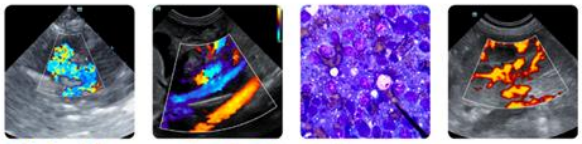


PATIENT

Xena Winters

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

4

WEIGHT

33.47kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Jackson

HOSPITAL NAME

Wilvet South

REFERRING VET

Jackson

INVOICE
23602

DATE
01/18/2026

PRESENTING CLINICAL SIGNS

History: Xena presents for acute onset of vomiting and liquid diarrhea. She has a history of acid reflux and aspiration pneumonia. Symptoms: The owners, who are visiting from out of town, first noticed soft stool about 1-2 days ago, for which they administered Pepto-Bismol. Yesterday morning, prior to traveling, she was given maropitant for nausea. Last night around 21:00, she began vomiting. The vomiting is described as passive regurgitation, not forceful retching, and consists mostly of water and undigested, bloated kibble from her last meal the previous night. She has had liquid diarrhea all day today. She has refused to eat her regular food this morning and has not had a full meal in approximately 24 hours. Any water she drinks comes right back up. The owners attempted to give her about 2 mL of sucralfate today, after which she regurgitated more, but it was not the pink medication. They also tried offering chicken and rice around 15:30; she ate a small amount, and subsequently regurgitated water, grass, and kibble, but the owners believe the chicken and rice stayed down. Previous Medical Conditions: Acid reflux History of aspiration pneumonia (twice), with the last episode occurring approximately 2 years ago pt is retaining a lot of fluid in stomach and has been regurging despite being on Reglan 2mg/kg/day

Abnormal PE/Chem/CBC/UA Results: LAC 3.46(H) all else WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

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 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

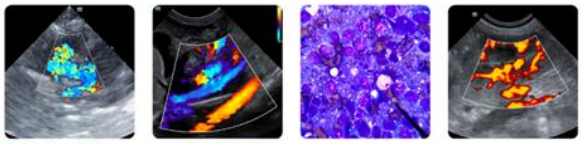
The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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



PATIENT

Xena Winters

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

4

WEIGHT

33.47kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Jackson

HOSPITAL NAME

Wilvet South

REFERRING VET

Jackson

INVOICE
23602

DATE
01/18/2026

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 wall layering with a normal wall layer ratio. The stomach contained a moderate amount of retained fluid and non-shadowing ingesta. A small amount of hyperechoic to progressively shadowing content was present in the gastric lumen measuring ~ 3.5 cm in diameter. No evidence of obstructive pyloric mural pathology. The ventral stomach wall measured 0.58 cm in width. The pylorus wall measured 0.42 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with mild segmental gas and no signs of obstruction or foreign material.

Normal visible colon wall layers were present with semi formed feces and gas 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

- Moderate distended stomach with fluid, nonshadowing ingesta / chyme and nonspecific progressively shadowing content
- Sonographically normal empty SI and visible colon with semi formed fecal matter and colon gas
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt or visualized obstructive pyloric or intestinal mural pathology. Metabolic or functional gastric stasis given patient history is possible. The progressive shadowing stomach content is concerning for partial fluid absorbing ingesta or possible foreign material. Gastric endoscopy if available would be ideal for further assessment. A screening cortisol level is suggested. Exploratory laparotomy could be considered if persistent or progressive gastric stasis with potential for biopsies despite findings.

PATIENT

Xena Winters

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

4

WEIGHT

33.47kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Jackson

HOSPITAL NAME

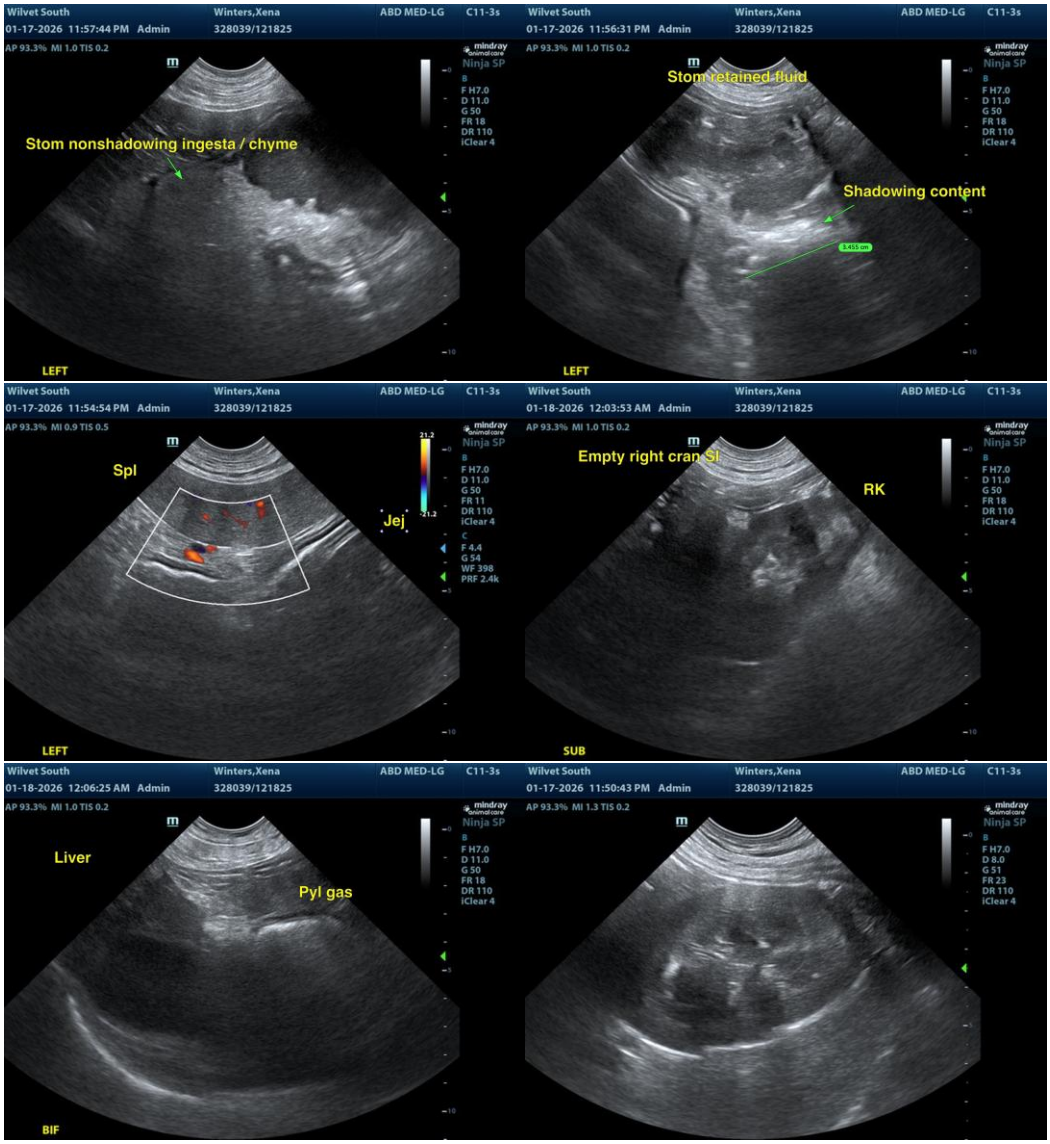
Wilvet South

REFERRING VET

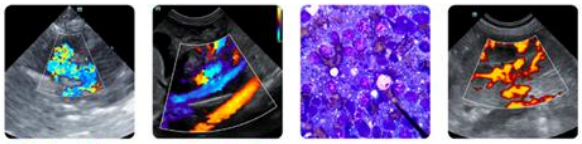
Jackson

INVOICE
23602

DATE
01/18/2026



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Xena Winters

SPECIES
Canine

BREED
Rottweiler

SEX
FS

AGE
4

WEIGHT
33.47kg

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

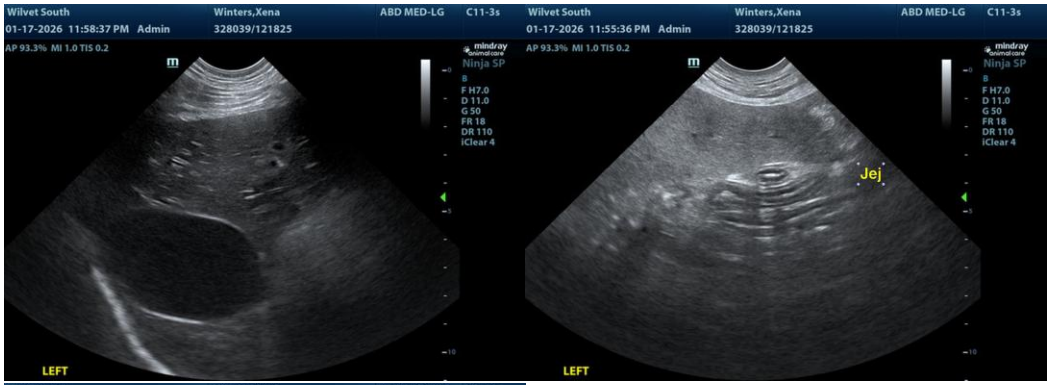
IMAGING PERFORMED BY
Jackson

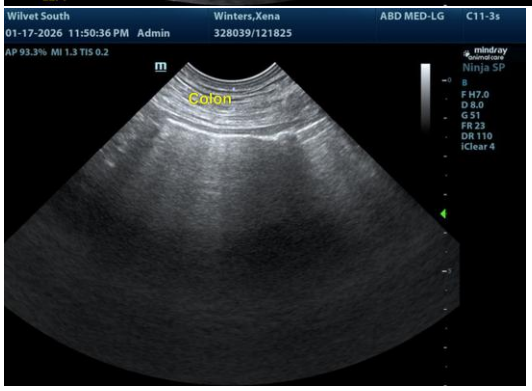
HOSPITAL NAME
Wilvet South

REFERRING VET
Jackson

INVOICE
23602

DATE
01/18/2026





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