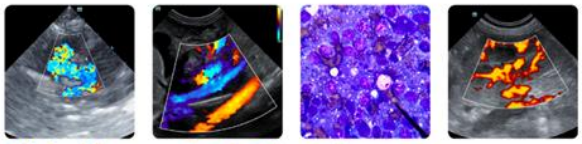


PATIENT

Roman Johnston

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

MN

AGE

7yr

WEIGHT

102lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Nyberg

HOSPITAL NAME

Stuga North Veterinary Care

REFERRING VET

Dr. Tracy Nyberg

INVOICE
23526

DATE
01/12/2026

PRESENTING CLINICAL SIGNS

weight loss

Abnormal PE/Chem/CBC/UA Results: chronic anemia (improving), hypothyroid

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 was primarily visualized in transverse plane. The right kidney measured 7.2 cm in length.

The visualized medial iliac lymph node was sonographically normal without evidence of inflammatory or neoplastic criteria measuring 3.7 cm x 0.86 cm.

The area of the residual prostate appeared normal and 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 0.71 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 0.66 cm width at the caudal pole and – cm width at the cranial pole.

Spleen

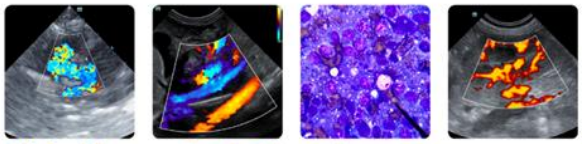
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 mild non-organized 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 a mild to moderate amount of retained anechoic fluid and a mild amount of hyperechoic



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non-shadowing content which may indicate non-shadowing mucus and ingesta. Potential for a small amount of fluid absorbing to non-shadowing foreign material and gas not excluded.

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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces 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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hypomotile stomach exhibiting intact normal wall and retained fluid / mild non-specific hyperechoic ingesta.
- Sonographically normal empty visualized small intestine.
- Normal liver / spleen.
- Mild subjective benign medial iliac lymphadenopathy.
- Mild non-organized gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hypomotile stomach is suggestive of metabolic or functional gastric ileus without definitive evidence of pyloric or upper intestinal obstructive criteria.

Empirical therapy for potential mild hypomotile gastritis which may include gastroprotectants and dietary trial with clinical and as needed sonographic monitoring would be reasonable. Upper gastrointestinal endoscopy is suggested if evidence of persistent or progressive gastric ileus with retained fluid and hyperechoic ingesta. No evidence of abdominal neoplastic criteria.

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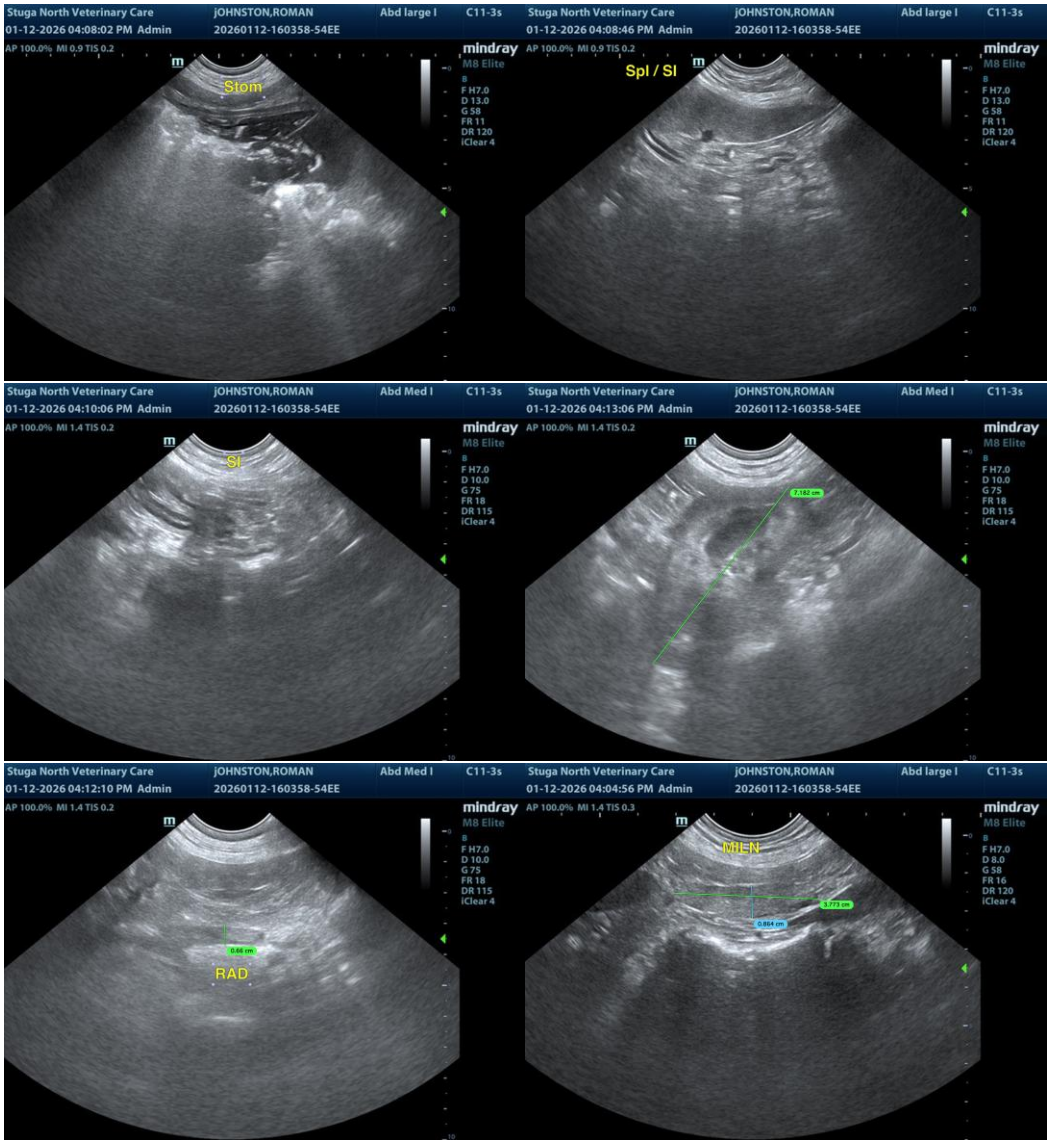

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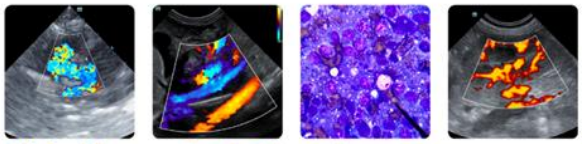

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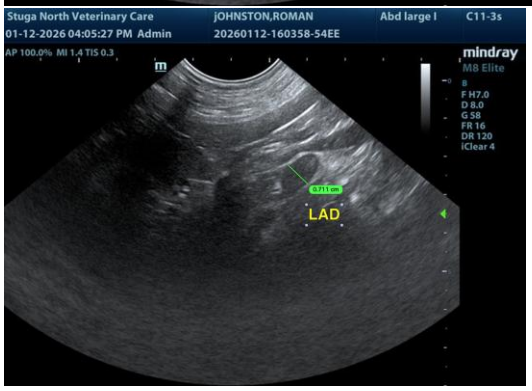

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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