

PATIENT

Louis Cold Nose
Warm Heart

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

2Y

WEIGHT

51

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg Veterinary
Clinic

REFERRING VET

Dr. Martens

INVOICE

75289

DATE

6-3-26

PRESENTING CLINICAL SIGNS

Black tarry stools, chronic diarrhea for over a month. History of hookworms. Treated.
Abnormal PE/Chem/CBC/UA Results: TP 8.9, Alb 2.3, Glob 6.6, negative fecal PCR

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 was noted.

The area of the residual prostate appeared normal and free of pathology.

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 7.0 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland was subjectively borderline subnormal in size with symmetrical contour and homogeneous parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

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 common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, moderate nonshadowing ingesta without signs of obstruction or foreign material.



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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 0.48 cm. The jejunum wall measured 0.41 cm. The ileocolic junction appeared sonographically unremarkable with intact non-thickened wall.

Normal visible colon wall layers were present with semi-formed to possible soft fecal matter in lumen.

Pancreas

The area of the pancreas presented normal.

Free Abdomen

A solitary, mildly enlarged, homogeneous colic lymph node was present adjacent to the ileocolic junction measuring 2.3 cm in diameter. No additional jejunocolic lymphadenopathy visualized.

No overt effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overall sonographically unremarkable gastrointestinal tract/colon with gastric ingesta and semi-formed/soft fecal matter – gastric ingesta is most consistent with food echogenicity.
- Mild colic lymphadenopathy.
- Subjective borderline subnormal left adrenal gland, non-visualized right adrenal gland.
- Mild gallbladder debris (nonmucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt visualized or sonographic evidence of gastroenterocolic mural pathology. A GI panel to include PLI/TLI/Cobalamin/Folate 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 monitoring, pending clinical response to suggested empirical therapy, or if nonresponsive gastrointestinal signs, or decreasing albumin level, is recommended.



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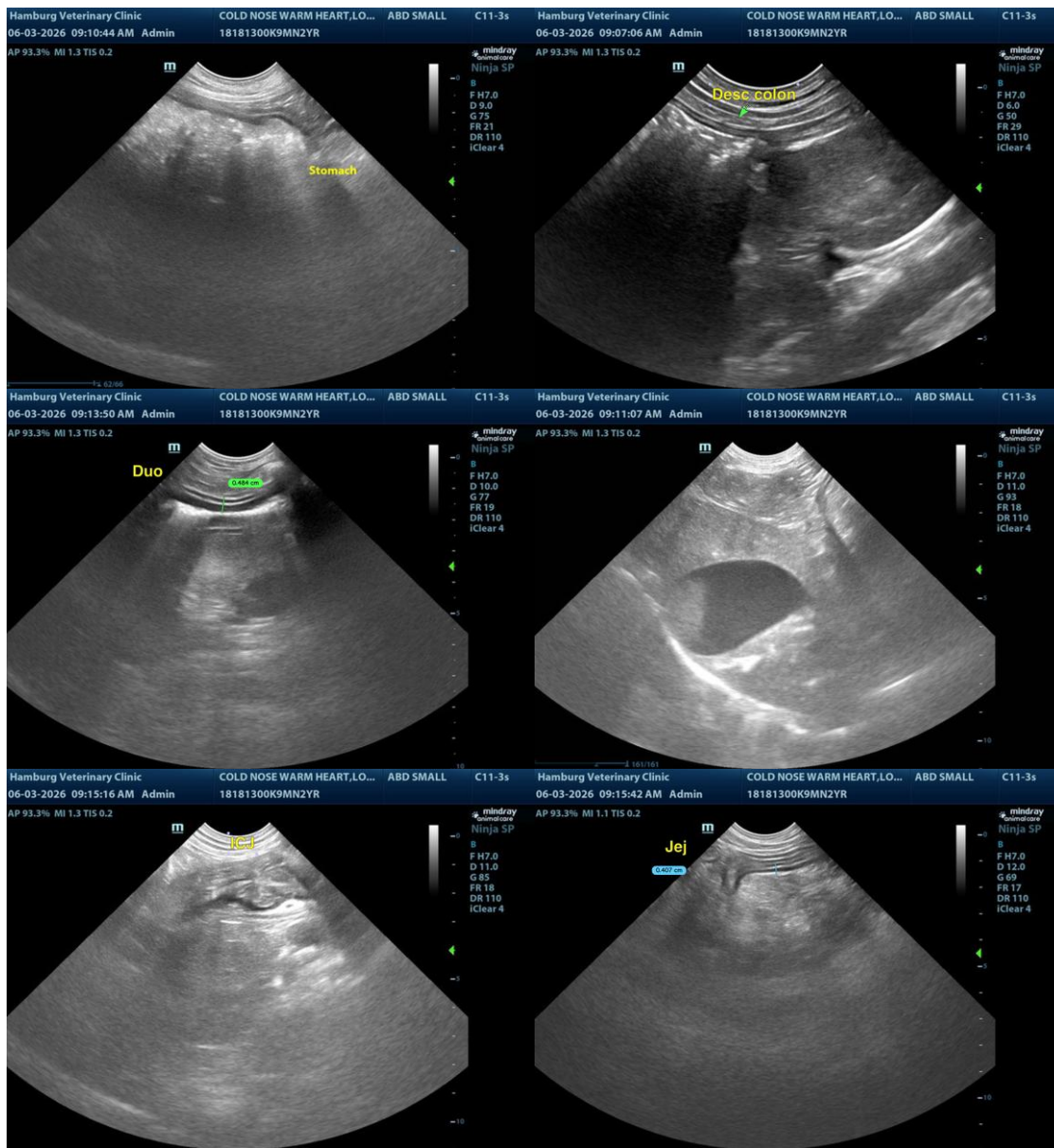
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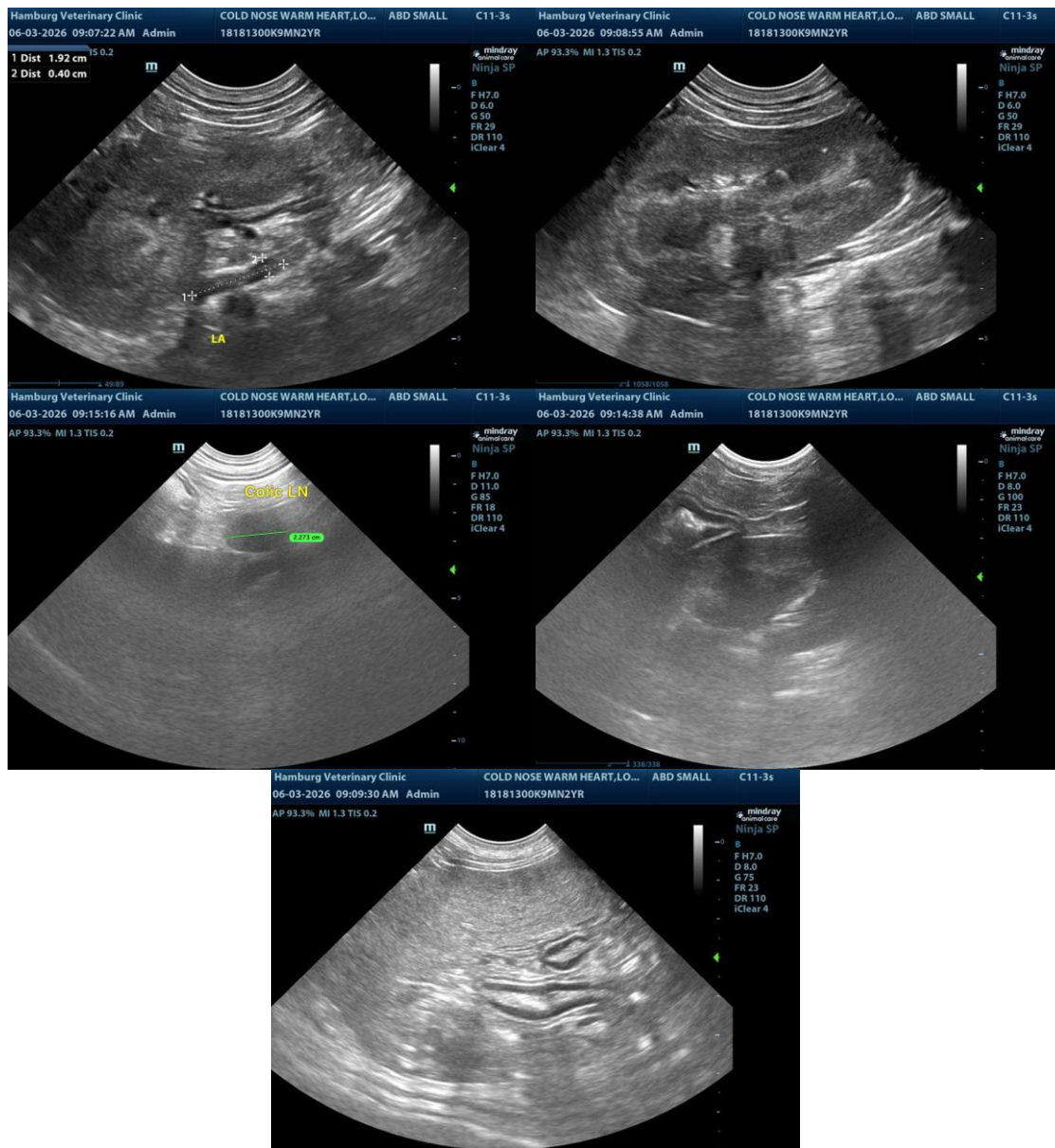
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com