



## PATIENT

BAM Campos

## SPECIES

Canine

## BREED

Goldendoodle

## SEX

MN

## AGE

2yr

## WEIGHT

30lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Casper

## HOSPITAL NAME

Hometown AH-Florida

## REFERRING VET

Dr Sarah Hopkins

## INVOICE

24625

## DATE

04/27/2026

## PRESENTING CLINICAL SIGNS

P presented for intermittent vomiting on 4/21- bloodwork incl cortisol and pancreatic lipase wnl. Sent home with maropitant and omeprazole. Vomiting resolved but P developed diarrhea and presented again on 4/25 - fecal dx NPS and abd rads suspect underlying gastroenterocolitis. Sent home with fiber supplement and AnimalBiome oral fecal transplant. Presented again today 4/27 for worsening diarrhea and vomiting. P will be hospitalized and repeated bloodwork mild inc eosinophils. Sending out GI panel to Texas AM.

Hx of sensitive stomach - eats exclusive RC GI diet

## 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 exhibited normal thickness and tone. Minimal 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.1 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and 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 0.54 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



## PATIENT

non-distended in size with thin walls and minor, non-dependent to particulate debris. The cystic and common bile ducts were normal.

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## Gastrointestinal

## SPECIES

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.

Canine

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.

## BREED

No obvious evidence of visualized colon mural pathology. The visualized colon was empty in appearance

Goldendoodle

## Pancreas

## SEX

The area of the pancreas was sonographically normal.

MN

## Free Abdomen

## AGE

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

2yr

## ULTRASONOGRAPHIC FINDINGS

### Primary

## WEIGHT

- Sonographically unremarkable gastrointestinal tract with overall empty colon
- Normal area of pancreas

30lb

## INTERPRETED BY

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of visceral specifically sonographically evident gastroenterocolic mural pathology. Structurally insignificant or microscopic gastroenterocolic disease may present sonographically normal. Correlation with pending GI panel is recommended.

## IMAGING PERFORMED BY

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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Sonographic monitoring or reassessment with consideration for upper and lower gastroenterocolic endoscopy with possible biopsies indicated if continued or non-responsive gastrointestinal signs.

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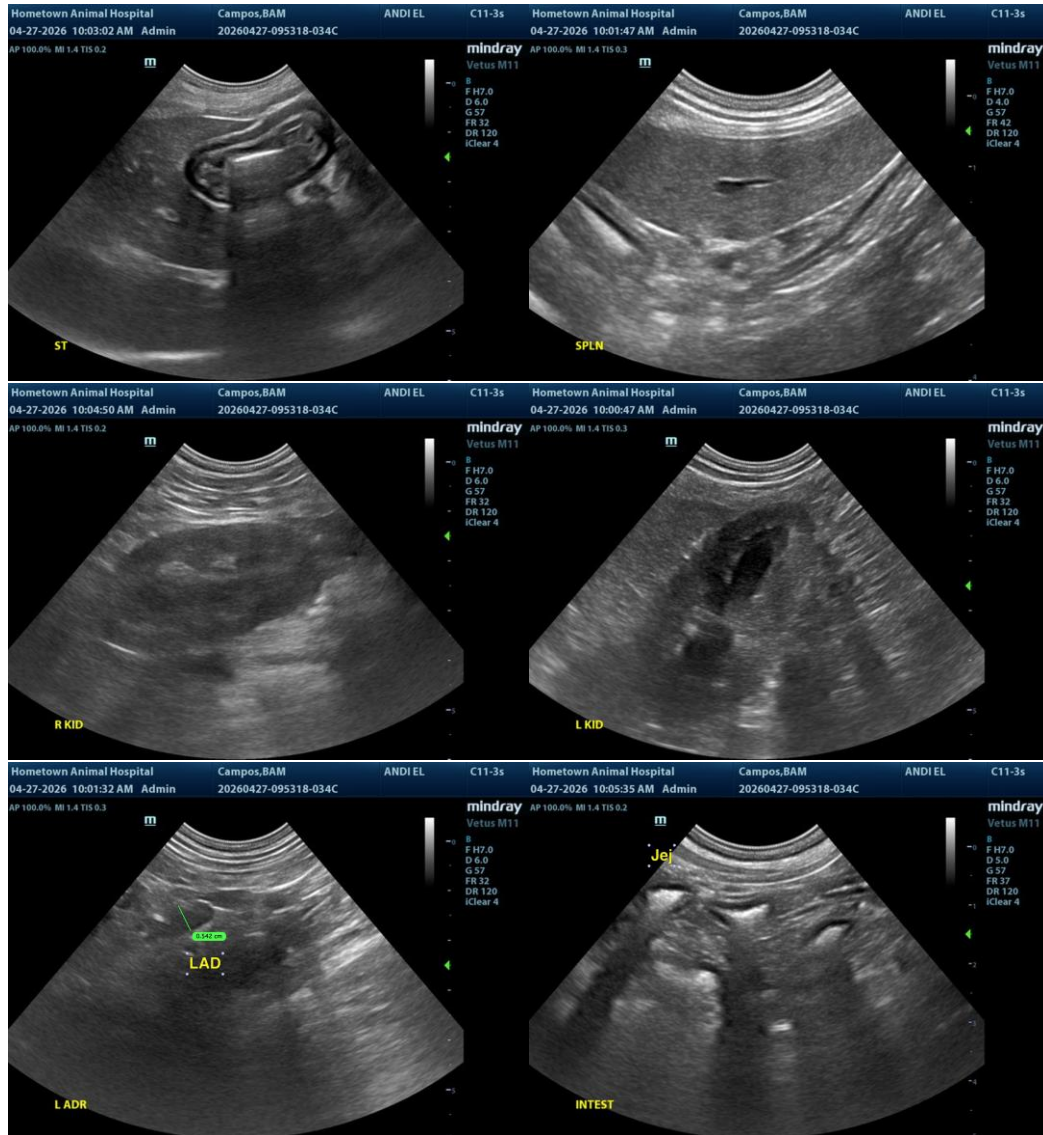
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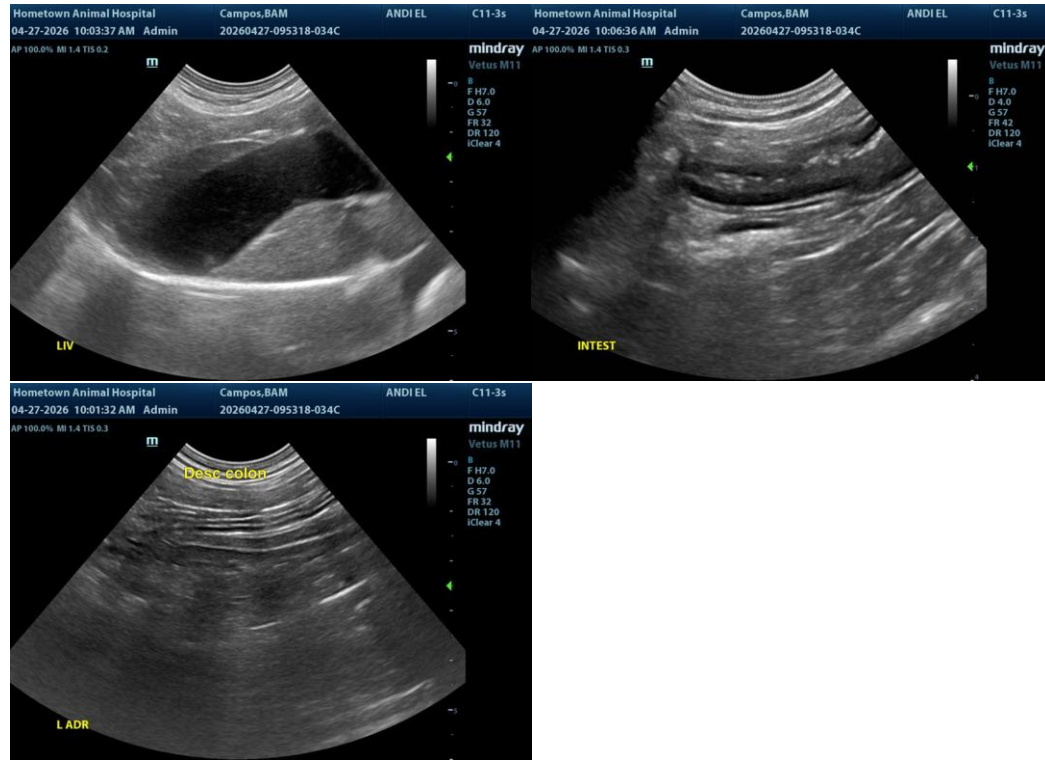
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)