



PATIENT

Lloyd Rutkowski

SPECIES

Canine

BREED

Collie Mix

SEX

MN

AGE

13Y, 11M

WEIGHT

48.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Mary Kermendy
CVT

HOSPITAL NAME

Wauwatosa
Veterinary Clinic

REFERRING VET

Dr Kevin Kicker

INVOICE

75313

DATE

6-4-26

PRESENTING CLINICAL SIGNS

Lloyd presented in April 2026 post dog sitter with diarrhea. Dog was straining with urgency with some blood and mucous. On PE dog has lenticular sclerosis and arthritis. Pet is on Apoquel and Carprofen for allergies/arthritis. Dog was prescribed Metronidazole at the April appointment and again in May with no resolution. Some weight loss--

April pet was 50.2 and today is 48.2. AUS to find reason for diarrhea/weight loss.

Abnormal PE/Chem/CBC/UA Results: in April the only abnormalities were Cholesterol at 344 (110-320) and Amylase at 413 (500-1500). Today all lab work was WNL including a QPL

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 6.1 cm in length. The right kidney measured 6.0 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 0.82 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

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 0.51 cm. The jejunum wall measured up to 0.45 cm.

Normal visible colon wall layers were present with semiformal fecal matter in lumen.

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract/colon with semiformal fecal matter.
- Normal area of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral, specifically, gastroenterocolic mural pathology or evidence of pancreatitis in conjunction with normal QPL. A definitive cause of the gastrointestinal signs and weight loss was not obvious. Microscopic or non sonographically evident gastrointestinal disease may present sonographically normal. Correlation with a full GI panel to include PLI/TLI/Cobalamin/Folate, three-view chest radiographs, and neurological/musculoskeletal examination to assess for nonobvious or occult disease as a contributing factor 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 even if fecal testing is negative), high colony count probiotic (Proviale 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.

Concurrent assessment of caloric plane +/- rule out if competitive eating environment, if clinically indicated, may be considered.



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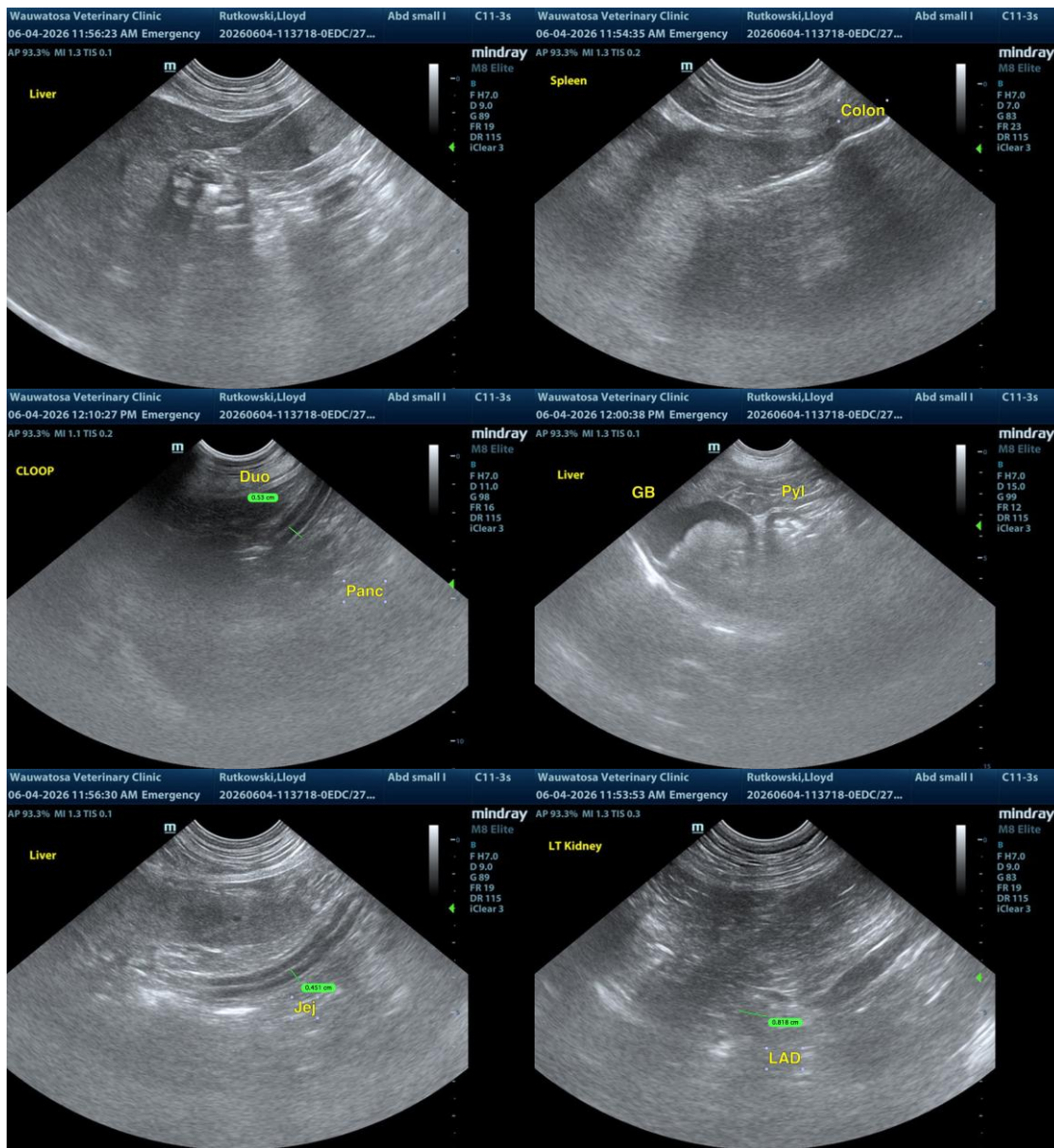
Dr Kevin Kicker

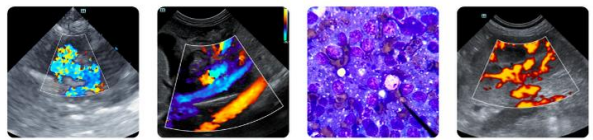
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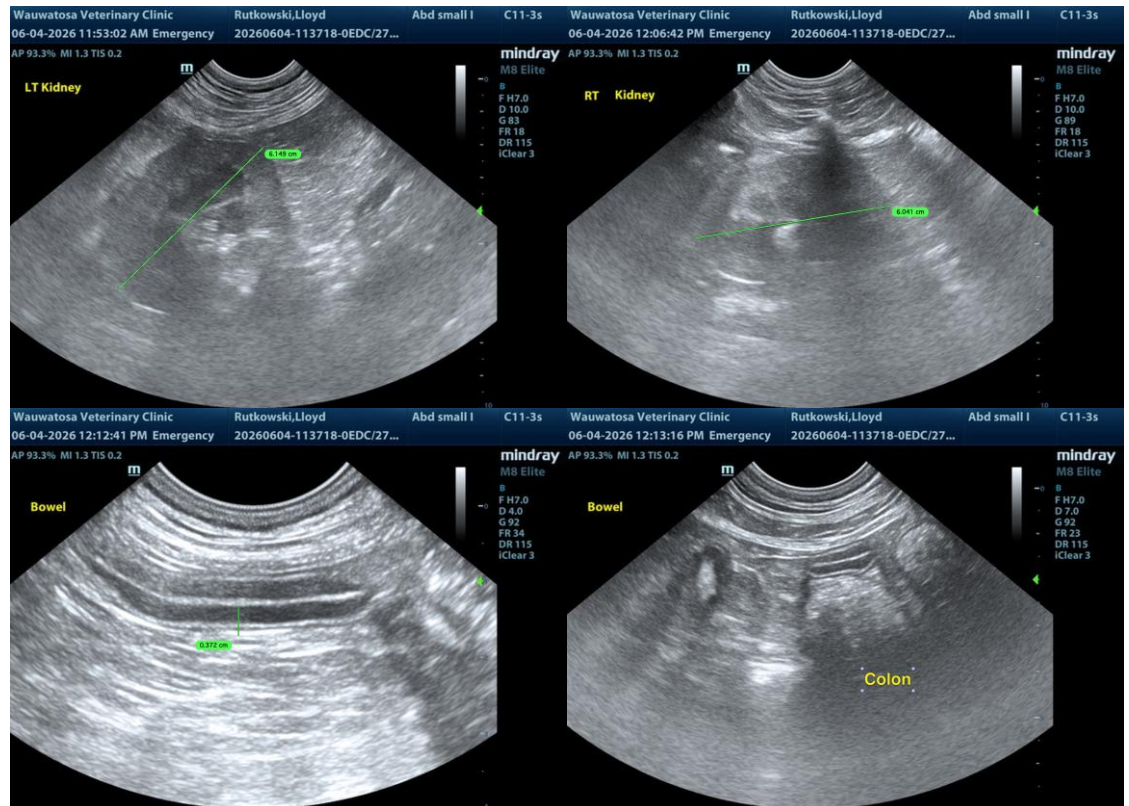
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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