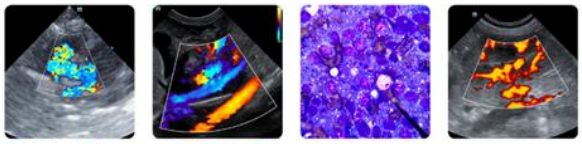


PATIENT

Max Troy

SPECIES

Canine

BREED

Bichon Frise

SEX

MN

AGE

5yr

WEIGHT

14.6lb

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
24864

DATE
05/18/2026

PRESENTING CLINICAL SIGNS

Patient has a history of decrease appetite. Patient does not vomit or have diarrhea. Patients diet usually consists of client hand feeding - turkey, rice, and whipped cream. Patient will continue to eat treats. Patient liked GI biome for a few days- then refused to eat it. Patient was on Denamarin- recently discontinued in case contributing to decreased appetite. Patient is on cosequin and receives Cytopoint injections.
Blood work results: CBC - WNL
CHEM with lytes - WNL
T4: 2.0
got famotidine this morning. ate small bites of food before got scheduled

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 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 3.8 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

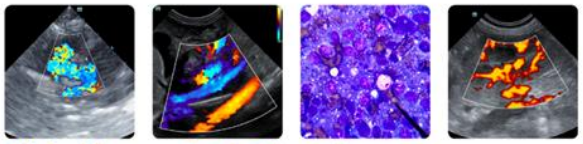
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width 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



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non-distended in size with thin walls and primarily anechoic luminal content. 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 contained moderate variably shadowing ingesta and lumen gas with no signs of obstruction or foreign material. The pylorus wall measured 0.32 cm in width. The pyloroduodenal junction was sonographically normal and free of pathology.

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. The duodenum wall measured 0.42 cm width. The jejunum wall measured 0.35 cm width.

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

Pancreas

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

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal gastrointestinal tract with mild non-shadowing gastric ingesta
- Mild heterogeneous pancreas
- Normal adrenal glands
- Semi-formed fecal matter in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of gastrointestinal mural pathology which may suggest non-obstructive metabolic gastric ileus or delayed gastric emptying. Assessment for cranial abdomen/subxiphoid discomfort on palpation, which may suggest low-grade chronic pancreatitis is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Continued gastrointestinal support, which may include smaller more frequent feedings of bland or hydrolyzed diet and as needed gastric protectants such as omeprazole 1 mg/kg PO SID may prove beneficial. Upper gastrointestinal endoscopy may be considered if continued clinical signs and pending additional diagnostics and supportive care.

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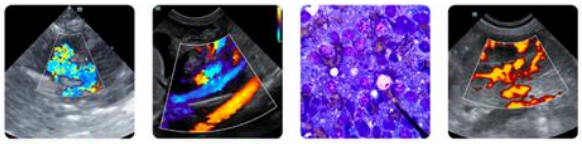

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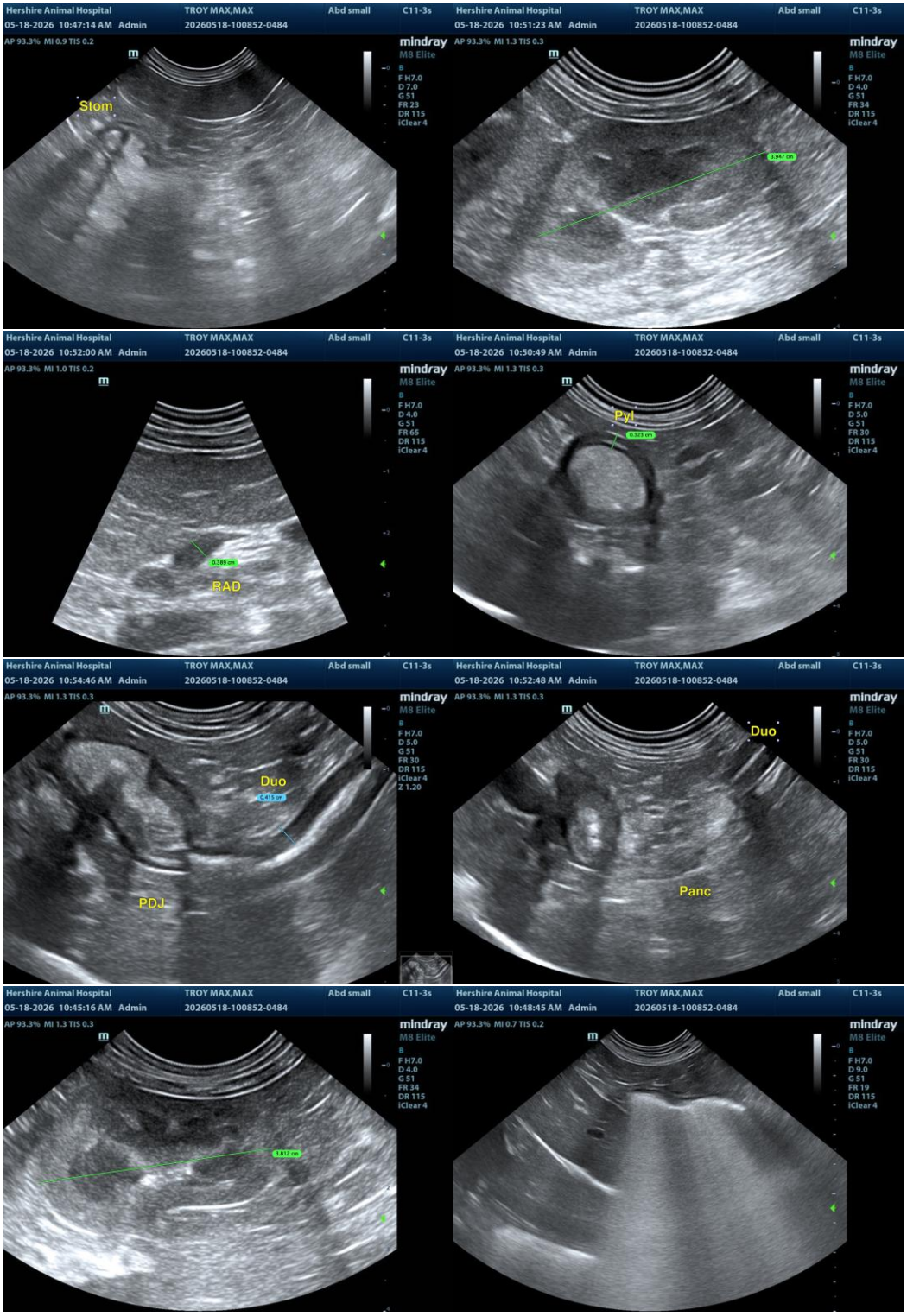

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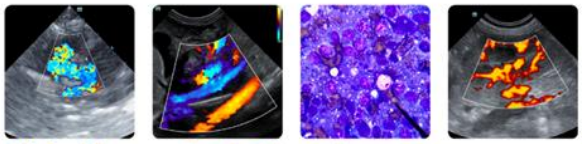

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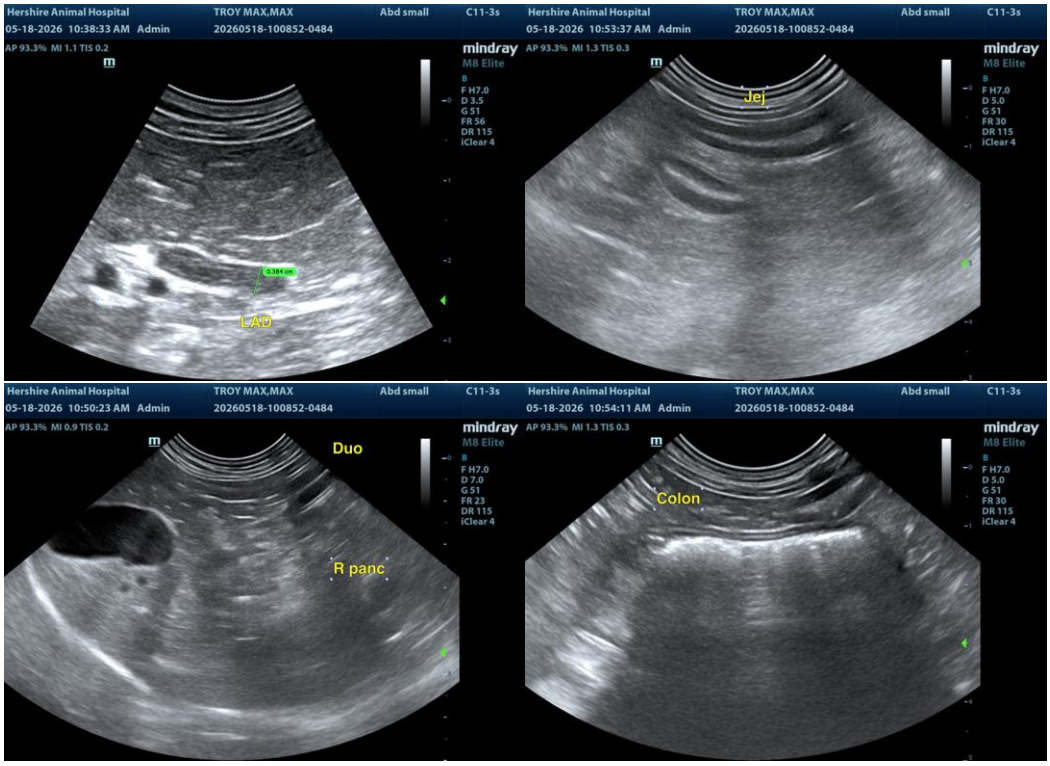

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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