



PATIENT

Val Ortman

SPECIES

Canine

BREED

Italian Greyhound

SEX

FS

AGE

13 years

WEIGHT

7.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Baker

INVOICE

10757

DATE

4/2/26

PRESENTING CLINICAL SIGNS

History:

- Vomiting, inappetence, diarrhea, lethargy, PDGR4, weight loss, underweight, mature cataracts OU
- enrofloxacin

Abnormal PE/Chem/CBC/UA Results: 3/29/26 big 4: PCV/TS 55%/7.2, lactate 2.4, BG 175 BUN 83, hyper globulinemia 5.6 CBC, moderate leukocytosis 23.69, mild neutrophilia 7.92, mild monocytosis 1.39, UA WBC 14 / hpf, RBC >50 / hpf, myaline cast > 1/hpf USG 1.050

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended in size, prohibiting full evaluation of the urinary bladder wall. No overt tumors or bladder mineral / calculi were noted.

The area of the iliac trifurcation was free of pathology.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A left kidney cranial cortical cyst was noted. The left kidney measured 3.0 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position, and shape with indistinct visualization. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.58 cm width at the caudal pole. The right adrenal gland measured 0.6 cm width.

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. Normal hepatic vascular volume was present. 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, gravity dependent gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic to mildly echogenic fluid was present without evidence of obstruction to pyloric outflow.

The small intestine presented overall intact wall layering exhibiting mild altered wall layer ratio owing to propensity for mildly prominent muscularis and mildly prominent to hyperechoic submucosa layer. The duodenum wall measured 0.37 cm width. The jejunum wall measured 0.35 cm width.

Normal visible colon wall layers were present with semi-formed to soft fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Generalized mild hyperechoic omentum and minor peritoneal effusion were present. No obvious significant omental lymphadenopathy was visualized.

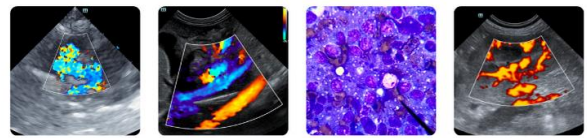
ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy pattern with concurrent mild nonobstructive gastric stasis and semi-formed / soft fecal matter in colon
- Suspect chronic pancreatitis with remodeling
- Bilateral chronic renal changes
- Mild nonorganized gallbladder debris (non mucocele)
- Mild generalized omental hyperechogenicity and minor peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the gastrointestinal presentation was nonspecific, chronic IBD or other inflammatory enteropathy is favored, with potential emerging to occult intestinal neoplasia or other enteropathy possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Screening three-view chest radiographs is recommended if not done. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

A definitive diagnosis would likely require gastrointestinal 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 (Provable or Visbiome), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Assessment of caloric plane or for a competitive eating environment, if clinically indicated, may be considered.



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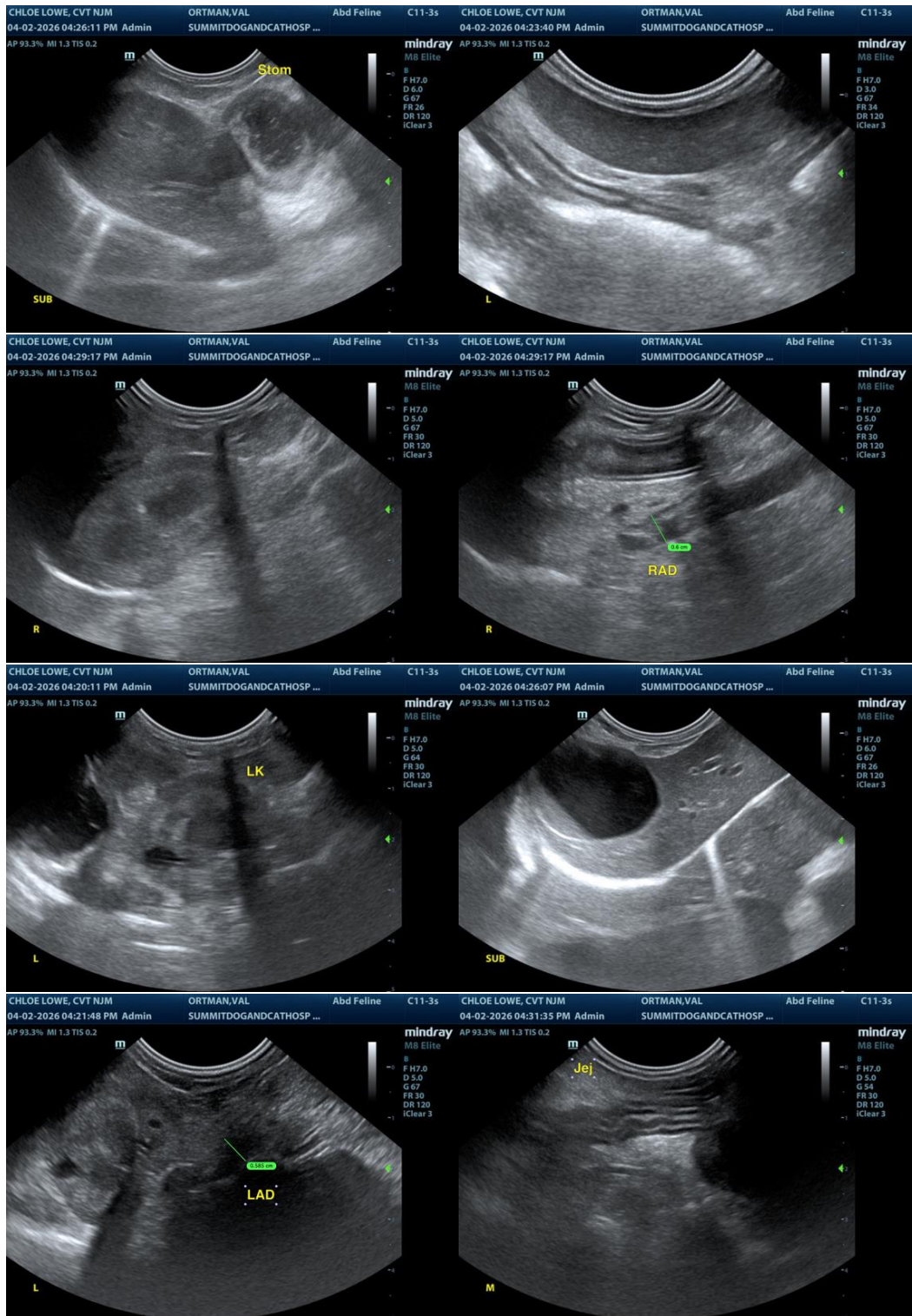
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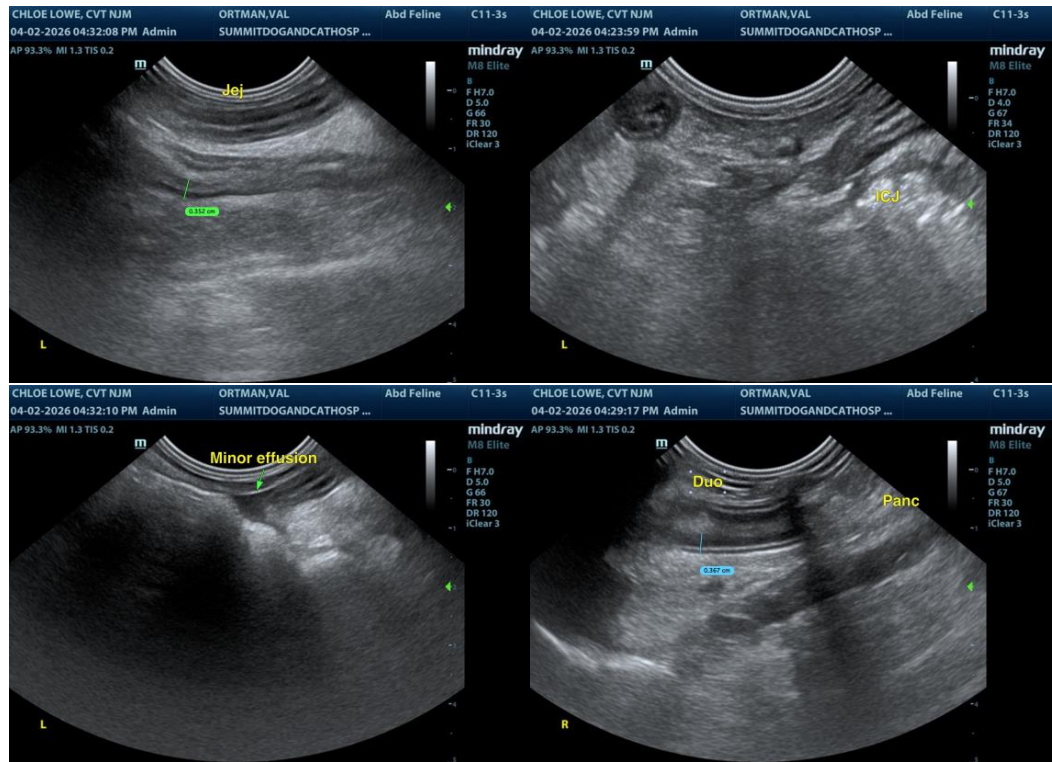
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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