



PATIENT

Rusty Baker

SPECIES

Canine

BREED

Cavalier King Charles

SEX

MN

AGE

4yr

WEIGHT

22.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Saum Hadi

INVOICE

24983

DATE

05/31/2026

PRESENTING CLINICAL SIGNS

P presents with on and off episodes of hematochezia, tenesmus. Good response to GI biome, but had another bout a few days ago. Between bouts, P does well with normal appetite, stool quality. No dietary indiscretions per O.

Abnormal PE/Chem/CBC/UA Results: Normal fecal Dx, normal basic CBC/Chem

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 4.9 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 0.55 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 0.43 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 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 mild thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured 0.51 cm width. The stomach contained a mild amount of anechoic fluid.
Rusty Baker	
SPECIES	The small intestine presented overall intact wall layering with normal muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. Subjective mild prominent ileum wall with intact wall layering was present.
Canine	The colon walls presented intact yet mild thickened wall layering. Soft to non-formed fecal matter was present in the colon lumen.
BREED	The ileocolic wall measured 0.38 cm width. The colon wall measured 0.42 cm width.
Cavalier King Charles	Pancreas The area of the pancreas was sonographically normal.
SEX	Free Abdomen No evidence of peritoneal effusion was present.
MN	
AGE	Focally mildly enlarged colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node measured 1.0 cm in diameter.
4yr	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
22.6lb	Primary <ul style="list-style-type: none">• Colitis pattern with possible concurrent ileitis• Mild hypomotile gastritis• Structurally unremarkable empty small intestine• Mild colic lymphadenopathy- reactive hyperplasia or mild lymphadenitis probable• Normal adrenal glands
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	A screening GI panel +/- cortisol level is suggested. 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 (Proviale 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. Monitoring of gastrointestinal response indicated with sonographic reassessment suggested if continued or recurrent gastrointestinal signs.
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REFERRING VET	Lower gastrointestinal endoscopy with potential for biopsies may be indicated if persistent clinical signs.
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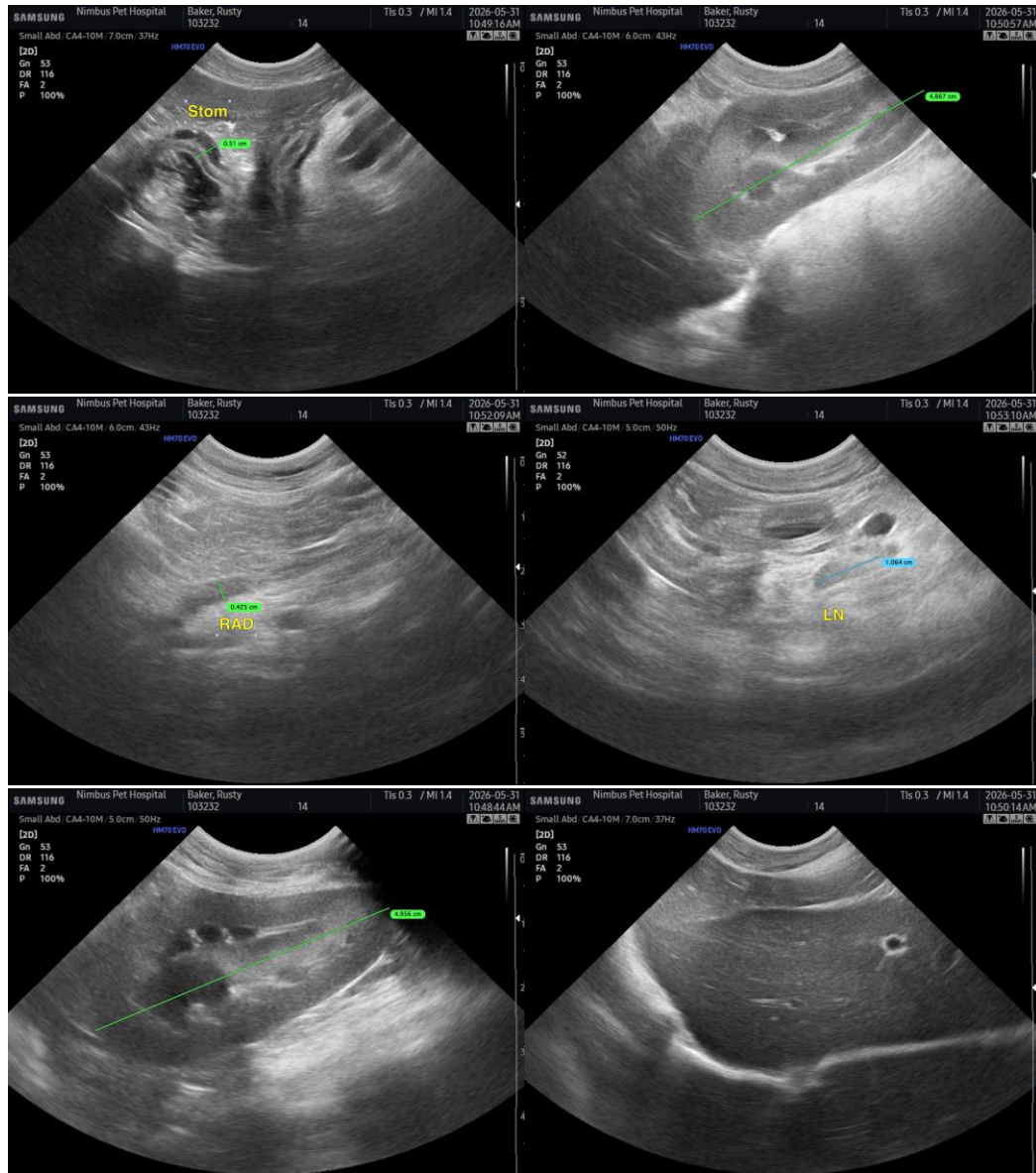
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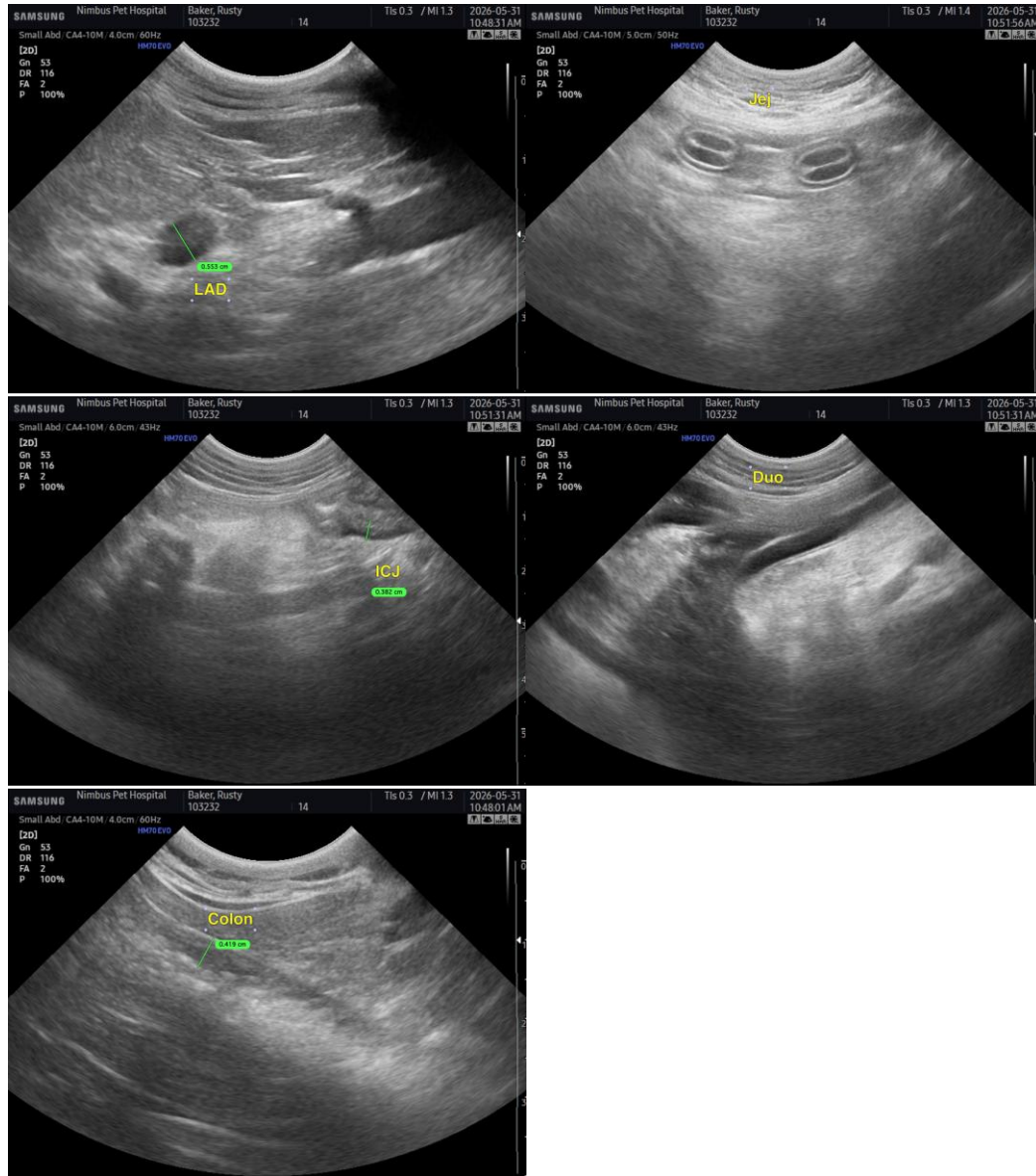
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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