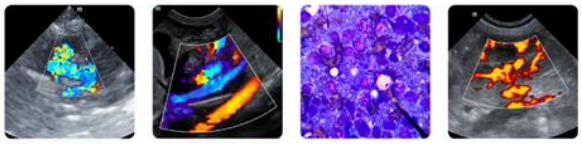


PATIENT

Bart Dubose

SPECIES

Canine

BREED

Beagle Mix

SEX

MN

AGE

2yr

WEIGHT

27.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Janel Schietzelt, DVM

HOSPITAL NAME

Dreaming Summit Animal Hospital

REFERRING VET

Janel Schietzelt, DVM

INVOICE
24962

DATE
05/27/2026

PRESENTING CLINICAL SIGNS

Patient presents for 48 hours of vomiting, anorexia, and diarrhea with mild hematochezia. No known dietary indiscretions but has gotten into things in the past. No new treats/food changes. X-rays with radiologist report suggestive of gastroenteritis at ER clinic in 5/26 treated with Cerenia. Since then no further vomiting but not eating and now diarrhea

-Concern for pancreatitis, Addison's, Partial obstruction/GIFB, gastroenteritis/colitis, open

-Vitals WNL other than moderate dehydration on exam

-Mild discomfort abdominal palpation

-UTD on vaccines

Abnormal PE/Chem/CBC/UA Results: -Hemoconcentration (HCT -Stress leukogram -Hypophosphatemia (2.2) -Na:K ratio 39 -ALP 553 -cpL WNL -SNAP parvo test negative -Fecal O&P 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 5.0 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

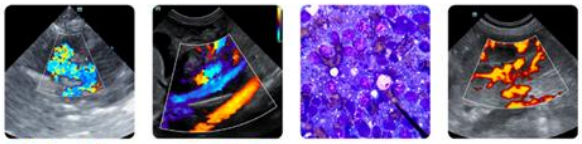
The residual prostate appeared normal and free of pathology

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 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 0.54 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



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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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 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 mild non-shadowing ingesta primarily in the area of the pylorus with no signs of 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 colon walls presented intact yet mild to moderate thickened wall layering. Soft fecal matter was present in the colon lumen.

Pancreas

The pancreas was mildly enlarged in size with isoechoic to heterogeneous 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

- Non-specific gastroenterocolitis
- Mild heterogeneous pancreas
- Benign hepatopathy
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of partial or complete gastrointestinal obstruction or foreign material. Dietary indiscretion/intolerance, infectious disease, enterotoxic insult, emerging inflammatory bowel, mild pancreatitis, occult parasitism, less likely occult Addison's disease given normal adrenal presentation and presence of stress leukogram, all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Screening cortisol level in correlation with pending fecal testing is recommended. 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

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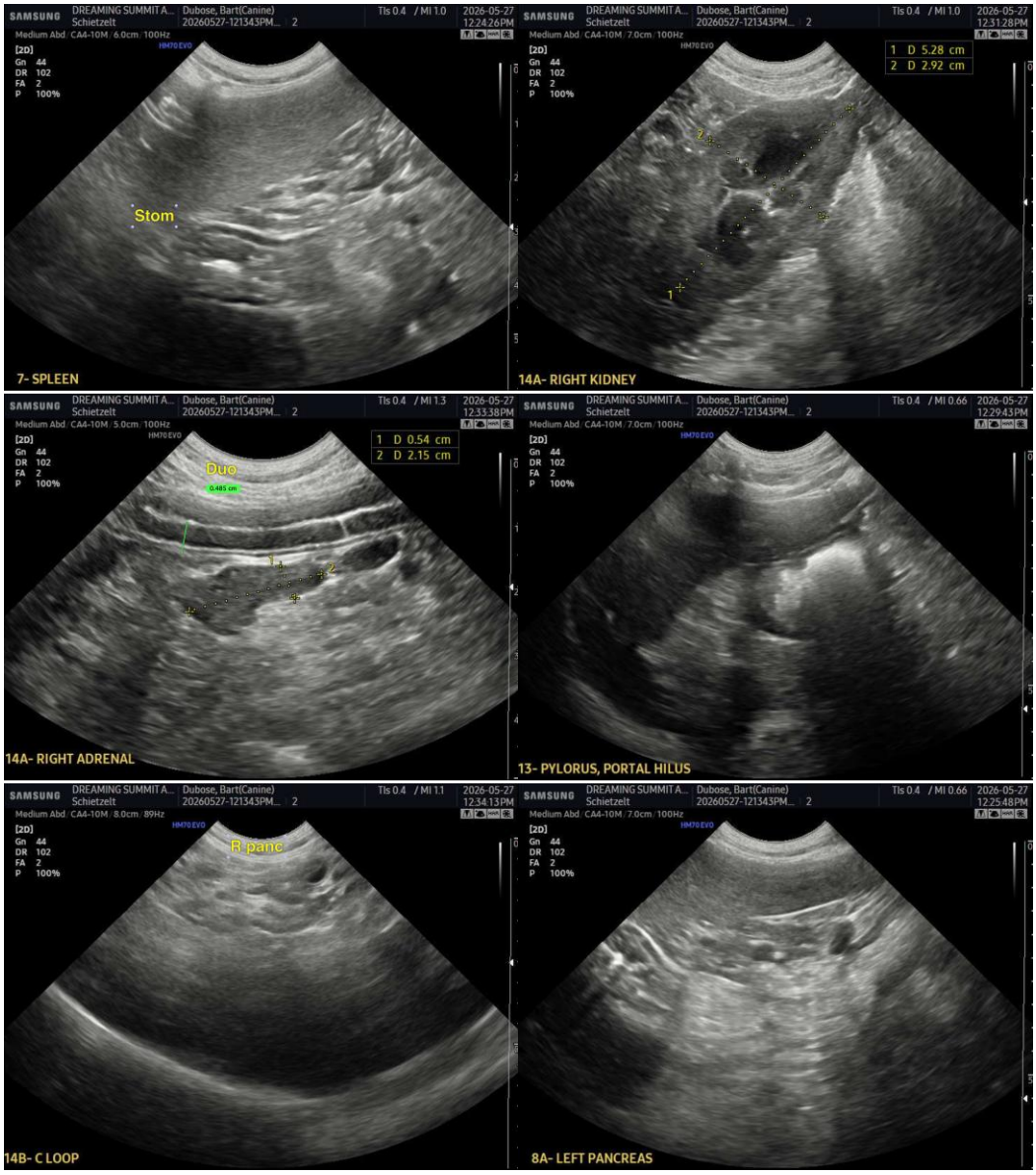
even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

Sonographic monitoring or reassessment of the gastrointestinal tract recommended if non-responsive or recurrent gastrointestinal signs.



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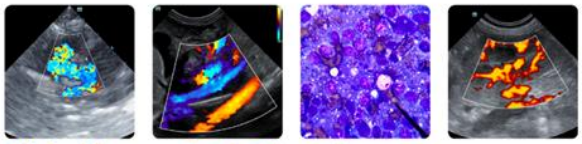

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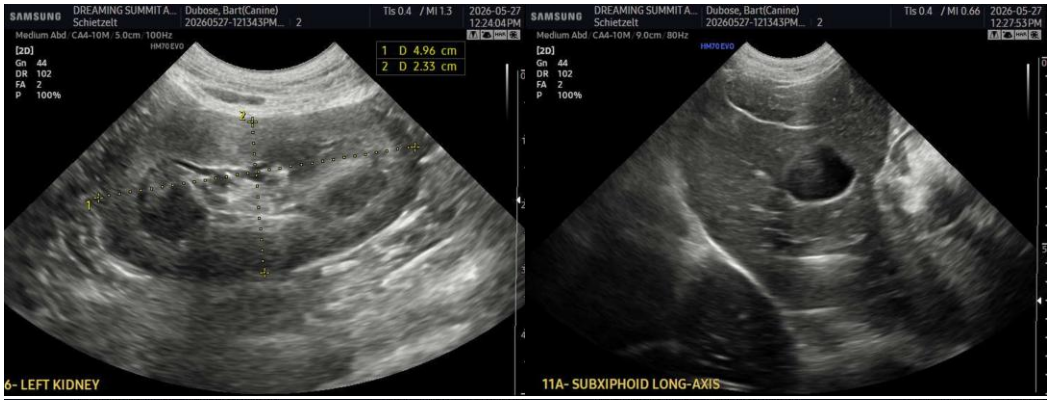

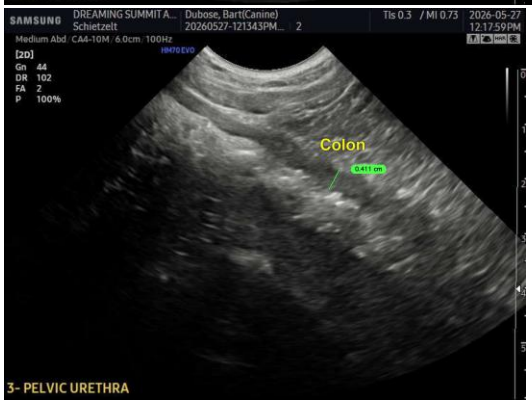

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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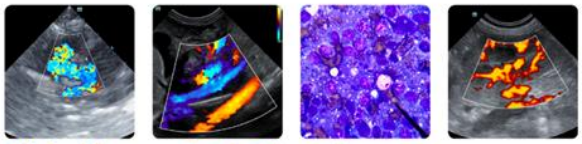

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