



## PATIENT

Zack Pinkston

## SPECIES

Canine

## BREED

DSH

## SEX

Neutered Male

## AGE

4 Years

## WEIGHT

9.8 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Agnes Rupley DVM

## HOSPITAL NAME

All Pets Medical  
Center

## REFERRING VET

Dr. Agnes Rupley DVM

## INVOICE

14025

## DATE

03/03/26

## PRESENTING CLINICAL SIGNS

- Presented for skinny and decreased appetite for 2-3w. Attached to mother in the house who was ill and died recently. Lost 0.3 pounds since 9/9/25. B/S 4/9. Pain on abdominal palpation. Chemistry panel normal except mild elevated in cholesterol at 256. ProBNP is normal at <50.00. SAA is normal at <5.00. FPLI is normal at 1.1. No significant abnormality on CBC results. Normal fecal gram stain. UA results revealed protein 15, pH 6.5, and Specific Gravity: 1.028. GLOBAL ultrasound revealed indistinct wall layering of a portion of small intestine.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Mild hyperechoic cortex with mild enhanced corticomedullary border demarcation. The left kidney measured 3.7 cm in length. The right kidney measured 3.6 cm in length.

### *Adrenal Glands*

The adrenal glands were not definitively visualized.

### *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 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 was empty with no signs of ileus, obstruction or foreign material.

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



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hyperechoic intestinal mucosal speckling and mild nonobstructive segmental intestinal ileus. The small intestinal wall measured 0.22 cm wall width.

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

Intermittent mildly prominent nonhomogenous mesenteric 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). An example of the lymph nodes measured 2.3 cm x 0.6 cm. No evidence of peritoneal effusion or omental masses.

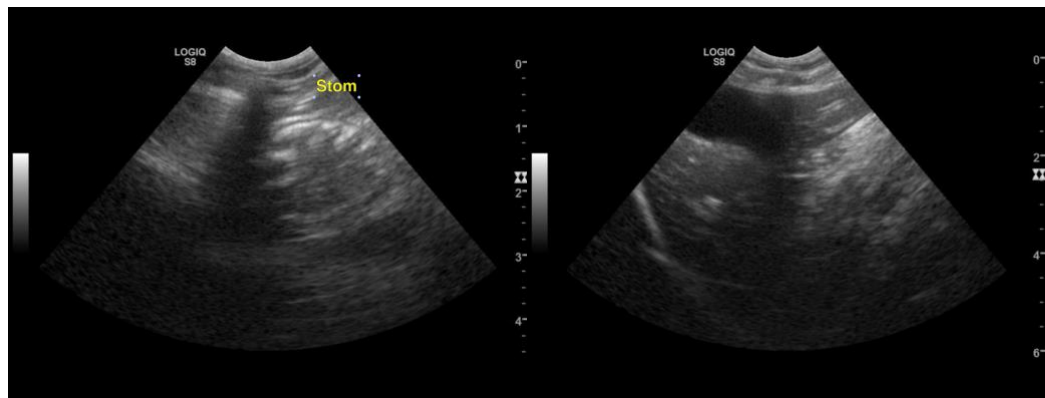
## ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable gastrointestinal tract with mild nonspecific intestinal mucosal speckling and mild ileus.
- Intermittent mild nonhomogenous mesenteric lymph nodes.
- Mild urine sediment.
- Sonographically unremarkable area of pancreas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology. The intestinal presentation is non-specific with considerations including non-specific enteritis, inflammatory bowel or other enteropathy in conjunction with mild lymph node, reactive hyperplasia or lymphadenitis, occult emerging intestinal and lymphatic neoplasia is thought less likely.

A full GI panel to include PLI, TLI, cobalamin and folate is recommended. Gastrointestinal support with clinical and as needed sonographic monitoring if evidence of progressive gastrointestinal signs or weight loss is recommended.





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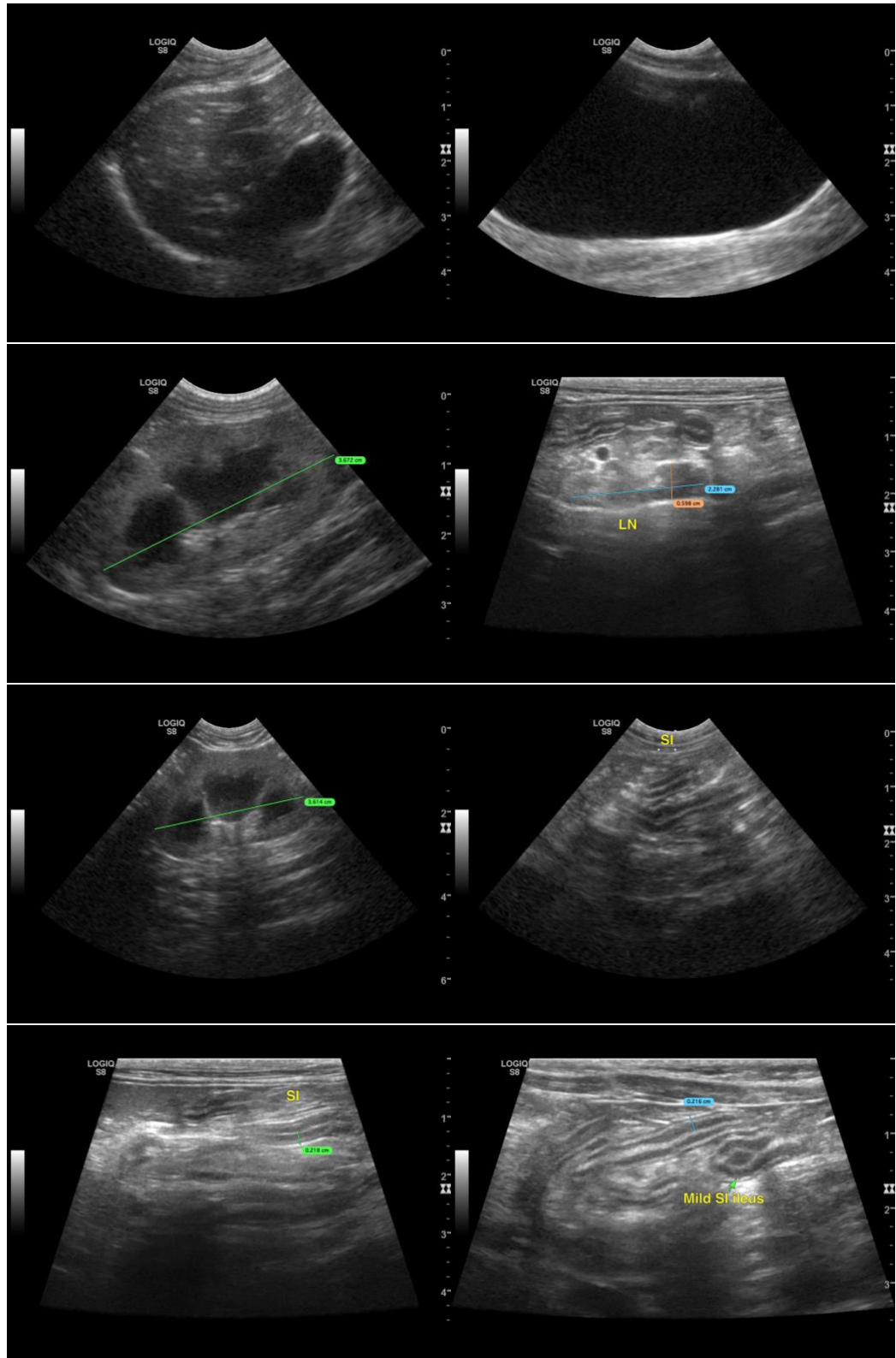
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)