



PATIENT

Ivy Mae Fuentes

SPECIES

Canine

BREED

Papillon

SEX

FS

AGE

14yr

WEIGHT

9.36lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Olsen VMD

HOSPITAL NAME

Limestone Veterinary
Hospital

REFERRING VET

Katherine Williams
DVM

INVOICE 24560

DATE

04/21/2026

PRESENTING CLINICAL SIGNS

Ivy Mae, 14 yr FS Papillon, presented in January 2026 for hematochezia for about 3+ months. Normal brown stool but at end is bloody mucoid discharge. On PE at that time, TL pain (tender), mild to moderate dental tartar, otherwise NSF. Rectal empty. 3/9/26 presented for vomiting several times, explosive bright red diarrhea. PE overall unremarkable, medical management was elected. Came in two days later with neck pain. BW performed, overall unremarkable. Ivy did well up until 4/15/26 when she started having hematochezia again, mild TL pain but otherwise no significant findings. Started on metronidazole, BW results below. Diarrhea has since cleared up, P is otherwise doing okay. Weight loss has been steady since January 2026 (10.31 lb to 9.36 lb today).

Abnormal PE/Chem/CBC/UA Results: BW 4/18/26 ALKP: 148 (5-131) SDMA: 10.1 <14
Creatinine: 1.0 (0.5-1.6) BUN: 19 (6-31) WBC: 9.3 (4.0-15.5) Neutrophils: 83 (60-77) T4: 1.6 (0.8-3.5)
FT4: 28.6 (8-40)

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 asymmetrical 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 marked loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Multiple variably sized cortical cysts and medullary renoliths were present. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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 subjective borderline 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



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signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall borderline prominent layering given patient size. The lumen of the stomach was empty with minor retained fluid/gas and no signs of ileus, obstruction or foreign material. The stomach wall measured 0.45 cm in width.

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 visible colon wall layers were present with current semi formed feces in lumen.

Pancreas

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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal colon containing current semi-formed fecal matter
- Intact borderline prominent stomach wall
- Sonographically unremarkable small intestine
- Normal area of the pancreas
- Borderline benign hepatomegaly
- Non-organized gallbladder debris
- Marked chronic degenerative renal changes with cortical cysts and medullary renolithiasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Concurrent screening thoracic radiographs in correlation with neurological / musculoskeletal examination given weight loss is recommended. No obvious evidence of abdominal neoplastic criteria. Urinary workup including UA, urine C/S and UPC level for renal staging is suggested.

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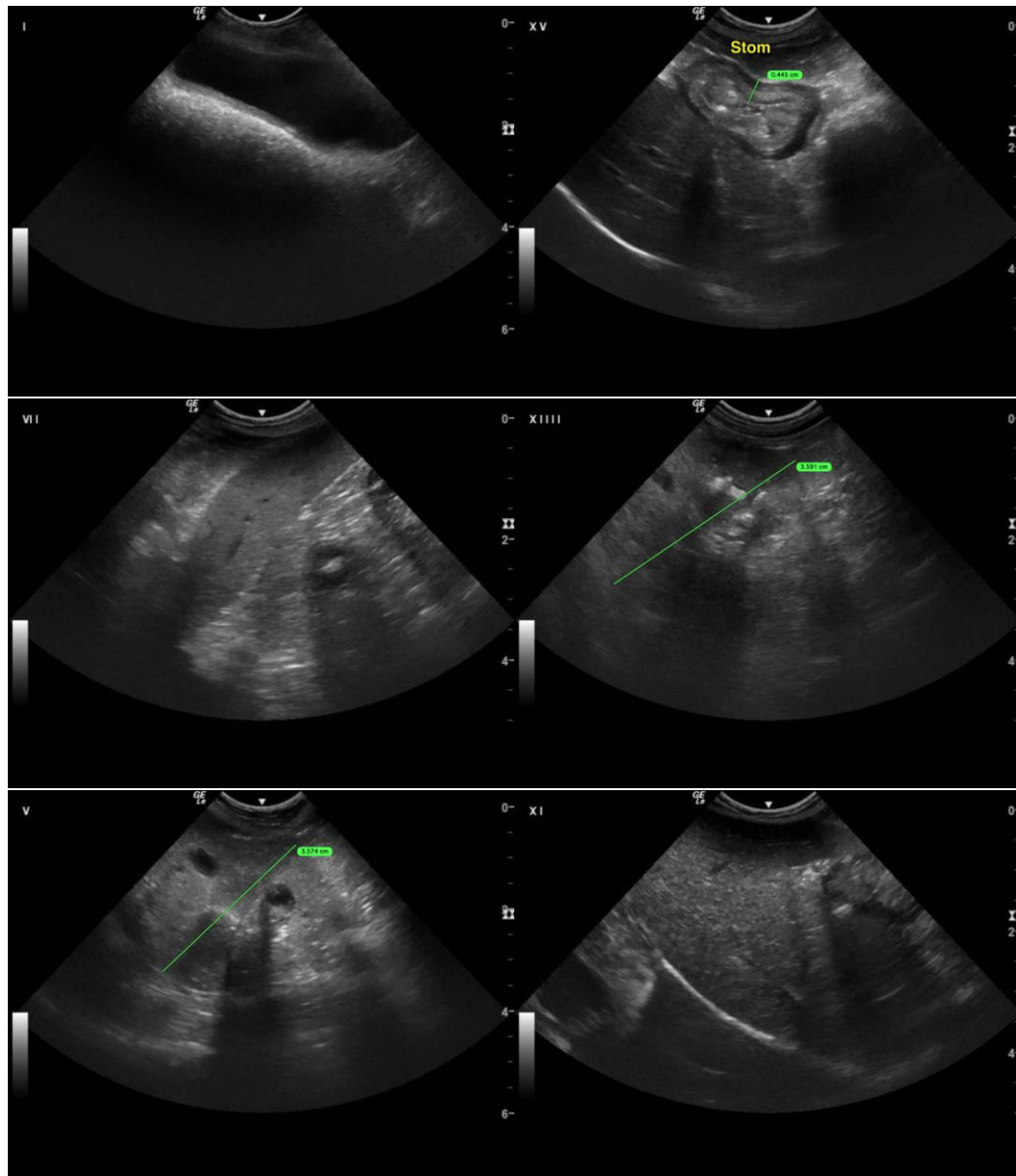
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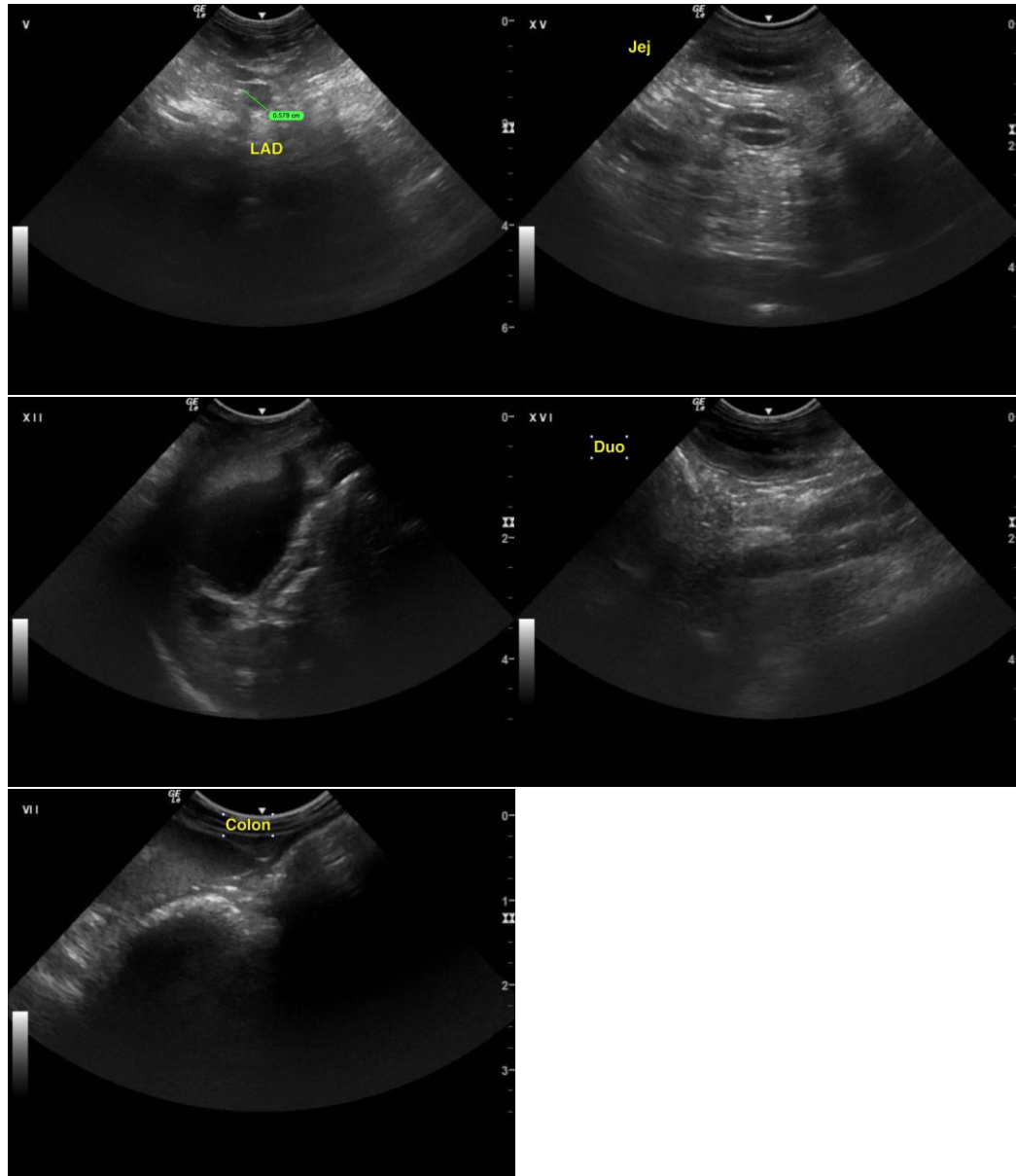
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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