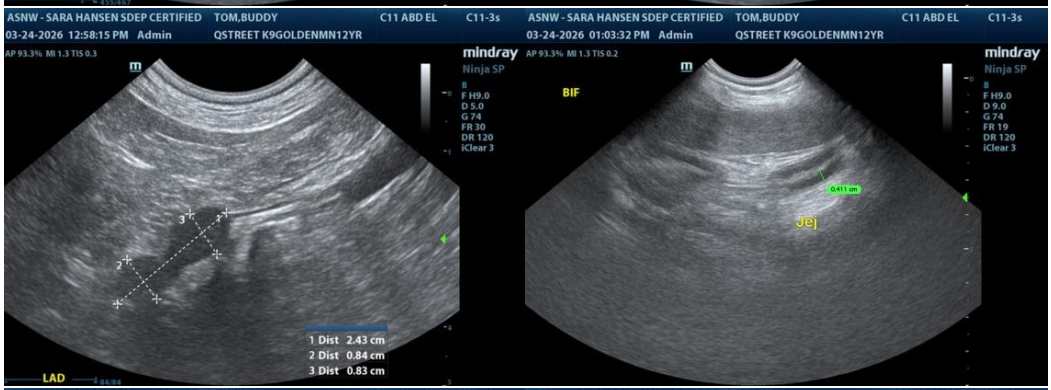

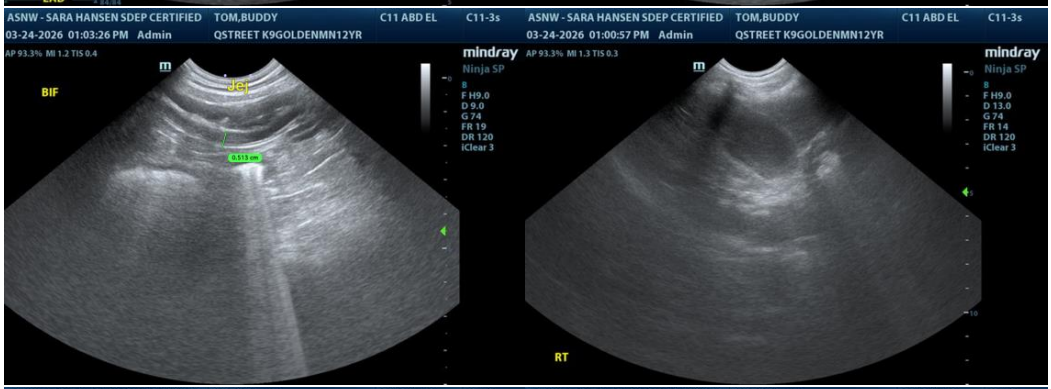

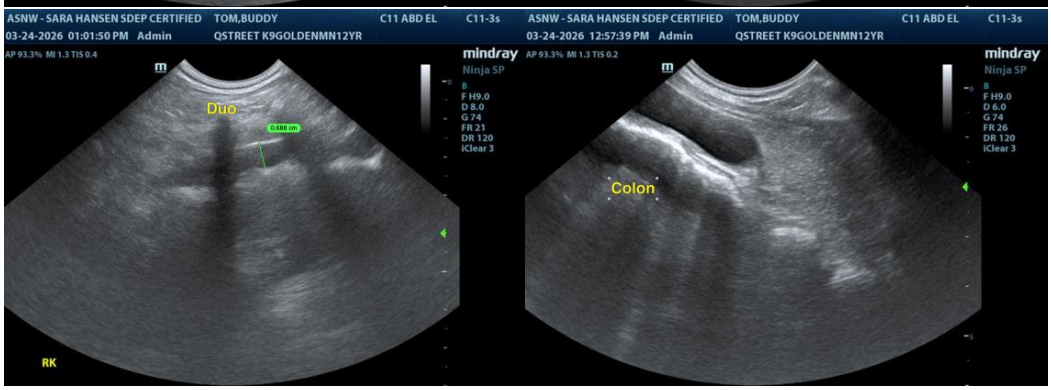

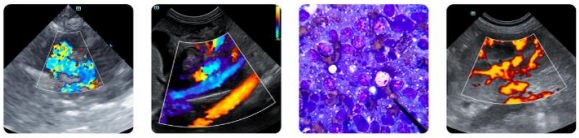

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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