



PATIENT

Reggie Wagner

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

3yr

WEIGHT

23.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mallory Manes

HOSPITAL NAME

Wilvet South

REFERRING VET

Mallory Manes

INVOICE

25037

DATE

06/08/2026

PRESENTING CLINICAL SIGNS

D+ started yesterday morning, O unsure if continued throughout the day suspects only in the am. D+ again this morning, Pt is not E per O, Pt is known to skip meals, per O very picky when it comes to food but has never been known to skip treats and per O hasn't taken any from her. Pt is acting normal otherwise per O.

notes has been licking rear end more than usual, concerned may have to due with his rupture anal gland abscess that occurred in April. Also notes for the last week very gassy prior to BM.

Symptoms: D+, E-

Duration (Date & Time): 24hrs

E/D/U/D: No E, O hasn't seen dr, Ur wnl, D+

V/D/C/S: D+. No V/C/S

Indoor/Outdoor/both: Indoor, access to outdoors unsupervised

Previous Medical Conditions: Leg amp June of 23, Ruptured anal gland in April, Anxiety

Current Medications: (dosage, how often, last time/dose given, why is the pt on this medication?):

Cosequin Supplement once a day last given 6/7 PM

Diet Type: High fiber diet dry Royal canin

Frequency: offered 2 cup BID doesn't eat all

Allergies: None

Abnormal PE/Chem/CBC/UA Results: General Appearance: Quiet, alert and responsive Hydration:

Slightly dehydrated Eyes: Corneas clear, pupils normal size, symmetrical, sclera white, no ocular

discharge Ears: No exudate observed, no redness present Oral Cavity: Tartar mild Nasal Cavity: No

obvious abnormalities observed Cardiovascular: Regular rhythm; no murmur detected Respiratory:

Lungs auscultate clear bilaterally; trachea clear Abdomen: Tense on palpation, not overtly painful

Rectal: Did not perform rectal exam Musculoskeletal: Missing RH limb from previous amputation. BCS

4/9 Integument: Normal amount of shedding; skin looks normal; hair coat in good condition Lymph

Nodes: Lymph nodes are all normal in size Urogenital: External genitalia appears normal; bladder

palpates normally Neurologic: No apparent abnormalities

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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.

The residual prostate appeared normal and free of pathology.

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 6.8 cm in length. The right kidney measured 7.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands



PATIENT

Reggie Wagner

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

SPECIES

Canine

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.

BREED

German Shepherd

Liver/Gallbladder

SEX

MN

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.

AGE

3yr

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of obstruction or foreign material.

WEIGHT

23.6kg

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

INTERPRETED BY

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

Normal visible colon wall layers were present. Generalized mild colon distention with non-formed fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

IMAGING PERFORMED BY

Mallory Manes

Free Abdomen

No evidence of peritoneal effusion was present.

HOSPITAL NAME

Wilvet South

Intermittent mildly prominent to enlarged jejunal to jejunocolic 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 measured 2.7 cm x 0.79 cm

ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Mallory Manes

Primary

- Non-specific gastroenterocolopathy exhibiting mild gastrointestinal ileus and non-formed fecal matter in colon
- Normal area of pancreas

INVOICE 25037

DATE
06/08/2026



PATIENT

Reggie Wagner

- Intermittent jejunal/ jejunocolic lymphadenopathy - suspect benign i.e. reactive hyperplasia or possible mild lymphadenitis

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally insignificant inflammatory bowel disease, infectious disease, dysbiosis or malassimilation / maldigestion disorders such as pancreatic insufficiency, all potentials with occult neoplasia thought less likely. Correlation with pending diagnostics is recommended. Concurrent diarrhea PCR panel could be considered. Screening cortisol level to assess for occult Addison's disease is suggested.

BREED

German Shepherd

Empirically, current higher fiber diet or limited antigen/ hydrolyzed diet trial +/- fiber supplementation 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), 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 via laparotomy or endoscopy may be required for definitive diagnosis.

SEX

MN

AGE

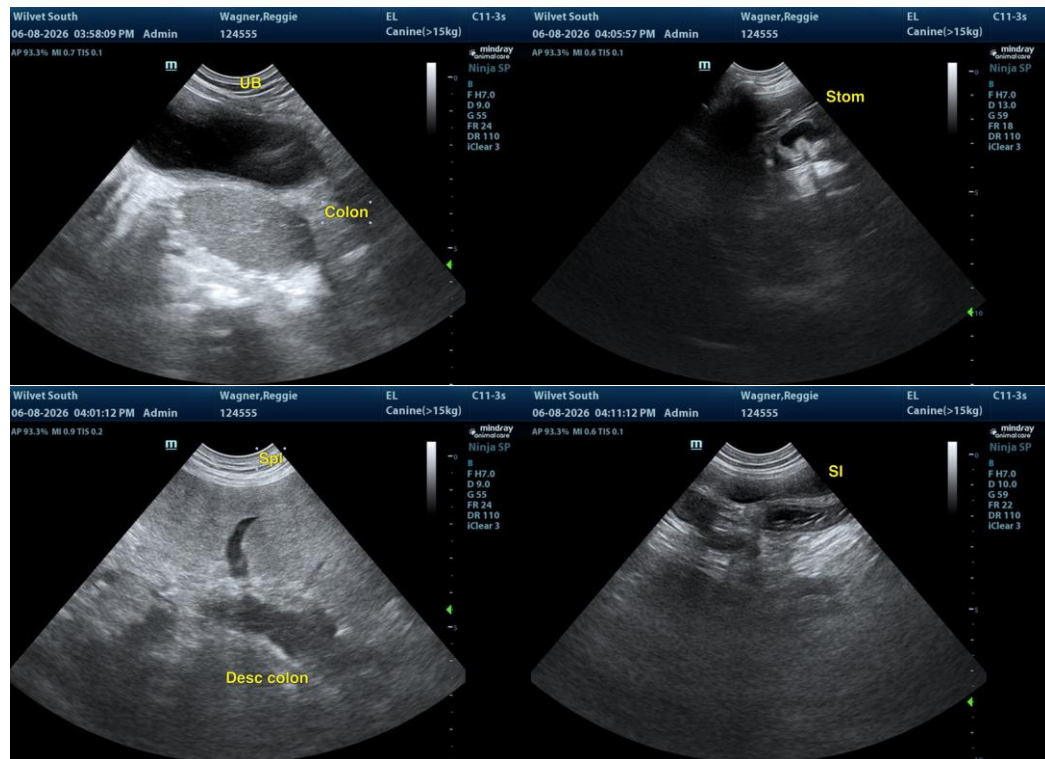
3yr

WEIGHT

23.6kg

INTERPRETED BY

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



IMAGING PERFORMED BY

Mallory Manes

HOSPITAL NAME

Wilvet South

REFERRING VET

Mallory Manes

INVOICE
25037

DATE
06/08/2026



PATIENT

Reggie Wagner

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

3yr

WEIGHT

23.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mallory Manes

HOSPITAL NAME

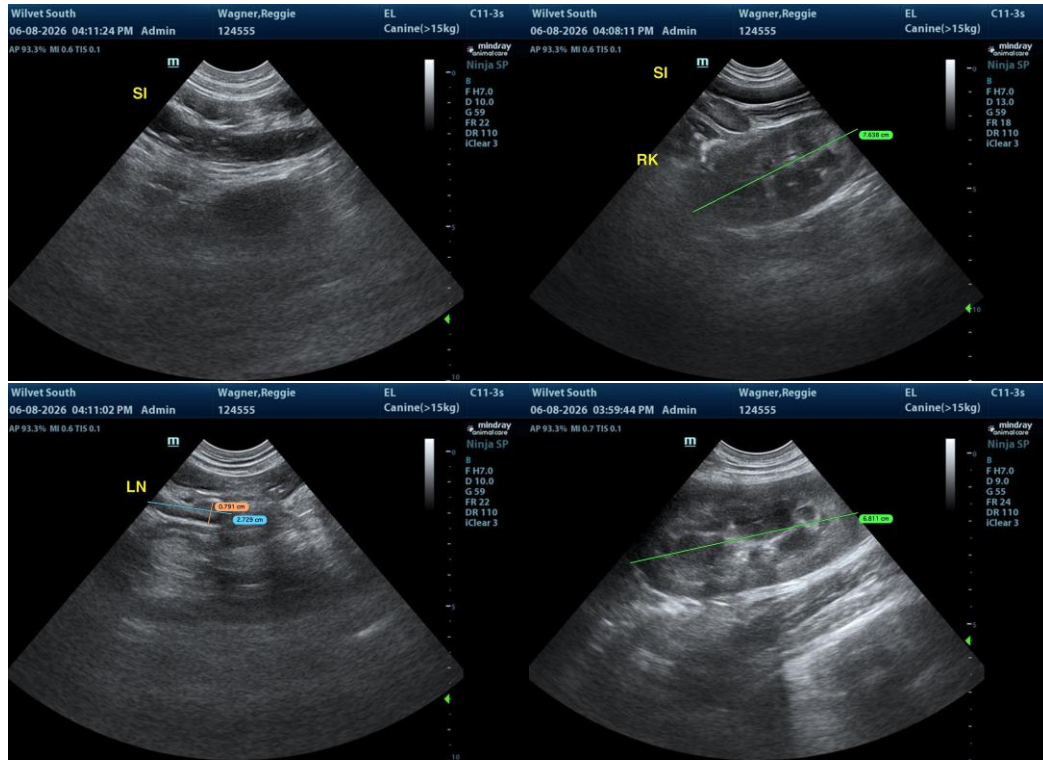
Wilvet South

REFERRING VET

Mallory Manes

INVOICE
25037

DATE
06/08/2026



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