



PATIENT

Zeppelin Trotman

SPECIES

Canine

BREED

Labrador Ret

SEX

MN

AGE

2Y

WEIGHT

25.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Novel Vet

REFERRING VET

Gibbs

INVOICE

75196

DATE

5-28-26

PATIENT

PRESENTING CLINICAL SIGNS

Chronic diarrhea ongoing for about 3 weeks
 Single episode of vomiting on Wed May 20
 Reduced water intake, has been refusing water
 Lethargic, needing to lure him to get out of bed with food offers
 Appetite remains despite illness, patient has eaten a few bowls of food and been on a couple of walks.
 Multiple small raised pale lumps, suspect papillomas. No meds
 Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs. BW unremarkable including electrolytes, resting cortisol 54nmol/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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 evidence of urine or 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 obvious pathology in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation.

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 5.7 cm in length. The right kidney measured 5.4 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 0.53 cm width at the cranial 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 cranial 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.

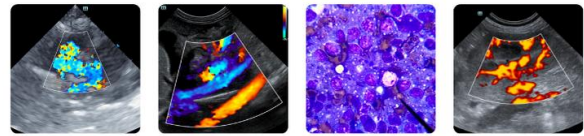
Liver/ Gallbladder

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. 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



PATIENT	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.
Zeppelin Trotman	
SPECIES	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 jejunum wall measured 0.3-0.34 cm. The duodenum wall measured 0.40 cm.
Canine	
BREED	The colon exhibited subjective intact mildly thickened wall layering in the proximal colon. Intact sonographically unremarkable descending colon wall. Generalized soft fecal matter consistent with patient's history and segmental colon gas. The proximal colon wall measured 0.29 cm.
Labrador Ret	
	<i>Pancreas</i>
SEX	The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
MN	
AGE	<i>Free Abdomen</i>
2Y	Focally intermittent mildly prominent jejunal 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 of a lymph node measured 1.2 cm diameter.
WEIGHT	
25.5kg	No overt peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Sonographically normal gastrointestinal tract. • Generalized non formed fecal matter with intact mildly prominent proximal colon wall. • Intermittent mild jejunal lymphadenopathy - subjectively benign.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Crystal Hill	The intact mildly thickened proximal colon wall suggests mild colitis. Concurrent nonstructural microscopic, small intestinal disease as a contributing factor, if small bowel diarrhea pattern, may present sonographically normal. Fresh fecal analysis +/- diarrhea PCR and a GI panel to include PLI/TLI/Cobalamin/Folate are recommended.
HOSPITAL NAME	
Novel Vet	
REFERRING VET	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 are suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.
Gibbs	
INVOICE	
75196	Sonographic reassessment indicated if continued or nonresponsive gastrointestinal signs.
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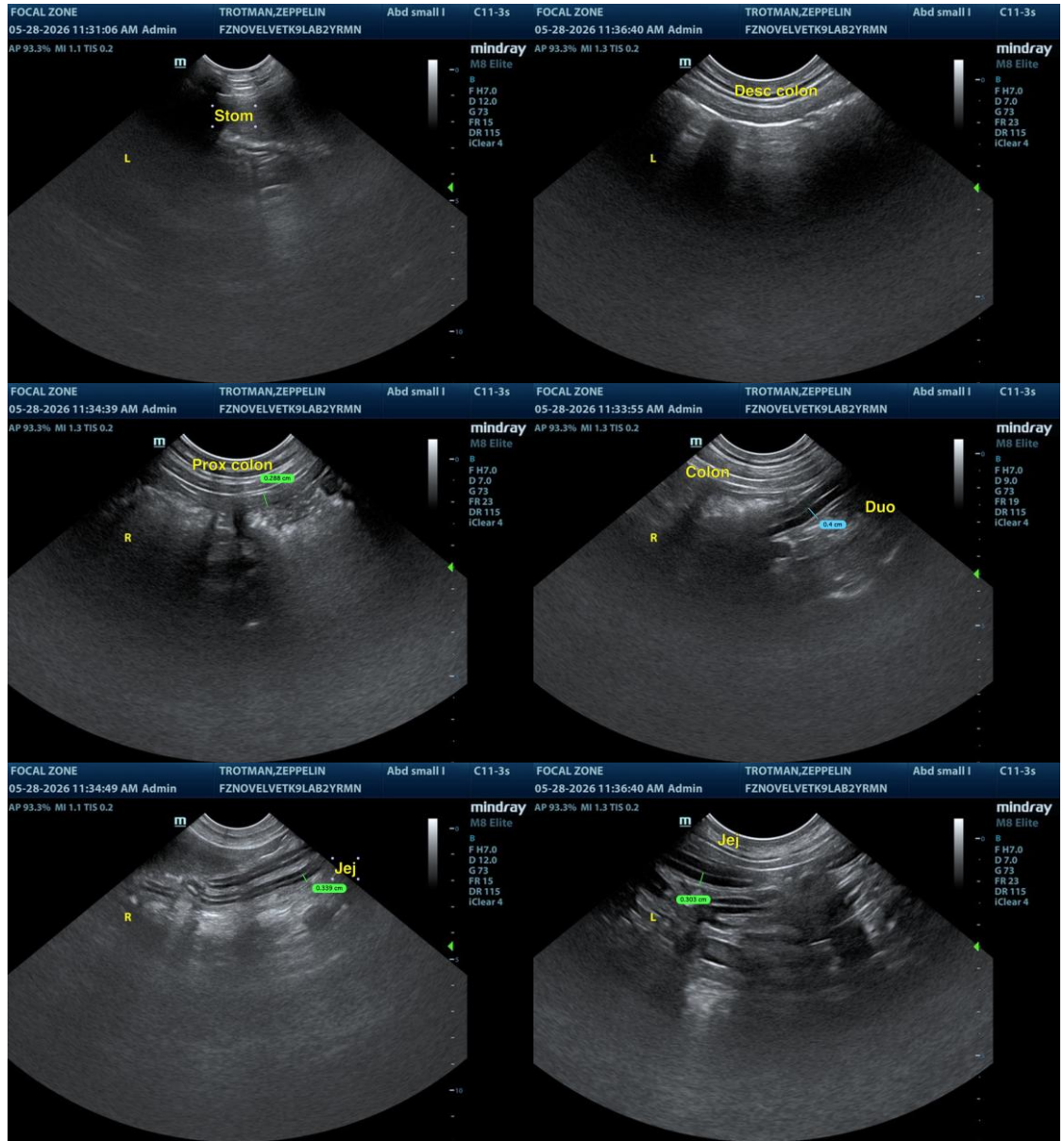
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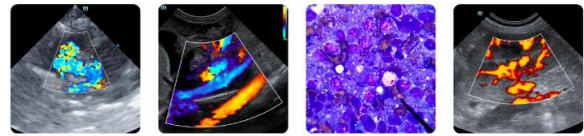
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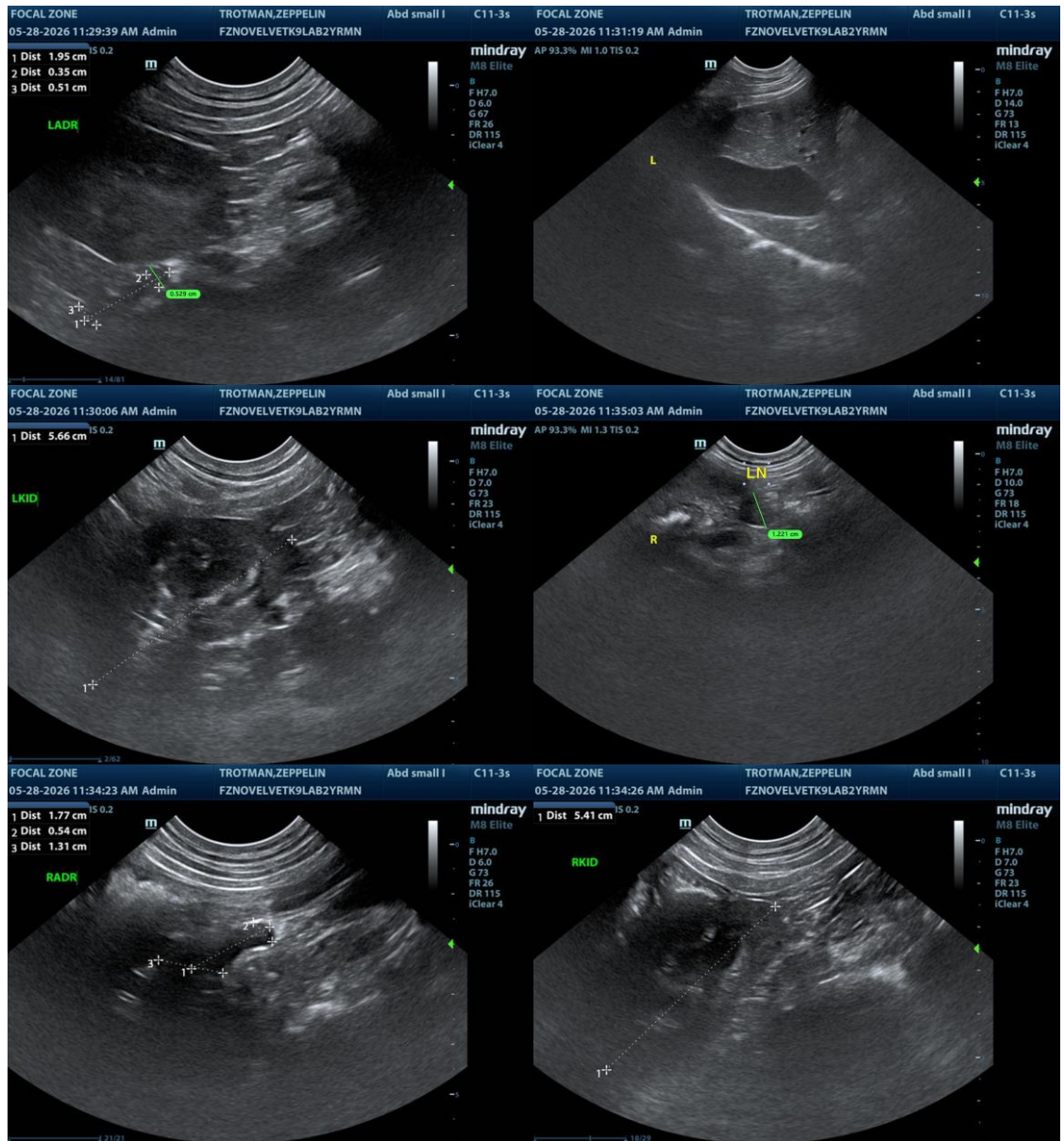
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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