



PATIENT

Johnny Woodruff

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

8 Weeks

WEIGHT

4.65 kg

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency
 Clinic of the High
 Country

REFERRING VET

Dr. Webster

INVOICE

13052

DATE

01/09/26

PRESENTING CLINICAL SIGNS

P presented for vomiting diarrhea, vaccinated for parvo 5 days ago. Faint positive on test, mildly anemia, positive for coccidia, ate chicken and rice today, whining BAR, Rads showed possible obstructive pattern/intussusception. rDVM rec US

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 residual prostate exhibited expected presentation for a male intact puppy.

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 5.6 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 0.31 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 0.32 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.

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 lumen of the stomach contained variably echogenic, moderate nonshadowing ingesta without evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Generalized mild intestinal ileus to the level of the colon. No evidence of pathology at the level of the ileocolic junction.

Normal visible colon wall layers were present with 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

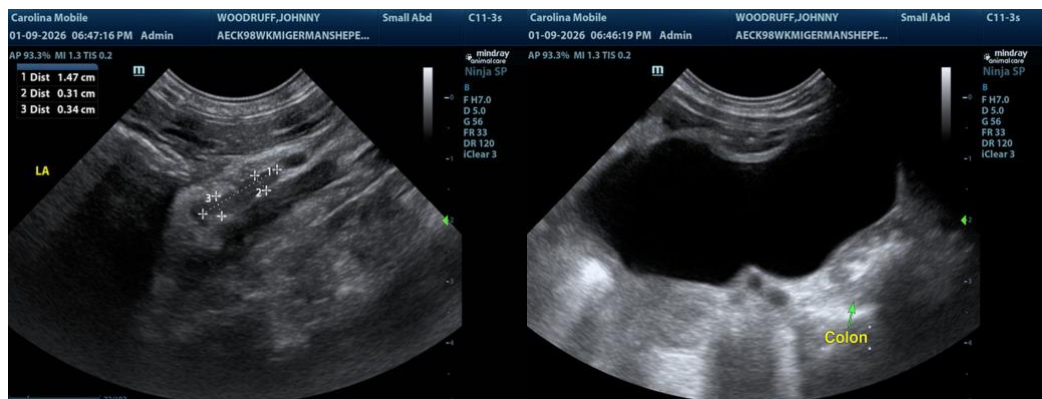
Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.2 cm x 0.70 cm. Minor pockets of peritoneal effusion with normal omental echogenicity.

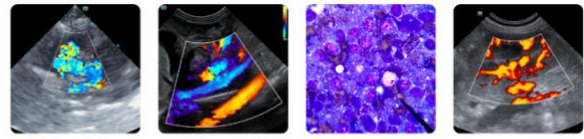
ULTRASONOGRAPHIC FINDINGS

- Moderate nonshadowing gastric ingesta with patent pylorus.
- Acute enteritis pattern exhibiting primarily generalized mild ileus.
- Soft fecal matter in colon.
- Intermittent mild benign mesenteric lymphadenopathy- mild hyperplasia or immunological immaturity.
- Minor peritoneal effusion- likely physiologic.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of obstructive gastrointestinal mural pathology, i.e. foreign body intussusception or stricture. Dietary intolerance, infectious disease, enterotoxin, inflammatory bowel episode, occult parasitism are all potentials. Gastrointestinal support indicated with clinical monitoring. Sonographic reassessment if non-responsive or progressive gastrointestinal signs.





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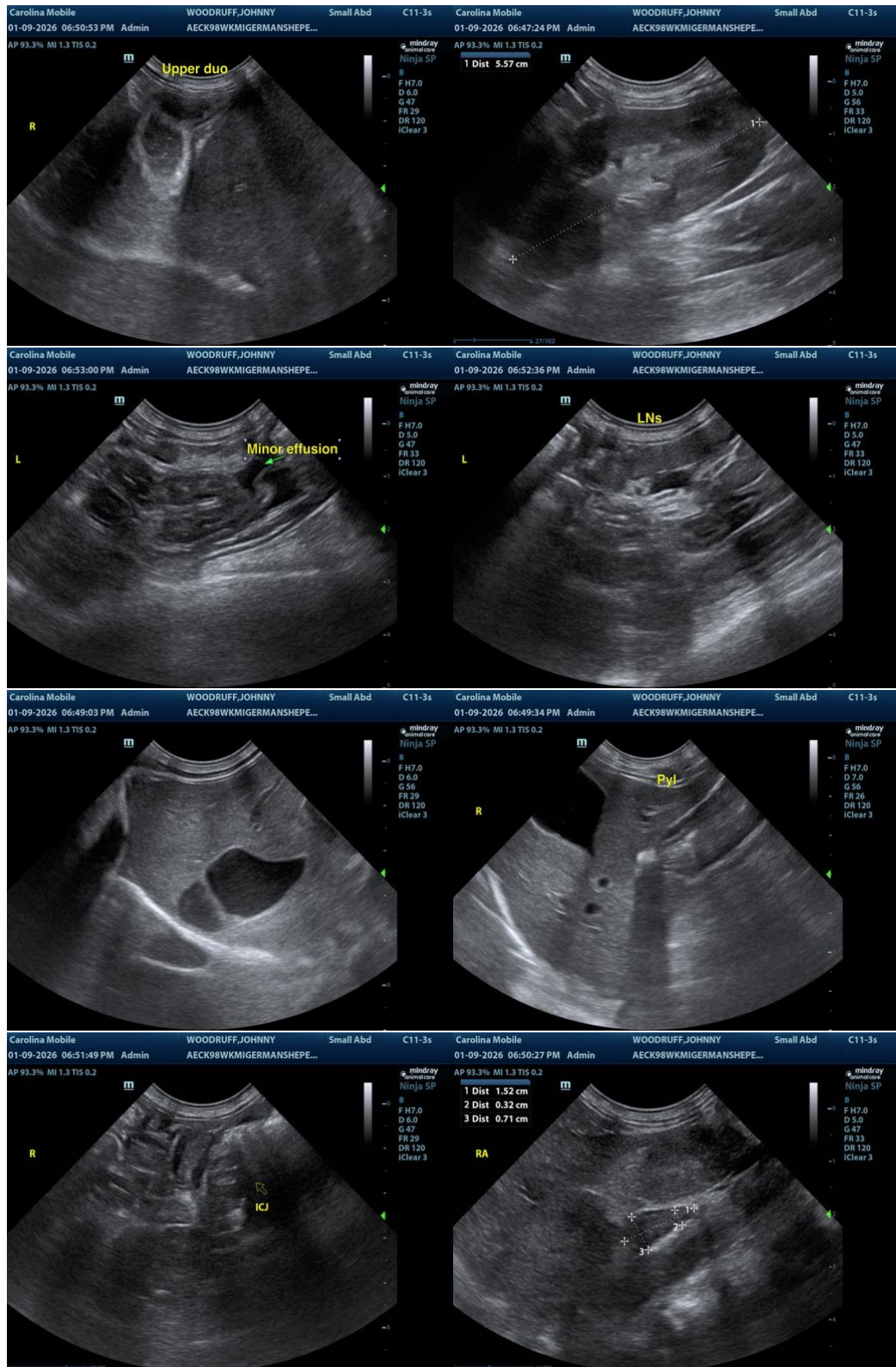
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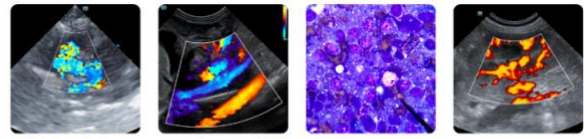
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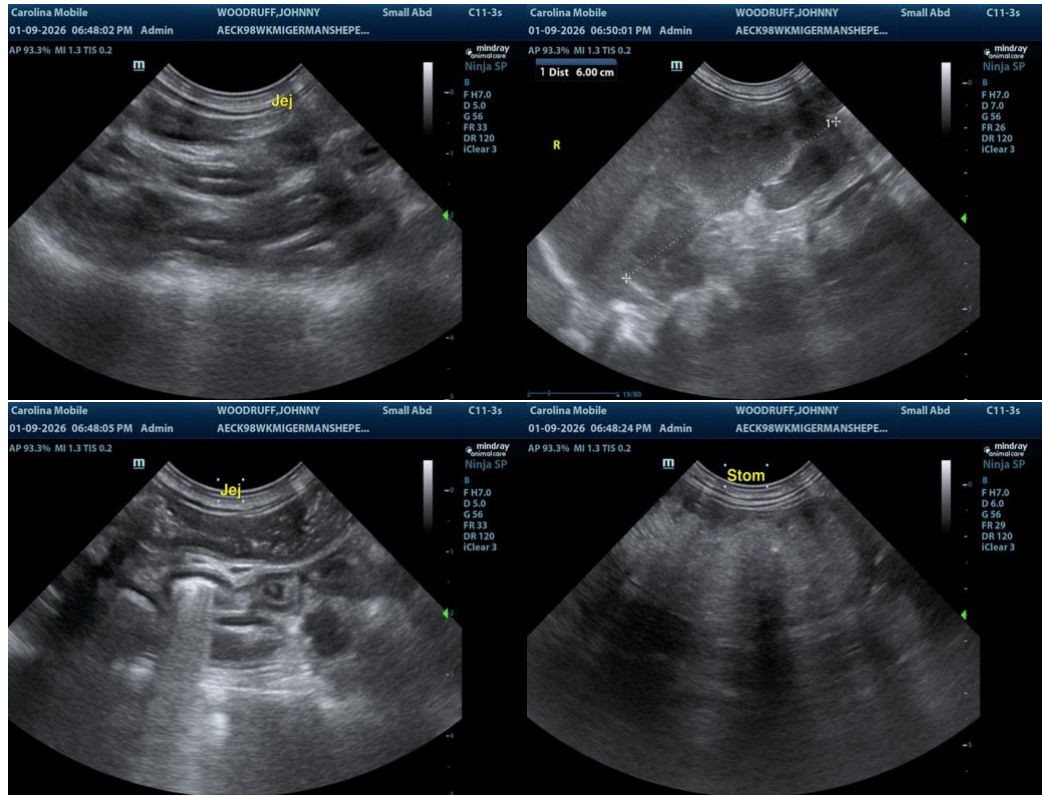
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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