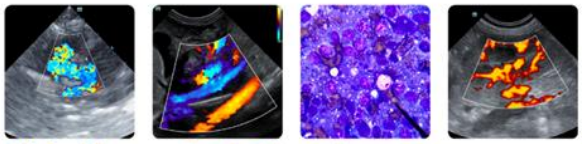


PATIENT

Sophie Hess

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

FS

AGE

14

WEIGHT

77

INTERPRETED BY

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

IMAGING PERFORMED BY

Shane Stafford

HOSPITAL NAME

West Newton Animal Clinic

REFERRING VET

Shane Stafford

INVOICE
24537

DATE
04/20/2026

PRESENTING CLINICAL SIGNS

History: The patient presented for vomiting, inappetence, and diarrhea that began approximately three days ago. The owner reports the clinical signs started with vomiting, followed by a lack of interest in food. The signs have progressed to liquid diarrhea. The owner has been feeding a diet of chicken and rice for the past three days. Vomiting has been occurring consistently in the evenings. The patient has a 13-year history of recurrent MRSP skin infections and currently has a small lesion on her left front paw that the owner has been managing at home. The owner notes that episodes of inappetence often coincide with skin flare-ups. The patient also has a history of liver issues

Abnormal PE/Chem/CBC/UA Results: - Vomiting, Diarrhea, Inappetence - - **Elevated Liver Enzymes (ALT, ALKP, Bilirubin)** - - **Elevated cPL** - R/O: Pancreatitis. - **Hyperproteinemia (Hyperglobulinemia)** - R/O: Dehydration, chronic inflammation/infection. - **Isosthenuria (USG 1.008)** - R/O: Considered less significant in the face of normal kidney values and dehydration; may be transient. - Abdominal Ultrasound Abnormality - R/O: An undefined abnormality was noted within the intestines, requiring specialist review. Differentials are broad and include inflammation, foreign material, intussusception, or neoplasia. - Dermal Lesion, left manus - R/O: Consistent with history of recurrent MRSP

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 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 6.7 cm in length. The right kidney measured 7.2 cm in length.

The area of the aortic trifurcation was free of pathology.

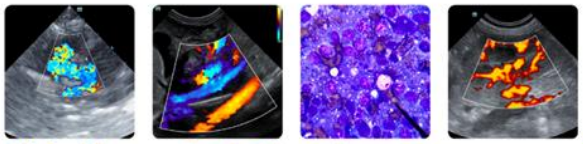
Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.67 cm width at the caudal pole. The right adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland subjectively measured 0.76 cm width at 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.

Liver/Gallbladder



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The liver presented 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 contained minor retained non-shadowing ingesta/chyme with no signs of 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 mechanical/metabolic ileus, obstruction or foreign material.

Normal intact visible colon wall layers were present with semi formed feces in lumen. No overt evidence of colon distention.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent variably swollen, non-homogenous hypoechoic mesenteric lymph nodes with mild surrounding perilymphatic hyperechoic omentum. No evidence of effusion. An example of a larger lymph node measured 3.6 cm x 2.5 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Mild non-organized gallbladder debris
- Overall structurally unremarkable gastrointestinal tract with mild non-shadowing gastric ingesta/ chyme, semi formed fecal matter in colon
- Sonographically normal area of pancreas
- Intermittent variably swollen, non-homogenous hypoechoic mesenteric lymph nodes, surrounding hyperechoic perilymphatic omentum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of mesenteric lymphadenopathy may indicate reactive hyperplasia, inflammation or lymphatic neoplasia. No obvious visualized evidence of gastroenterocolic mural pathology. Non-sonographically evident or microscopic gastroenterocolic disease in conjunction with mild pancreatitis may present sonographically normal. Subjectively, the hepatopathy suggests benign criteria. Further assessment may include assuming normal clotting status, FNA cytology of accessible lymph node, and screening hepatic FNA cytology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Adrenal screening such as resting cortisol level may be considered.

Pending additional diagnostics, 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

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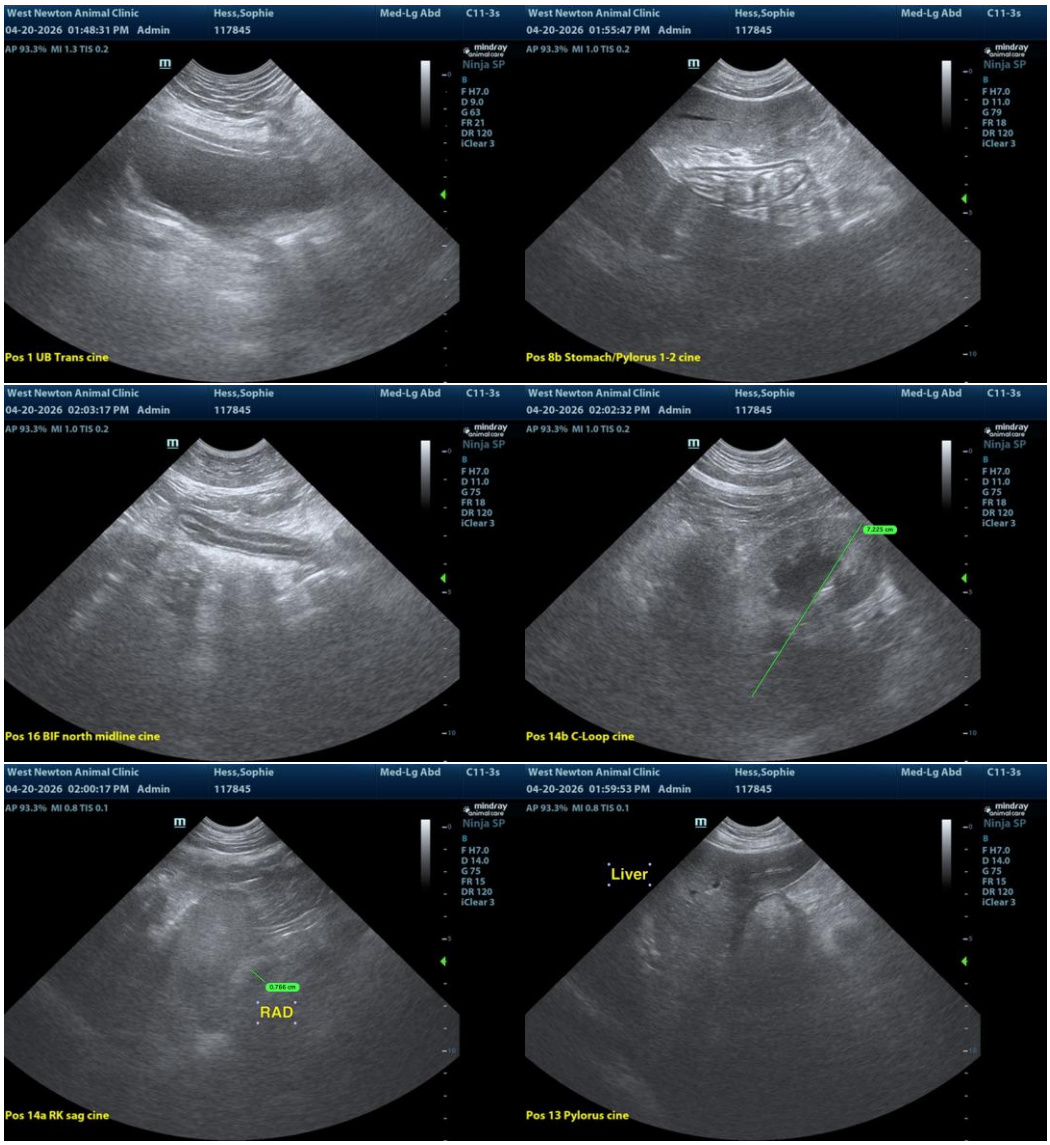
protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.



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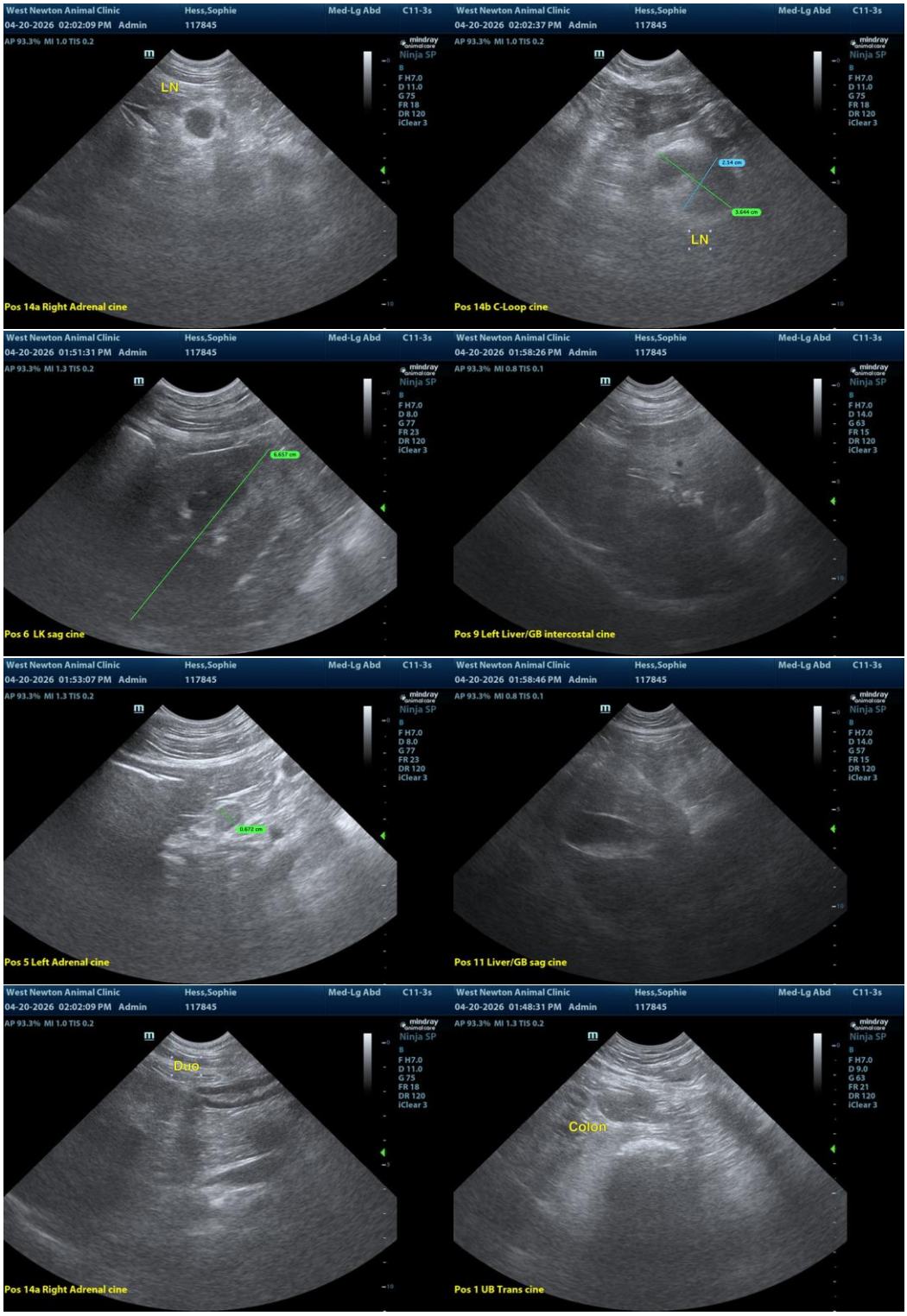
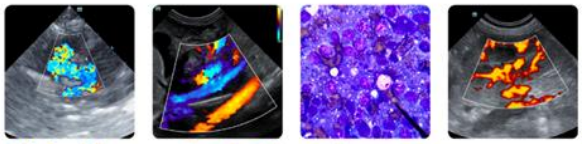


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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