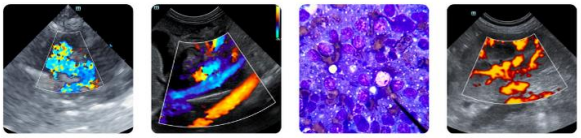

PATIENT

Trigger Rath

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

10 years 7 months

WEIGHT

46 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Cummings VH

REFERRING VET

Dr. Sweney

INVOICE

10889

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Possible inflammatory bowel disease/food allergy versus infiltrative. Weight loss, decreased appetite.
Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 changes were noted.

The area of the residual prostate appeared normal and free of pathology

The area of the iliac trifurcation was 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 5.7 cm in length. The right kidney measured 6.4 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 0.63 cm width at the caudal pole. The right adrenal gland was indistinctly visualized, yet no obvious pathology was noted. The right adrenal gland subjectively measured 0.57 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. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was 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 was empty without evidence of retained ingesta, fluid, or foreign material. The pylorus wall width measured 0.50 cm in width.

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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 ileus, obstruction, or foreign material. The duodenum wall measured 0.51 cm width. The jejunum wall measured 0.44 cm width.

Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

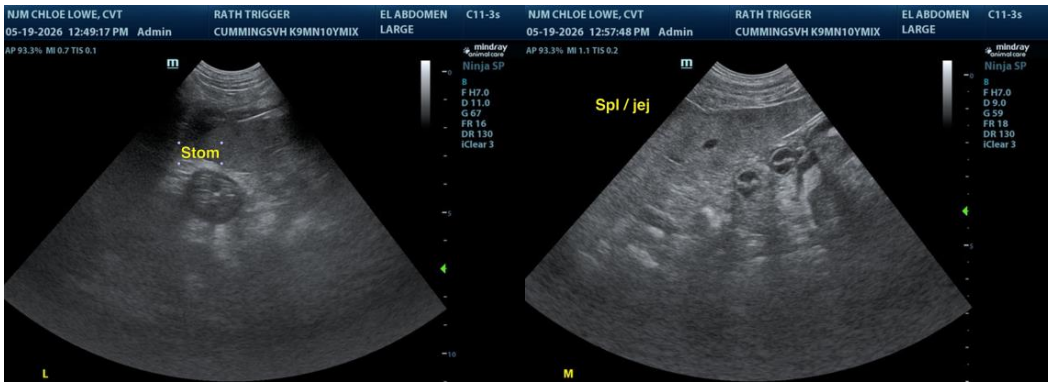
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

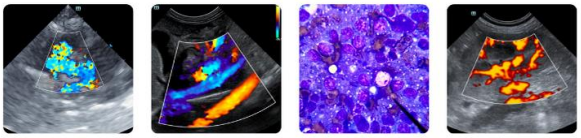
- Overall sonographically normal gastrointestinal tract with formed fecal matter in colon
- Normal area of pancreas
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of visceral, specifically gastroenterocolic pathology as an obvious cause of the patient's gastrointestinal signs and weight loss. Microscopic or non-sonographically evident gastrointestinal disease or low-grade pancreatitis may present as sonographically normal. There is no evidence of neoplastic criteria. A GI panel to include PLI/TLI/Cobalamin/Folate, three view chest radiographs, and suggested musculoskeletal / neurological examination to assess for occult disease as a contributing factor, given the normal reported lab work, is recommended. Continued gastrointestinal support and sonographic monitoring are indicated if persistent / progressive gastrointestinal signs or weight loss are present.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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800.838.4268

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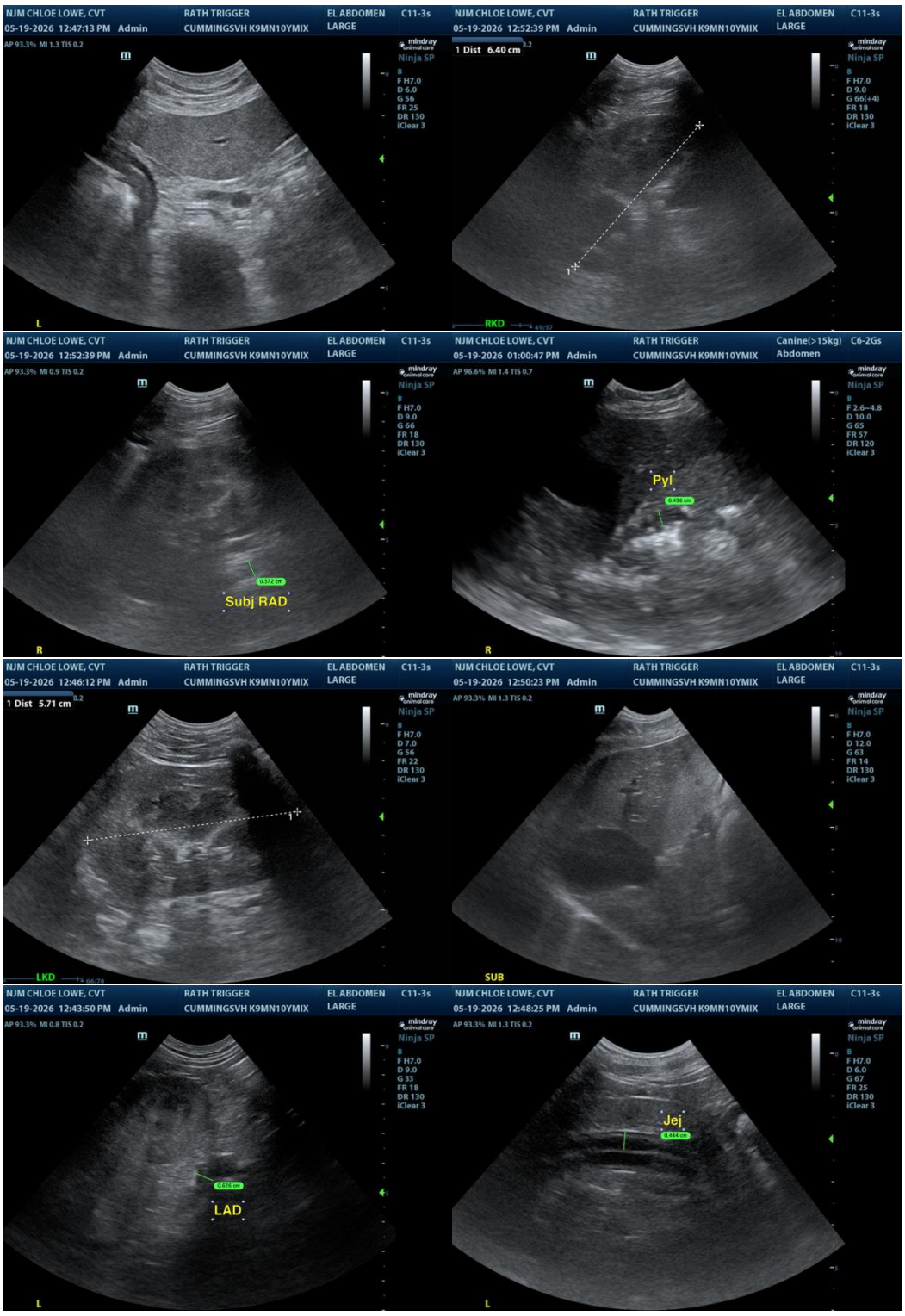

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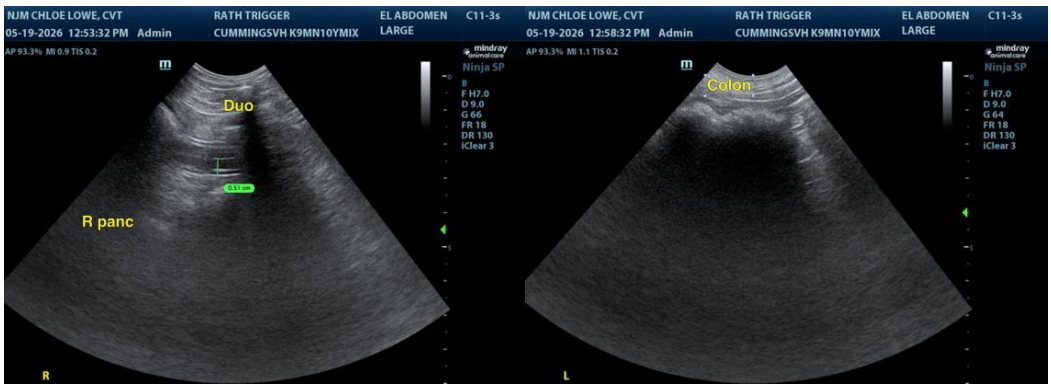

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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