



PATIENT

Biscuit Bienen

SPECIES

Canine

BREED

Hound Mix

SEX

FS

AGE

7yr

WEIGHT

45.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Melinda Persson

INVOICE

24896

DATE

05/20/2026

PRESENTING CLINICAL SIGNS

*Significant weight loss combined with chronic intermittent soft stools and recent vomiting - NOTE: calories were reduced over the past one year

*Maldigestion profile in 2021 normal; AUS in 2021 normal except mild splenomegaly; resting cortisol did not rule out Addison's in 2021 but a full ACTH stim test was not completed due to improvement of clinical signs

*Current baseline bloodwork and fecal testing normal

*Repeat maldigestion profile pending

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.

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 6.3 cm in length. The right kidney measured 6.1 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 0.57 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 0.68 cm width at the caudal pole.

Spleen

The spleen was enlarged with cranial splenic folding, symmetrical to rounded contour and primarily homogenous to subtle non-homogenous splenic parenchyma. A solitary visualized, mildly expansive yet non-capsule deforming non-homogenous hypoechoic splenic nodule was present in the mid-spleen measuring 1.6 cm in diameter. Normal splenic vascularity was present.

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 mildly distended in size likely secondary to empty stomach containing anechoic bile with mild non-dependent to congealed non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal



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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. The duodenum wall measured 0.57 cm width. The jejunum wall measured 0.31 cm width.

Normal visible colon wall layers were present with soft feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.5 cm x 0.88 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable generalized gastrointestinal tract with soft fecal matter in colon
- Intermittent mild mesenteric lymphadenopathy suggestive of benign criteria, i.e. mild hyperplasia or lymphadenitis
- Splenomegaly with folding, solitary mildly expansive non-homogenous hypoechoic splenic nodule- hyperplasia, hematopoiesis, sedation if clinically applicable, inflammation, hematoma, neoplasia possible
- Normal area of the pancreas
- Normal bilateral adrenal glands
- Mild congealed gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastroenterocolic mural pathology. Correlation with pending diagnostics is recommended. Assuming normal clotting status using a 25ga needle, splenic parenchyma and nodule FNA cytology is warranted for further clarification. Serial sonographic monitoring of the spleen would be more conservative.

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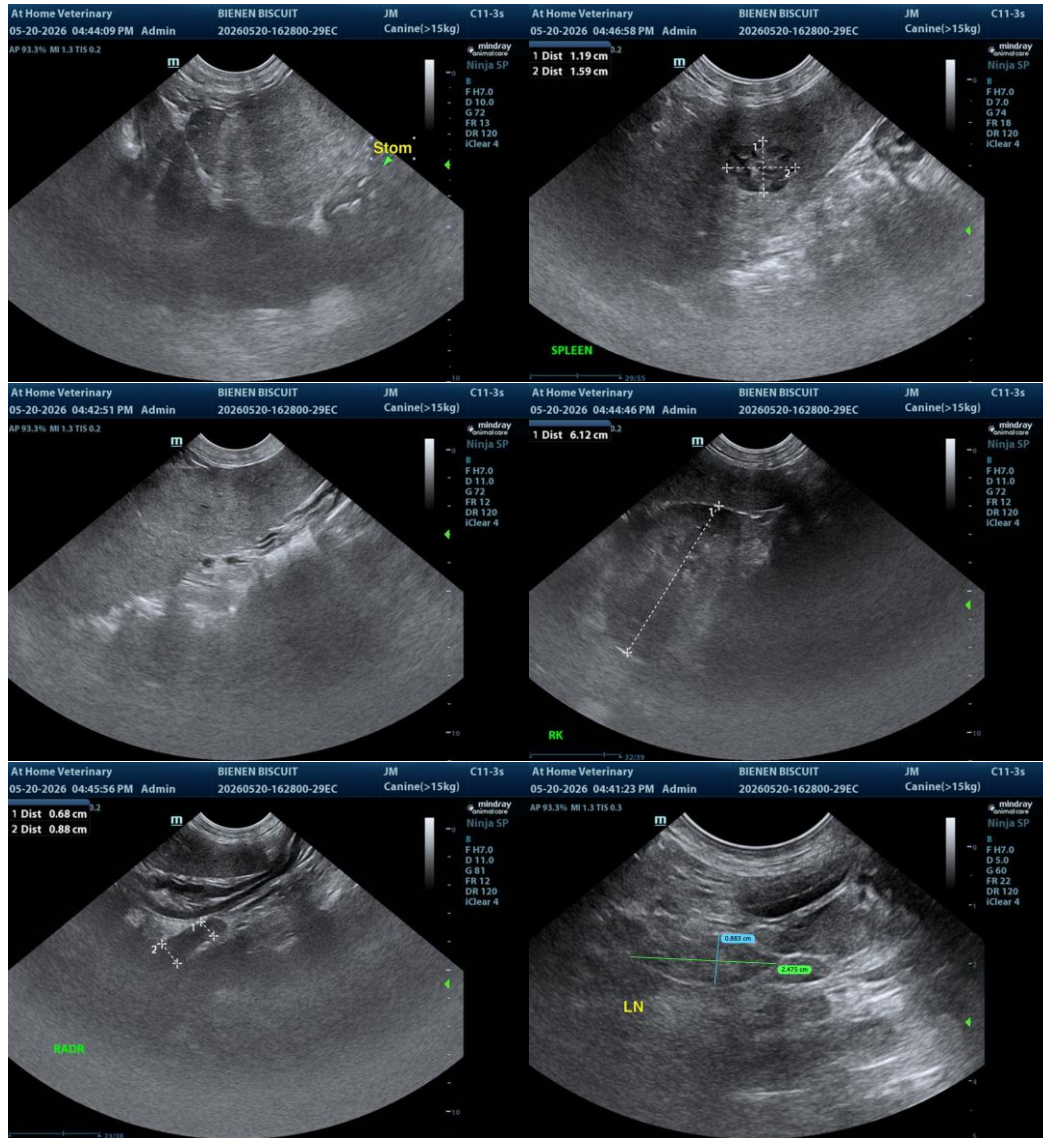
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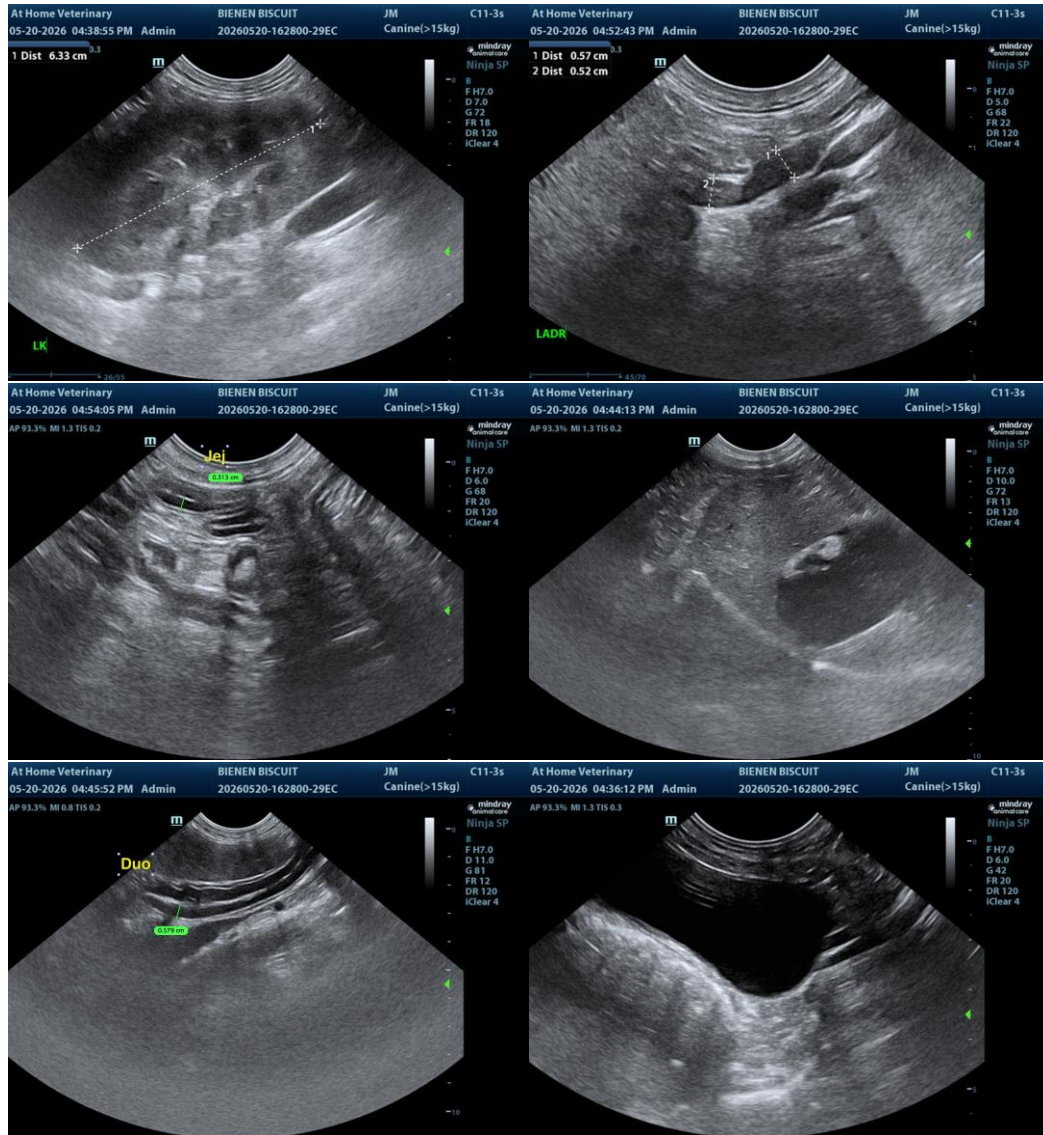
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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