



## PATIENT

Kaiser Seigafuse

## SPECIES

Canine

## BREED

Pitbull

## SEX

MN

## AGE

10

## WEIGHT

65

## PRESENTING CLINICAL SIGNS

Presented originally 3/7 for PUPD

Progressively since has lost his appetite and has lost 15 pounds since Oct 25, most of it in the past month per o

Due to significant loss of appetite/weight we elected for AUS

Abnormal PE/Chem/CBC/UA Results: 3/7 cbc, chem, tt4 were all normal

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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.

The area of the residual prostate appeared normal and 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 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 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

## INTERPRETED BY

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

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.70 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

## IMAGING PERFORMED BY

John Sampson

### *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.

## HOSPITAL NAME

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### *Liver/Gallbladder*

## REFERRING VET

John Sampson

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

## INVOICE 24606

DATE  
04/24/2026



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## *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 gastric body wall measured 0.44 cm in width.

The visualized segments of 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. The duodenum wall measured 0.40 cm width. The jejunum wall measured 0.35 cm width.

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

## *Pancreas*

The area of the pancreas was sonographically normal.

## *Free Abdomen*

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

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Normal visualized gastrointestinal tract
- Overtly normal left adrenal gland, non-visualized right adrenal gland
- Sonographically normal liver/spleen
- Mild gallbladder debris (non-mucocele)
- Age related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, a largely mild geriatric abdomen without evidence of significant or definitive visceral pathology as an obvious cause of the patient's clinical signs and weight loss. No overt adrenal pathology, gastrointestinal mural disease, hepatic disease, or obvious neoplastic criteria. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Sonographic reassessment ideally under sedation may be considered to re-evaluate the gastrointestinal tract and bilateral adrenal glands if persistent clinical signs and weight loss.



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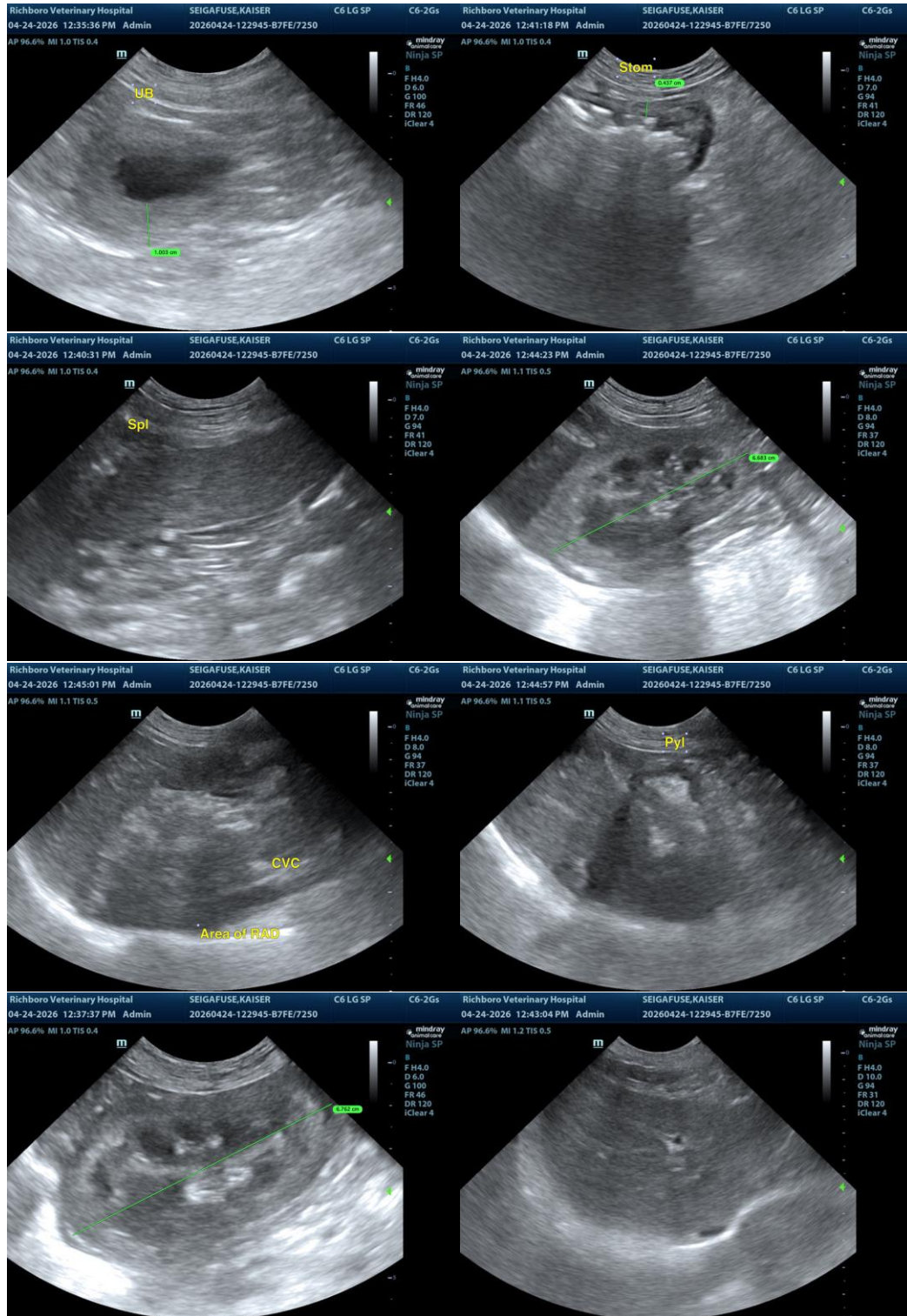
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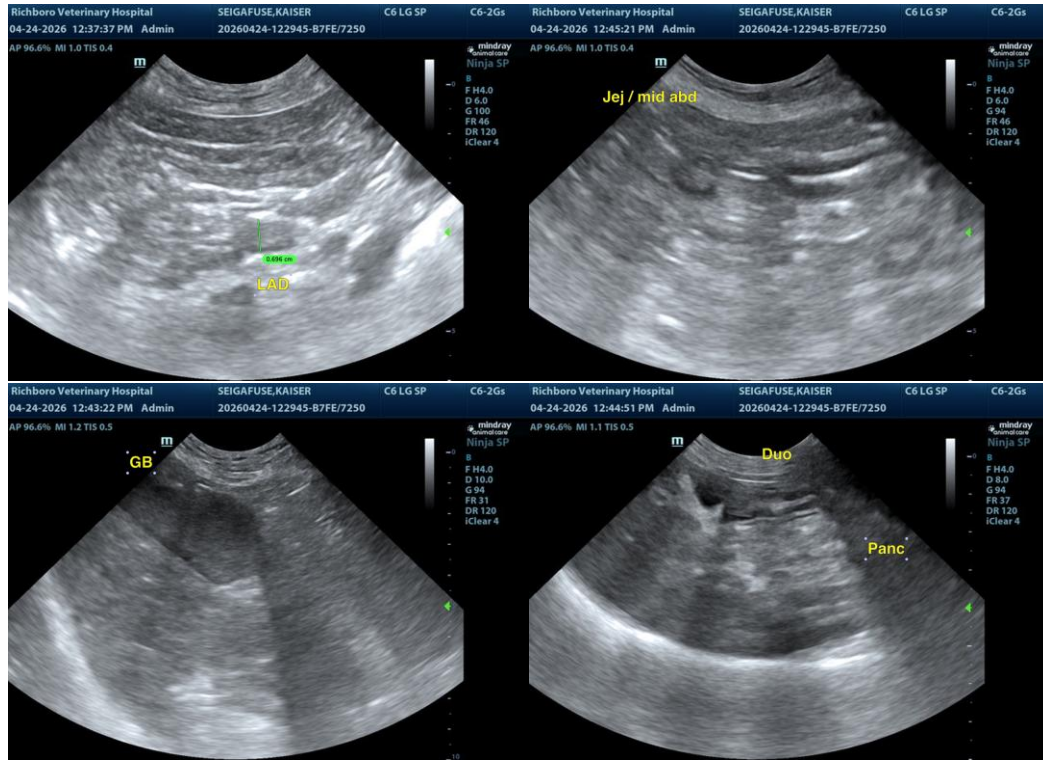
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INTERPRETED BY**

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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.

**IMAGING PERFORMED BY**

John Sampson

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