



PATIENT

Desmond Bisset

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

9 Years 1 Month

WEIGHT

73 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Aaron Lucas
DVM, PhD

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

Dr. Ashleigh Bisset
DVM

INVOICE

13205

DATE

01/16/26

PRESENTING CLINICAL SIGNS

Patient went for run off leash in the woods at the beginning of the month. When he came home he vomited up grass and saliva, which is normal for him since he eats grass on these runs and often vomits afterwards. The following two days, he was very sore - pain on ROM of the hips and palpation of the iliopsoas muscles. He was given carprofen and the pain seemed to subside. He has continued to intermittently vomit about every 2-3 days since sometimes shortly after eating and other times a few hours after eating. He has been on a bland diet of boiled chicken and rice for the past four days and has vomited his bland diet twice. Patient has a good appetite and is acting normally otherwise. BW done in December WNL besides a low normal T4.

Abnormal PE/Chem/CBC/UA Results: Intermittent vomiting

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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

Normal size and margination was 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 6.4 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 0.50 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized yet overtly normal in size, position and shape. The right adrenal gland subjectively measured 0.64 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. 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.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was nondistended in size and contained echogenic, mild nonshadowing ingesta/chyme without evidence of obstruction to pyloric outflow.

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.

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

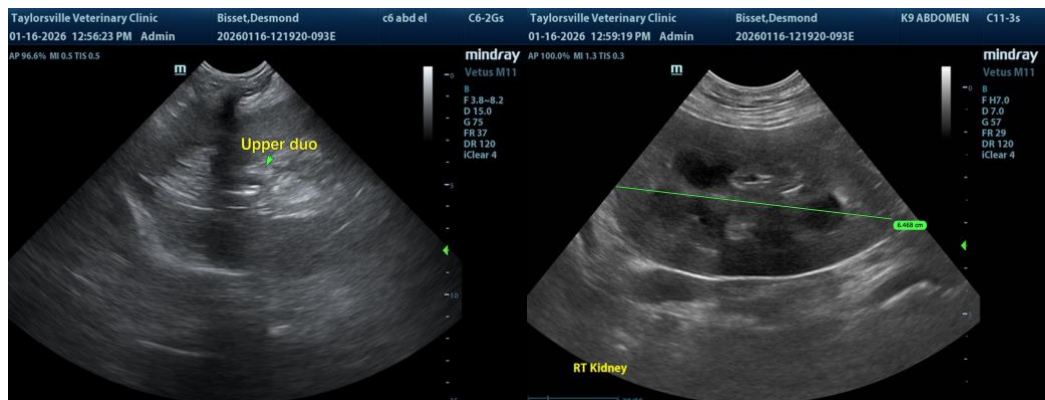
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract with mild nonshadowing gastric ingesta/chyme.
- Normal area of the pancreas.
- Nonorganized gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral, specifically gastrointestinal pathology. A hydrolyzed diet trial with as needed gastroprotectant Omeprazole 1.0 mg/kg SID with clinical monitoring may prove beneficial. Although considered less likely, screening cortisol level to rule out occult Addison's disease is suggested. Three view chest radiographs to rule out intrathoracic or esophageal pathology is recommended if not done.





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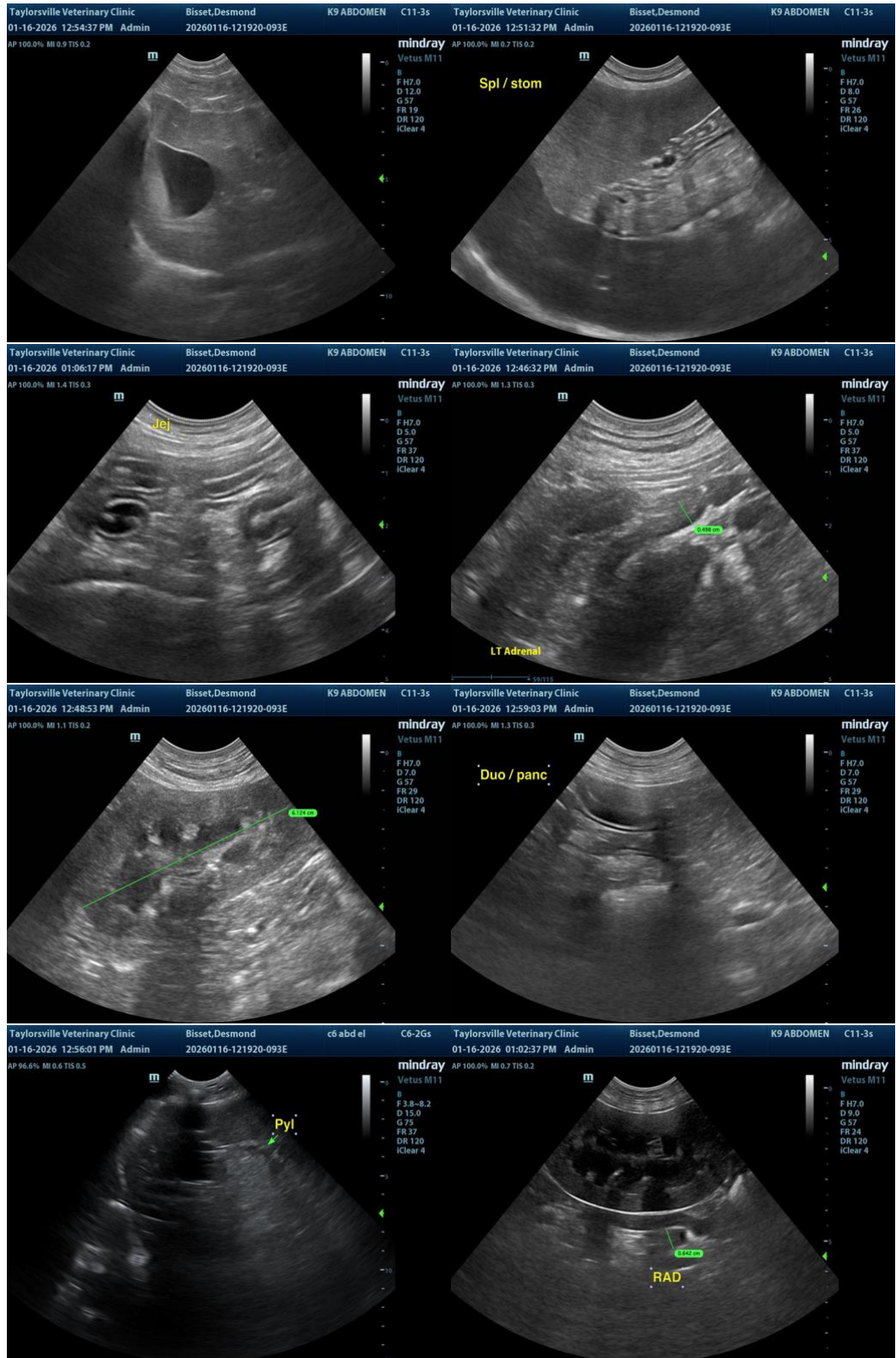
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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