



## PATIENT

Buddy Rinehart

## SPECIES

Canine

## BREED

Anatolian Shepherd

## SEX

MN

## AGE

10yr

## WEIGHT

138lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Meghan Myers, VMD

## HOSPITAL NAME

Hershire Animal  
Hospital

## REFERRING VET

Lindsay Bohling, DVM

## INVOICE

24425

## DATE

04/08/2026

## PRESENTING CLINICAL SIGNS

10 pound weight loss in a month. Decreased to no appetite, withdrawn/antisocial but still has energy for walks, intermit vomiting, small amount of diarrhea. increased thirst.

Recent course of doxycycline completed for Lyme/anaplasma/Ehrlichia.

Trial Cerenia - hard to administer since not eating. Entyce being used. Fortiflora currently being used.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM: WNL Total T4: WNL, 1.1 Urinalysis: SG 1.023, pH 6.0, UPC 0.1, no bacteria seen 4dx: lyme/anaplasma/Ehrlichia +

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, 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 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.5 cm in length. The right kidney measured 8.0 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 0.64 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 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

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

Buddy Rinehart

## SPECIES

Canine

## BREED

Anatolian Shepherd

## SEX

MN

## AGE

10yr

## WEIGHT

138lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Meghan Myers, VMD

## HOSPITAL NAME

Hershire Animal  
Hospital

## REFERRING VET

Lindsay Bohling, DVM

## INVOICE

24425

## DATE

04/08/2026

non-distended in size with thin walls and 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 was empty with no signs of ileus, 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 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**

- Sonographically unremarkable empty gastrointestinal tract with formed fecal matter in normal colon
- Normal area of pancreas
- Normal bilateral adrenal glands
- Age related renal changes
- Normal liver/ spleen
- Mild gallbladder debris (non-mucocele)

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of visceral, specifically gastroenterocolic, pancreatic, or adrenal pathology as an obvious contributing factor to the patient's clinical signs. 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.

Gastrointestinal support which may include dietary trial, gastroprotectants, high colony count probiotics such as Provable, empirical deworming, and cobalamin supplementation pending assessment of cobalamin level may prove beneficial. A screening cortisol level to assess for occult Addison's disease is suggested.



**PATIENT**

Buddy Rinehart

**SPECIES**

Canine

**BREED**

Anatolian Shepherd

**SEX**

MN

**AGE**

10yr

**WEIGHT**

138lb

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Meghan Myers, VMD

**HOSPITAL NAME**

Hershire Animal  
Hospital

**REFERRING VET**

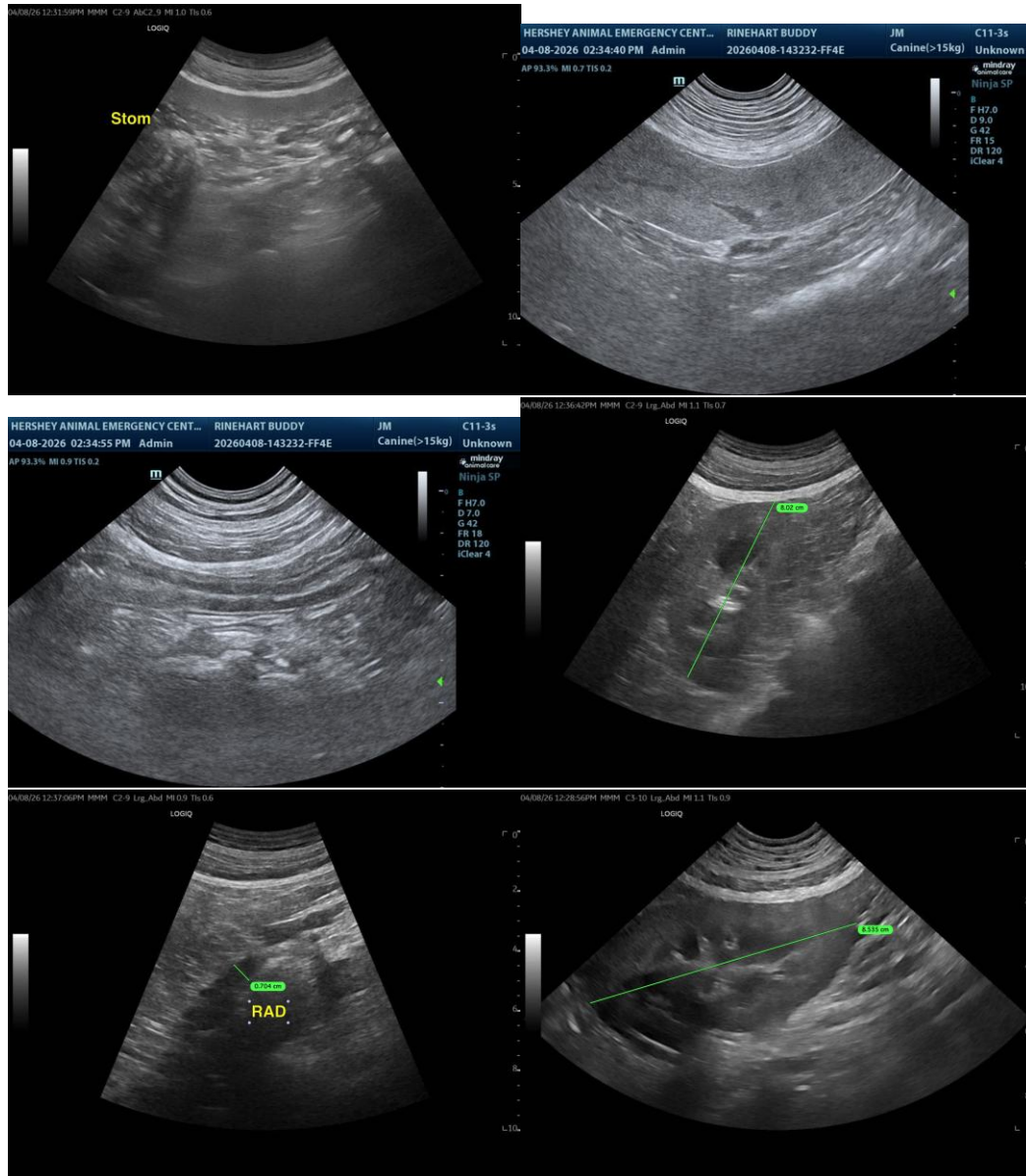
Lindsay Bohling, DVM

**INVOICE**

24425

**DATE**

04/08/2026





**PATIENT**

Buddy Rinehart

**SPECIES**

Canine

**BREED**

Anatolian Shepherd

**SEX**

MN

**AGE**

10yr

**WEIGHT**

138lb

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Meghan Myers, VMD

**HOSPITAL NAME**

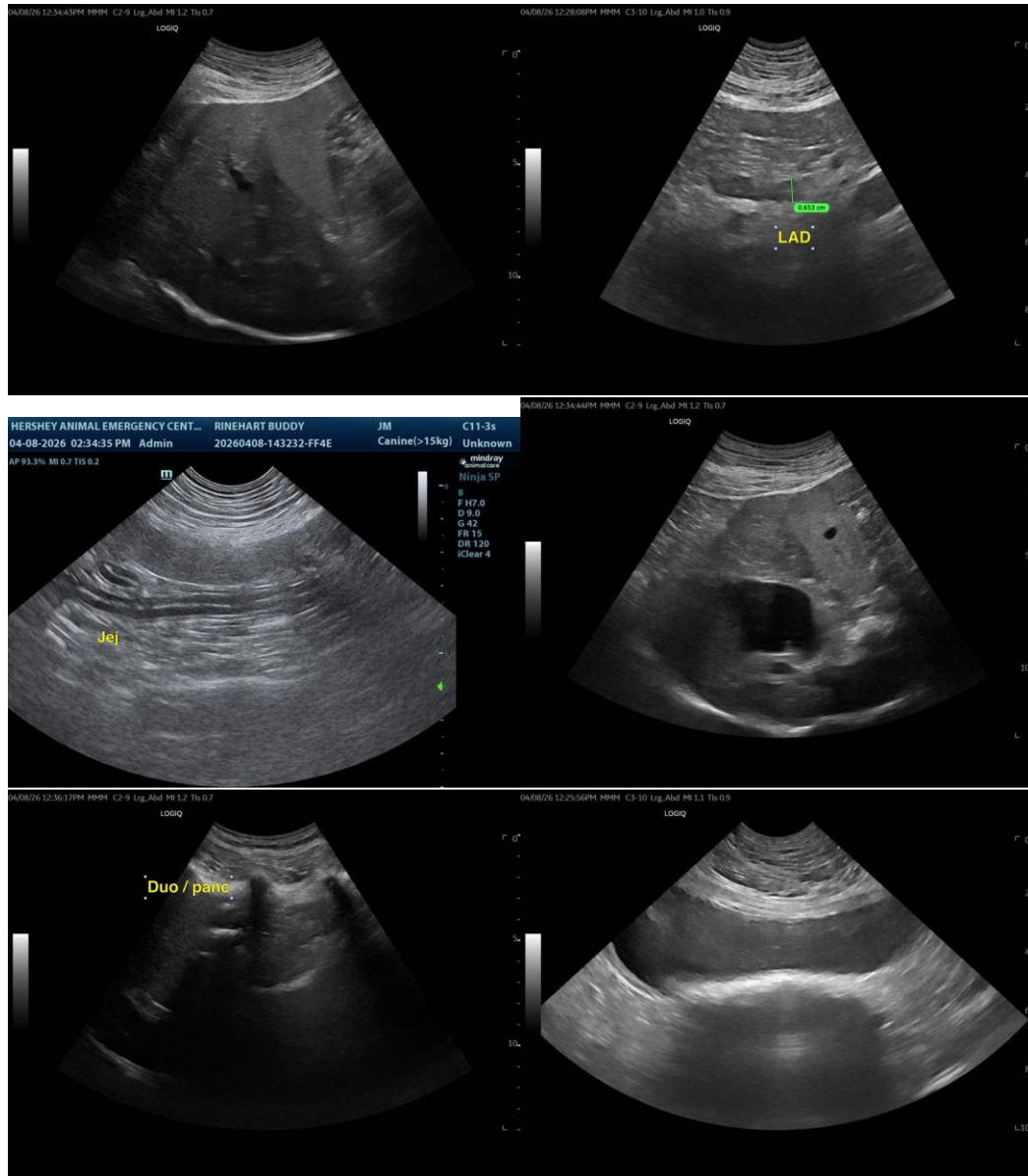
Hershire Animal  
Hospital

**REFERRING VET**

Lindsay Bohling, DVM

**INVOICE  
24425**

**DATE**  
04/08/2026



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)



## PATIENT

Buddy Rinehart

## SPECIES

Canine

## BREED

Anatolian Shepherd

## SEX

MN

## AGE

10yr

## WEIGHT

138lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Meghan Myers, VMD

## HOSPITAL NAME

Hershire Animal  
Hospital

## REFERRING VET

Lindsay Bohling, DVM

## INVOICE

24425

## DATE

04/08/2026