



PATIENT

Jodie Sierra

SPECIES

Canine

BREED

Mixed Breed

SEX

FS

AGE

15Y

WEIGHT

11lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Adrienne Hou

HOSPITAL NAME

Marina Village
Veterinary &
Integrative Care

REFERRING VET

Ashley McCaughan,
DVM

INVOICE

74806

DATE

5-7-26

PRESENTING CLINICAL SIGNS

Waxing and waning GI signs. Has back pain. Dark and tarry stools w/ abdominal pain - stool is fully formed. Eating well in the morning, energy is ok. She has signs of abdominal pain.

Diet: Just switched over to Hill's Z/D.

Has been on Omeprazole for about 1 week

Abnormal PE/Chem/CBC/UA Results: Co-morbidities: grade 4/5 HM (no echo), L4/5 spondylosis, collapsed disc space w/ sclerosis. 5/1/26 bloodwork - CPL normal, CBC - nsf, Chem - BUN (30). PSL has been elevated historically.

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 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.

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

Normal size and margination was 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. Mild medullary mineral was present. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left and right adrenal glands were indistinctly visualized. No obvious pathology. Left subjectively measured 0.41 cm width at the caudal pole. Right subjectively 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. 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 mild nonorganized gallbladder debris. 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 variably echogenic, nonshadowing ingesta without signs of obstruction or foreign



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material. No evidence of obstruction to the pyloric outflow. Example of ventral gastric body wall measured 0.51 cm.

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 0.45 cm. The jejunum wall measured 0.38 cm.

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

Pancreas

The area of the pancreas was normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overall, sonographically normal gastrointestinal tract with mild nonshadowing gastric ingesta.
- Normal area of the pancreas.
- Mild gallbladder debris (nonmucocele).
- Age related renal changes with mild medullary mineral.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant gastrointestinal mural pathology. Microscopic intestinal disease or ulceration may present sonographically normal and not definitively excluded. Likewise, mild to chronic pancreatitis may present sonographically normal.

A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and cortisol level are 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 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.

Sonographic reassessment or monitoring indicated if persistent or nonresponsive gastrointestinal signs or evidence of melena.

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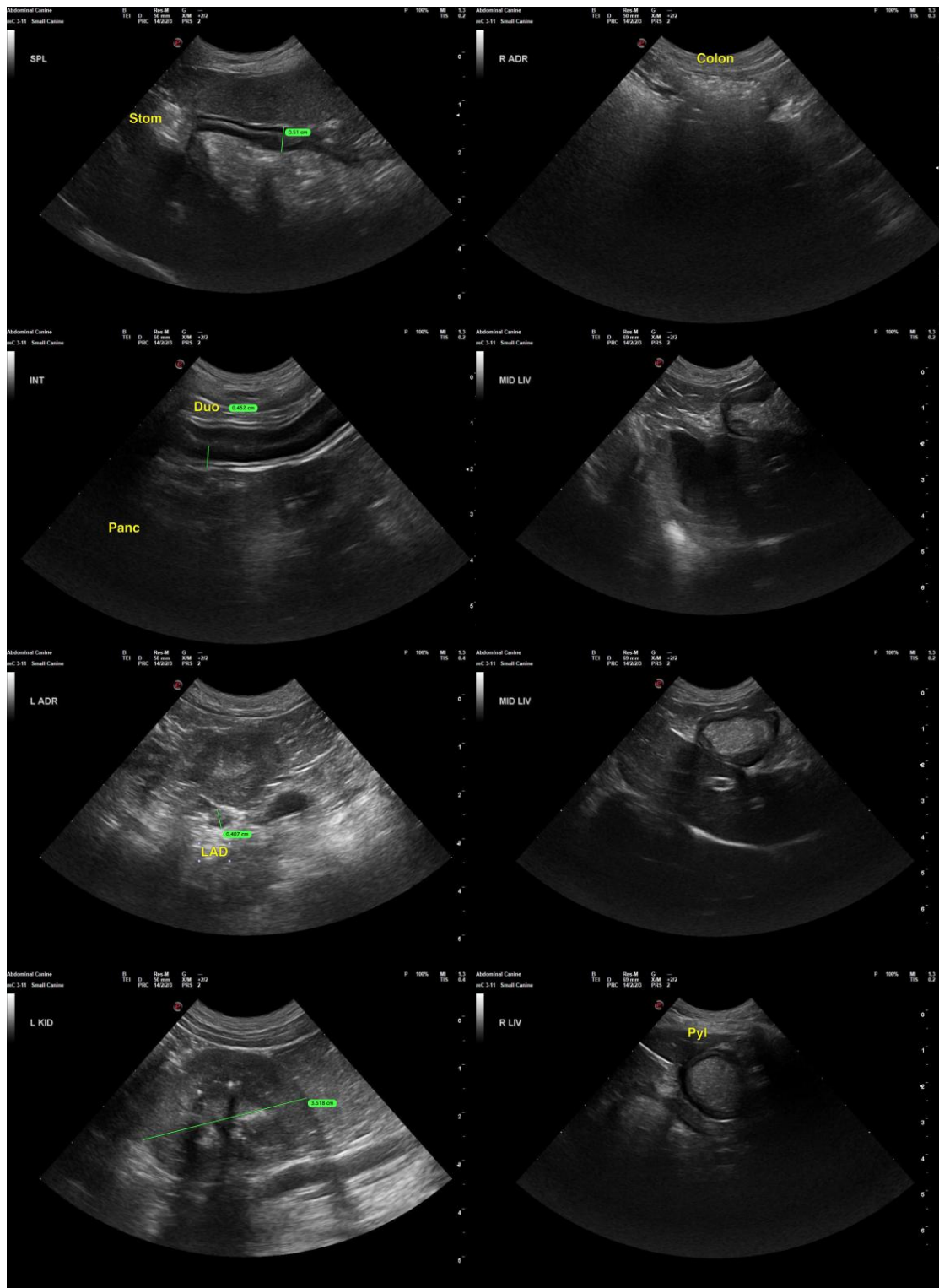
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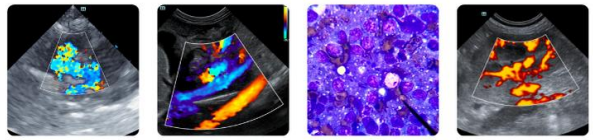
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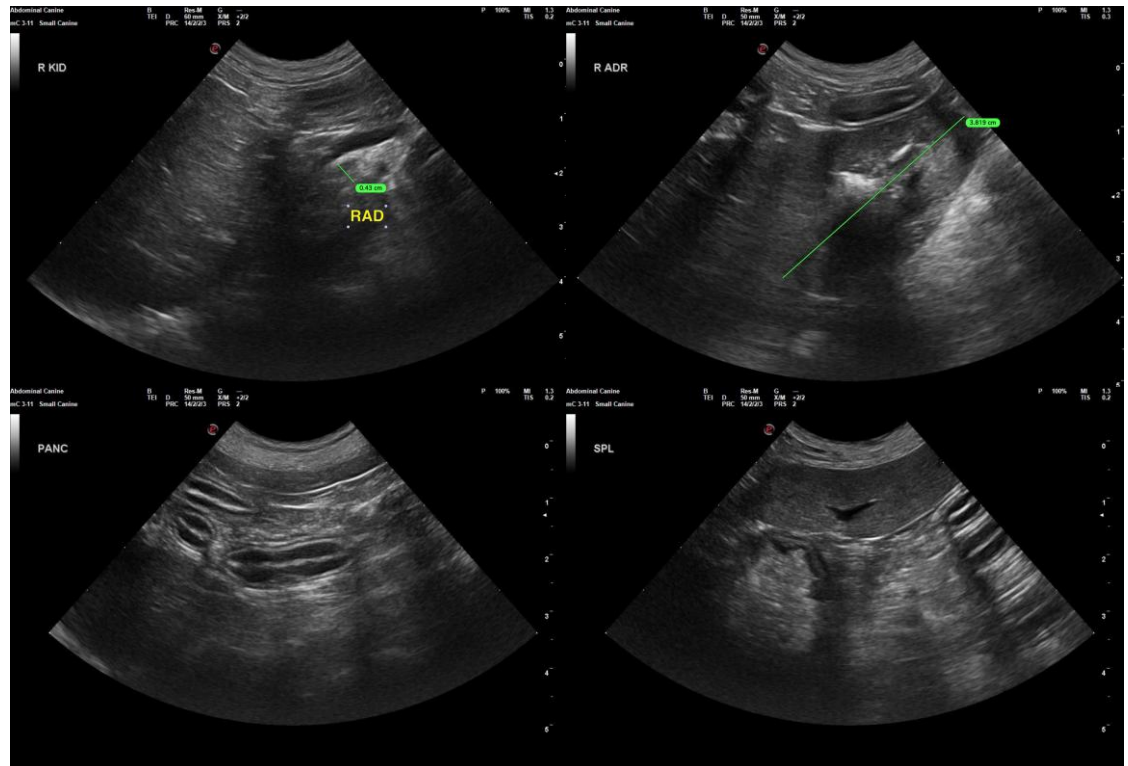
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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