



PATIENT

Brando Kelly-Lawler

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

11Y

WEIGHT

65lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Michelle
Kluchurosky, DVM

INVOICE

74737

DATE

4-22-26

PRESENTING CLINICAL SIGNS

intermittent vomiting & diarrhea/hematochezia responsive to Metronidazole
Abnormal PE/Chem/CBC/UA Results: CBC: WNL Chem: hypoproteinemia = 5.3 (5.5-7.5)
hypoalbuminemia = 2.5 (2.7-3.9)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology.

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 6.0 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

Both adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without evidence of neoplastic criteria. The left adrenal gland measured 0.89 cm width in the caudal pole. The right adrenal gland measured 0.84 cm width in 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

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

Gastrointestinal

The stomach exhibited regional to variable thickened wall with the stomach wall measuring 1.0 cm. The area of thickened ventral gastric body wall measured 4.3 x 1.9 cm. The stomach was empty with mild luminal gas.



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The small intestine presented intact wall layering with borderline prominent wall layering. The duodenum wall measured 0.60 cm caudal pole width. The jejunum wall measured 0.50 cm caudal pole width. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with semi-formed to 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

- Variably thickened stomach wall with possible emerging stomach wall mass.
- Intact borderline thickened small intestine.
- Sonographically normal visible colon containing semi-formed to soft fecal matter.
- Mild age related renal changes.
- Nonspecific mild bilateral adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened stomach wall may indicate nonspecific inflammatory criteria, however, potential for emerging stomach wall mass is of concern. Concurrent nonspecific enteropathy with considerations including inflammatory, infectious, or thought less likely, occult intestinal neoplasia are all potentials. Definitive diagnosis would require gastrointestinal biopsies for histopathology.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Concurrent fresh fecal analysis suggested if not recently done. Gastrointestinal support which may include potential coverage for antibiotic responsive diarrhea, given the patient's history, with concurrent dietary trial, high colony count probiotics such as Provable, consideration for empirical deworming, and as needed gastroprotectants with clinical and serial sonographic monitoring, specifically the stomach, to assess for persistent or progressive mural thickening would be more conservative.



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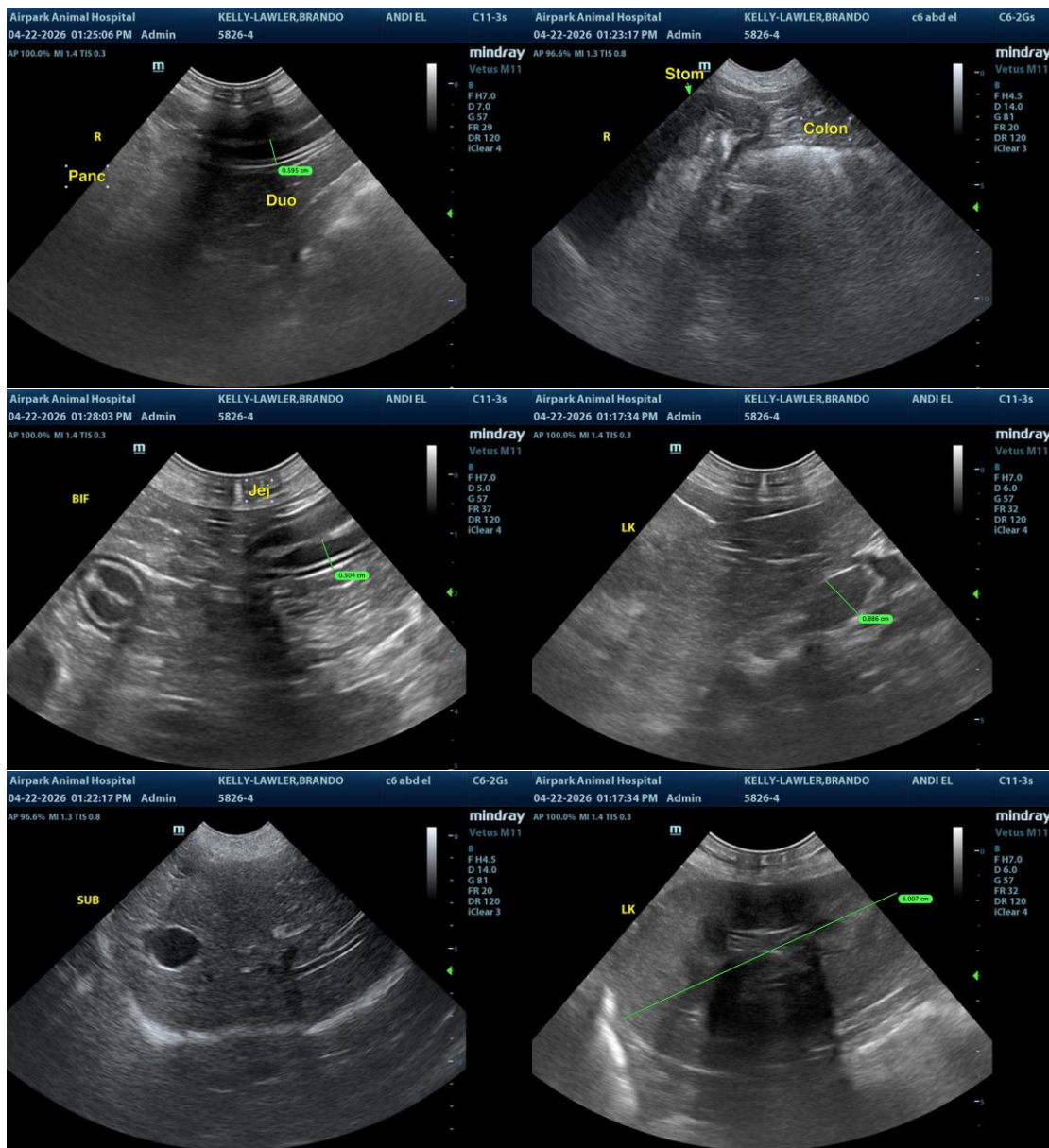
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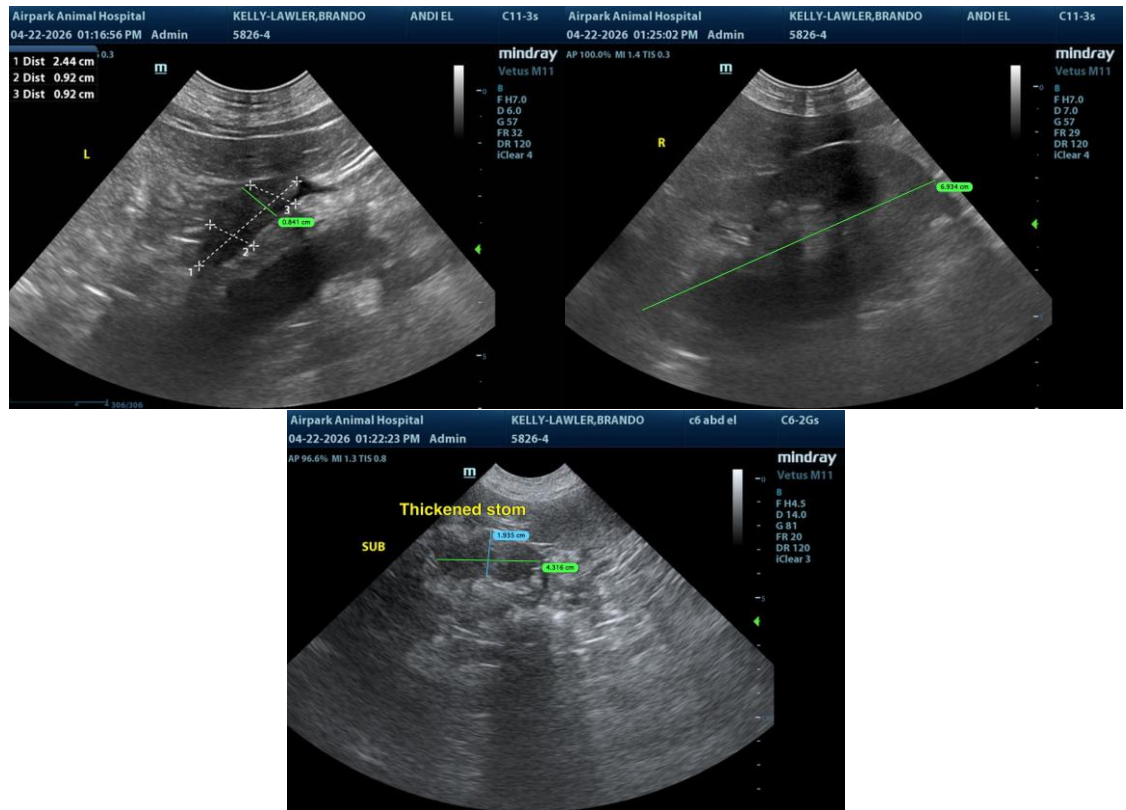
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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