



PATIENT

Toji Sanchez

SPECIES

Canine

BREED

Akita

SEX

Male

AGE

15wk 5d

WEIGHT

32

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cathleen Whitcraft

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Lutz

INVOICE

13128

DATE

1/25/26

PRESENTING CLINICAL SIGNS

History:

- Toji is a puppy that gets into things. He has been having watery diarrhea for 2 days. He vomited undigested food at home. Once here, he regurgitated after eating WD. His x-rays support either gastro-enteritis or radiolucent obstruction. With the regurgitation - there is no evidence of megaesophagus. He is still very bright and active.

Abnormal PE/Chem/CBC/UA Results: Fecal supported coprophagia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 changes were noted.

The residual prostate presented sonographically normal.

The visualize medial iliac lymph nodes were sonographically normal.

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 6.4 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

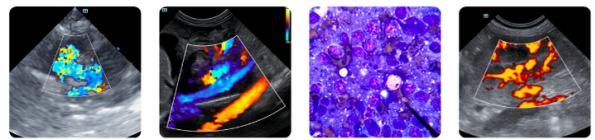
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole. The right adrenal gland was not definitively visualized with no obvious pathology in the area of the right adrenal gland.

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

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.



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Gastrointestinal

The stomach presented mild wall thickening owing primarily to mild thickened gastric mucosa. Intact wall layering was maintained and distinct. The stomach contained mild to moderate anechoic fluid and mild lumen gas. Stomach wall measured 0.6 cm.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling.

Mild segmental ileus pattern was present with primarily overall empty lumen and segmental, non-obstructive, mild, hyperechoic to possible partial fluid absorbing content. Duodenum wall measured 0.56 cm width and jejunum wall measured 0.36 cm width.

Normal visible colon wall layers were present with apparent semi-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

Focal, variably enlarged mesenteric 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 of lymph node measurement was 5.0 cm x 1.5 cm. Scant pockets of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastroenteritis pattern accentuated by mild to moderate, non-obstructive hypomotile gastritis
- Segmental, non-obstructive, mild, hyperechoic to possible partial fluid absorbing intestinal content
- Semi-formed fecal matter in colon
- Variable mesenteric lymphadenopathy – hyperplasia, immunologic immaturity, possible mild lymphadenitis secondary to inflammatory bowel episode possible
- Scant peritoneal effusion – suspect incidental/physiologic assuming normal albumin given patients age

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive evidence of mechanical gastrointestinal obstructive pattern was not present. A small amount of non-affected to passing partial fluid absorbing material in the small intestine is of concern yet not definitive. No indication for immediate surgical intervention. Gastrointestinal support with clinical and as needed sonographic monitoring as well as monitoring of fecal output would be reasonable. Sonographic reassessment indicated sooner if non-responsive or progressive gastrointestinal signs or evidence of progressive gastrointestinal ileus.



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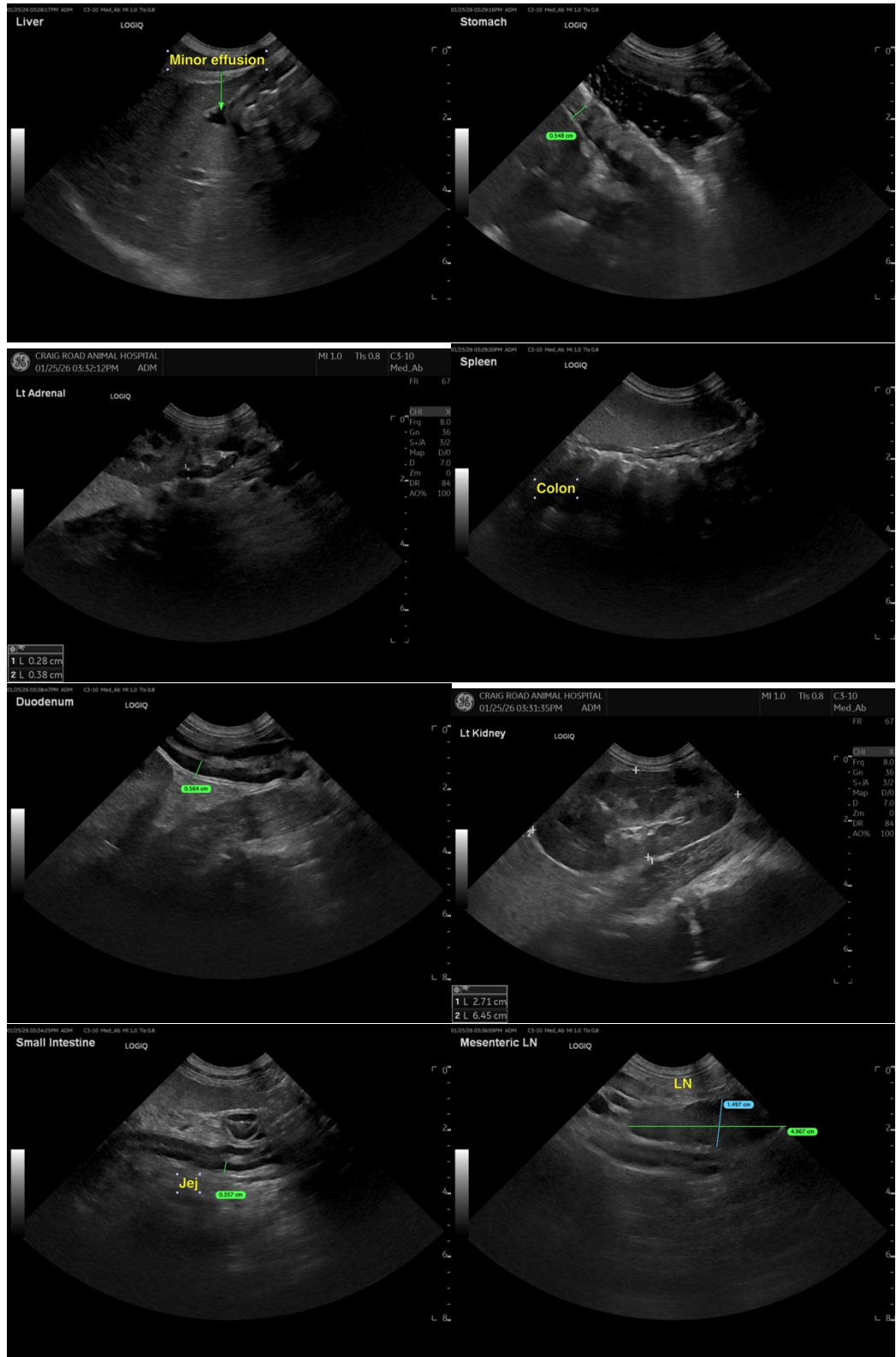
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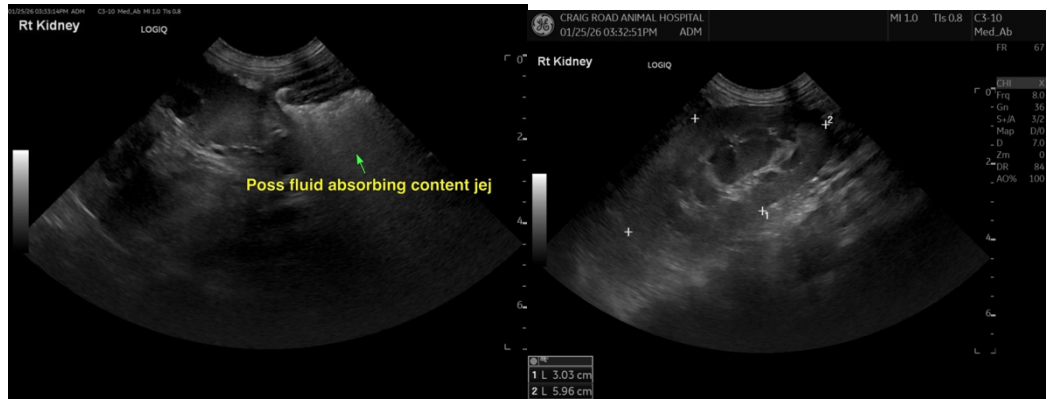
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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