



## PATIENT

Dutch Amiri

## SPECIES

Canine

## BREED

Bulldog

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

64 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Ashley McCaughan  
DVM

## HOSPITAL NAME

Marina Village  
Veterinary &  
Integrative Care

## REFERRING VET

Dr. Ashley McCaughan  
DVM

## INVOICE

13237

## DATE

01/16/26

## PRESENTING CLINICAL SIGNS

Abd u/s in preparation for endoscopy (upper and lower GI) next week (1/21/26) after diagnosis of small rectal masses. No clinical signs of diarrhea, melena, etc. Rotational raw food feeding - intermittent nausea w/o vomiting. Historical surgeries of note: diaphragmatic hernia repair as a young adult dog; delayed gastric emptying dx at that time.

Abnormal PE/Chem/CBC/UA Results: LS disease and severe hip dysplasia w/ moderate to severe OA. NO VDSCS. No weight loss. CBC/Chem/T4 - nsf; UA - USG 1.027; quiet urine sediment.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

The residual prostate was sonographically normal.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.8 cm in length.

### Adrenal Glands

The left and right adrenal glands were 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. 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

The stomach presented intact visible wall. The stomach contained a mild to moderate amount of variable yet nonshadowing ingesta. No overt obstruction to pyloric outflow or obstructive pyloric mural pathology. The gastric body wall measured 0.50 cm wall width.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized empty intestinal lumen without mechanical/metabolic ileus to the level of the colon. The duodenum wall measured 0.50 cm width. The jejunum wall measured 0.40 cm width.

Normal intact visible colon wall. The colon was nondistended with semi formed to soft 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 was evident.

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable visualized gastrointestinal tract with nonshadowing gastric ingesta.
- Normal visible colon containing semi formed to soft fecal matter.
- Mild age-related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No visible or sonographic evidence of gastrointestinal mural pathology or obstruction to pyloric outflow. The gastric ingesta is most consistent with retained, variably echogenic food echogenicity which may suggest historical non-obstructive delayed gastric emptying. Smaller more frequent feedings of current diet or novel protein/hydrolyzed diet +/- prokinetic agent or gastroprotectant may prove beneficial. No overt contraindication to planned endoscopy.





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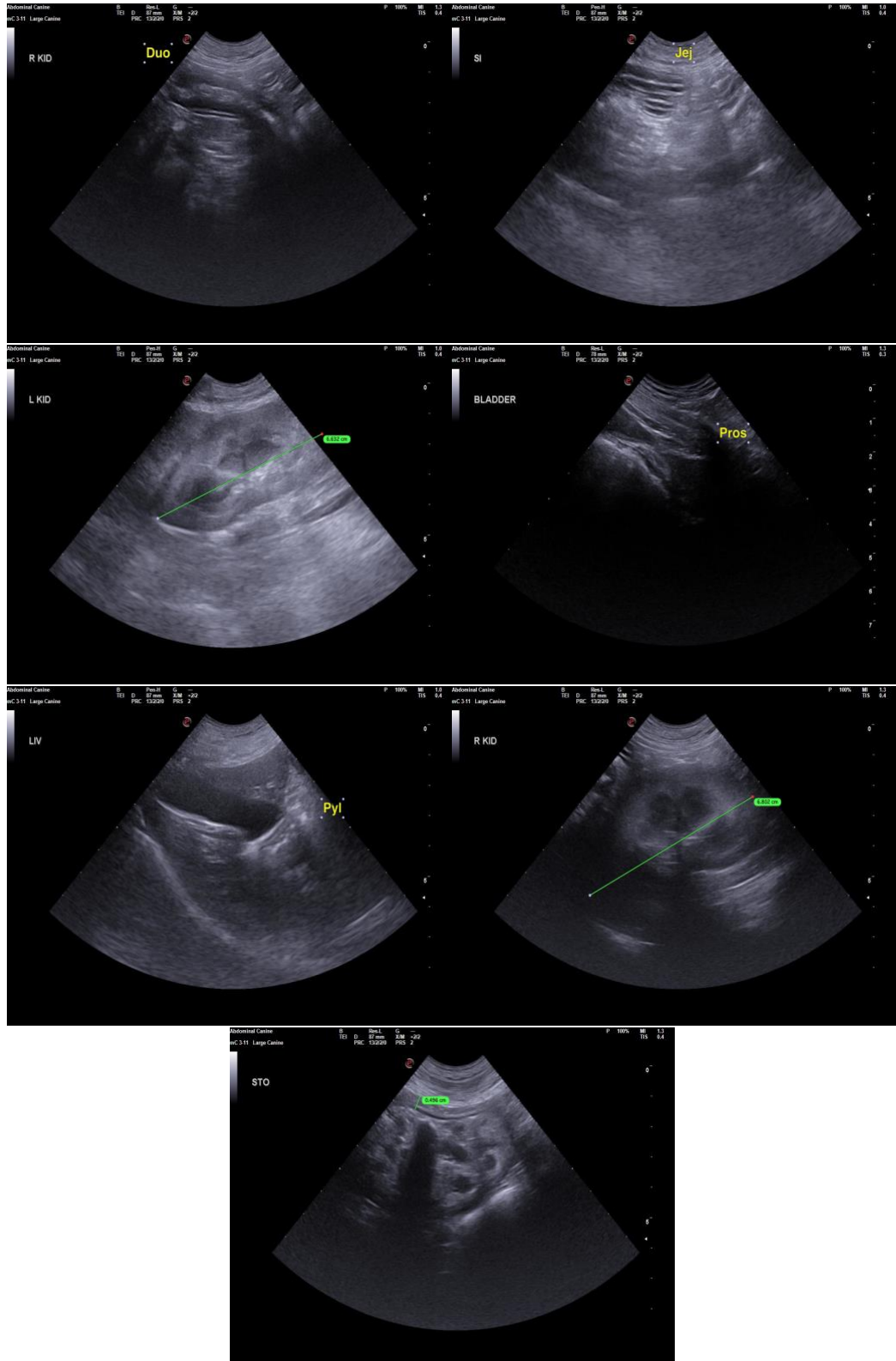
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)