

PATIENT

Zoe Carey

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

14 Years

WEIGHT

26 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary
Hospital

REFERRING VET

Dr. Abby Gerenser

INVOICE

15006

DATE

04/09/26

PRESENTING CLINICAL SIGNS

Patient has history of pancreatitis, managed on low fat i/d. She presented yesterday for diarrhea with hematochezia. She seemed painful on palpation of her mid to cranial abdomen. Also has a history of hind end lameness.

Abnormal PE/Chem/CBC/UA Results: Abdominal pain on palpation Pancreatic lipase elevated, remainder of labwork including cell counts wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. The 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 change were noted.

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 6.9 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.80 cm width at the caudal pole.

The right adrenal gland was not definitively visualized owing to overlaying intestinal artifact.

Spleen

The spleen exhibited mildly expansive nonhomogenous to hypoechoic mid medial module with minor associated asymmetrical capsule distortion. The splenic nodule measured 1.8 cm in diameter.

Liver & Gallbladder

The liver presented mildly 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 mild nonorganized gravity dependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 mildly thickened wall with mild altered wall layer ratio owing to propensity for mildly thickened intestinal mucosa layer. Empty intestinal lumen without



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mechanical/metabolic ileus to the level of the colon. The duodenum wall measured 0.78 cm wall width. The jejunum wall measured 0.57 cm wall width.

The colon walls presented intact yet mildly thickened wall layering. Soft fecal matter was present in the colon lumen consistent with patient's history.

Pancreas

The pancreas was normal in size and contour with isoechoic mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No visualized significant omental lymphadenopathy or omental masses was present. Scant peri-intestinal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly- subjective benign.
- Mild gallbladder debris (non-mucocele).
- Mildly expansive splenic nodule- hyperplasia, hematopoiesis, inflammation, infection, granuloma, emerging tumor are all potentials.
- Nonspecific enterocolonopathy.
- Mild heterogeneous pancreas.
- Age-related renal changes.
- Scant peri-intestinal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of active pancreatitis, although mild to chronic pancreatitis may present sonographically unremarkable. Primary enterocolonopathy with reactive pancreatic changes may be of concern in this patient. Considerations may include inflammatory bowel, infectious disease, dysbiosis given breed, emerging to occult intestinal neoplasia is not definitively excluded. No evidence of mechanical intestinal obstruction or foreign material.

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 (Provable or Visbiome), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Sonographic monitoring or reassessment is indicated if persistent or progressive gastrointestinal signs or evidence of weight loss.

A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended.



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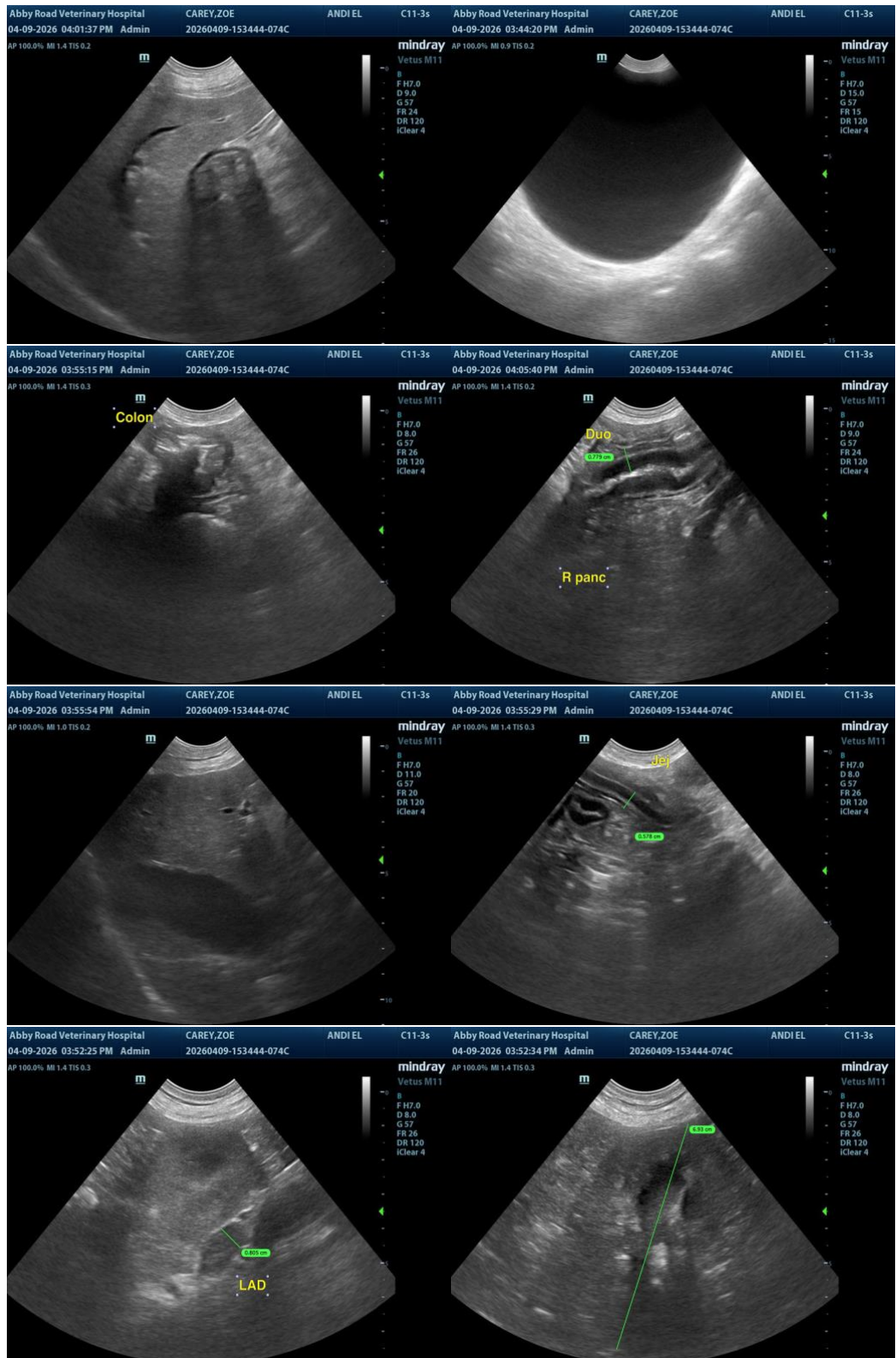
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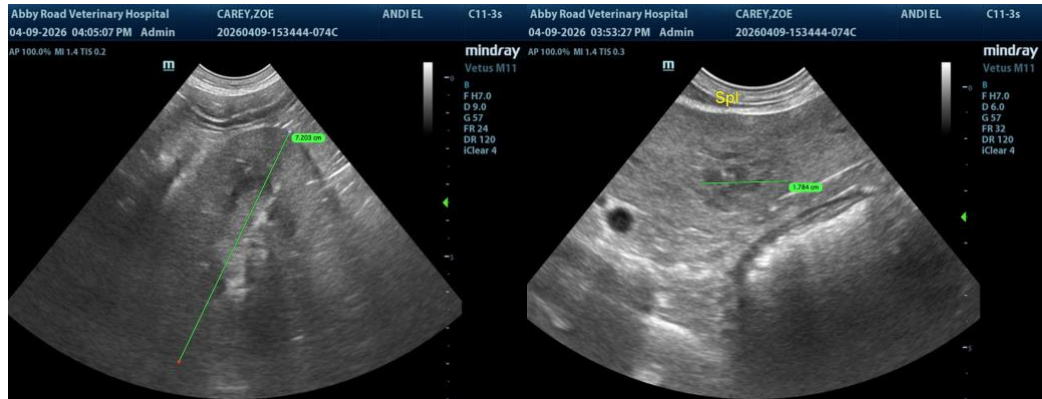
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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