



PATIENT

Snow Lou

SPECIES

Canine

BREED

Samoyed

SEX

Male Neutered

AGE

7y

WEIGHT

97 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Martinsville VH

REFERRING VET

Dr. Shendell

INVOICE

13042

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Vomiting after meals for 2 weeks since pet was picked up from in-home pet sitter. Behavior normal. Ate 1/2 meal for breakfast this morning.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Minor, dependent lumen mineral was present. 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 was 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 5.7 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.58 cm width at the caudal pole. The right adrenal gland measured 0.46 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

The liver was subjectively normal in size, structure, and contour with adequate hepatic vascular volume. 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 normal intact visible wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, echogenic, non-shadowing ingesta without signs of obstruction to pyloric outflow or visualized obstructive pyloric mural pathology. Pylorus wall measured 0.42 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, mild, non-shadowing ingesta to the level of the colon. Example of small intestine wall measured 0.31 cm.



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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

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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.

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Free Abdomen

Samoyed

No overt lymphadenopathy or peritoneal effusion was present.

SEX

PRIMARY FINDINGS

Male Neutered

- Sonographically unremarkable gastrointestinal tract with gastric and segmental intestinal ingesta – consistent with food echogenicity

AGE

SECONDARY FINDINGS

7y

- Minor, dependent urinary bladder
- Normal volume liver lumen mineral

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

97 lbs

Smaller, more frequent meals of novel protein or hydrolyzed diet with consideration for canned diet and as needed gastro protectant Omeprazole 1 mg/kg PO SID as empirical therapy for possible low-grade esophagitis or gastritis with clinical monitoring may prove beneficial. Although considered unlikely, screening cortisol level to rule out occult Addison's disease may be considered. Sonographic monitoring or reassessment with consideration for upper gastrointestinal endoscopy suggested if persistent or progressive clinical signs. Correlation with full lab work and urinalysis +/- C/S is recommended.

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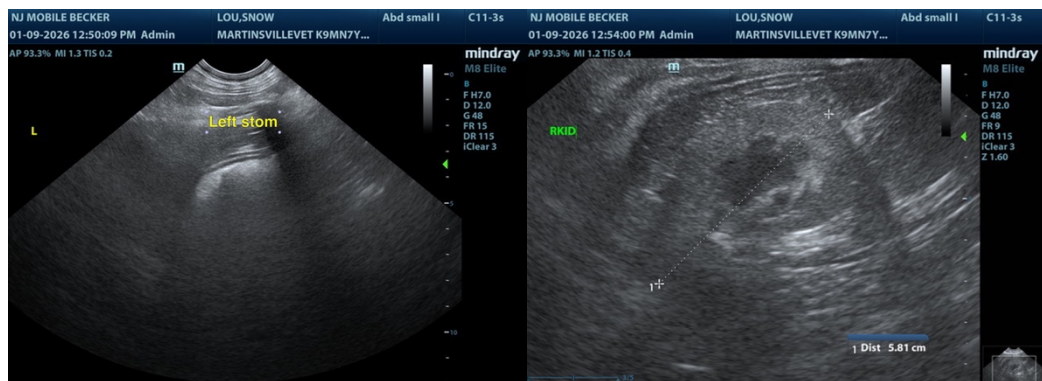
Dr. Shendell

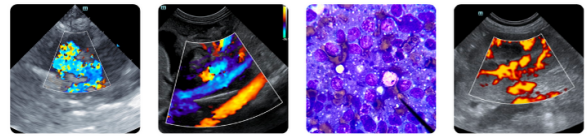
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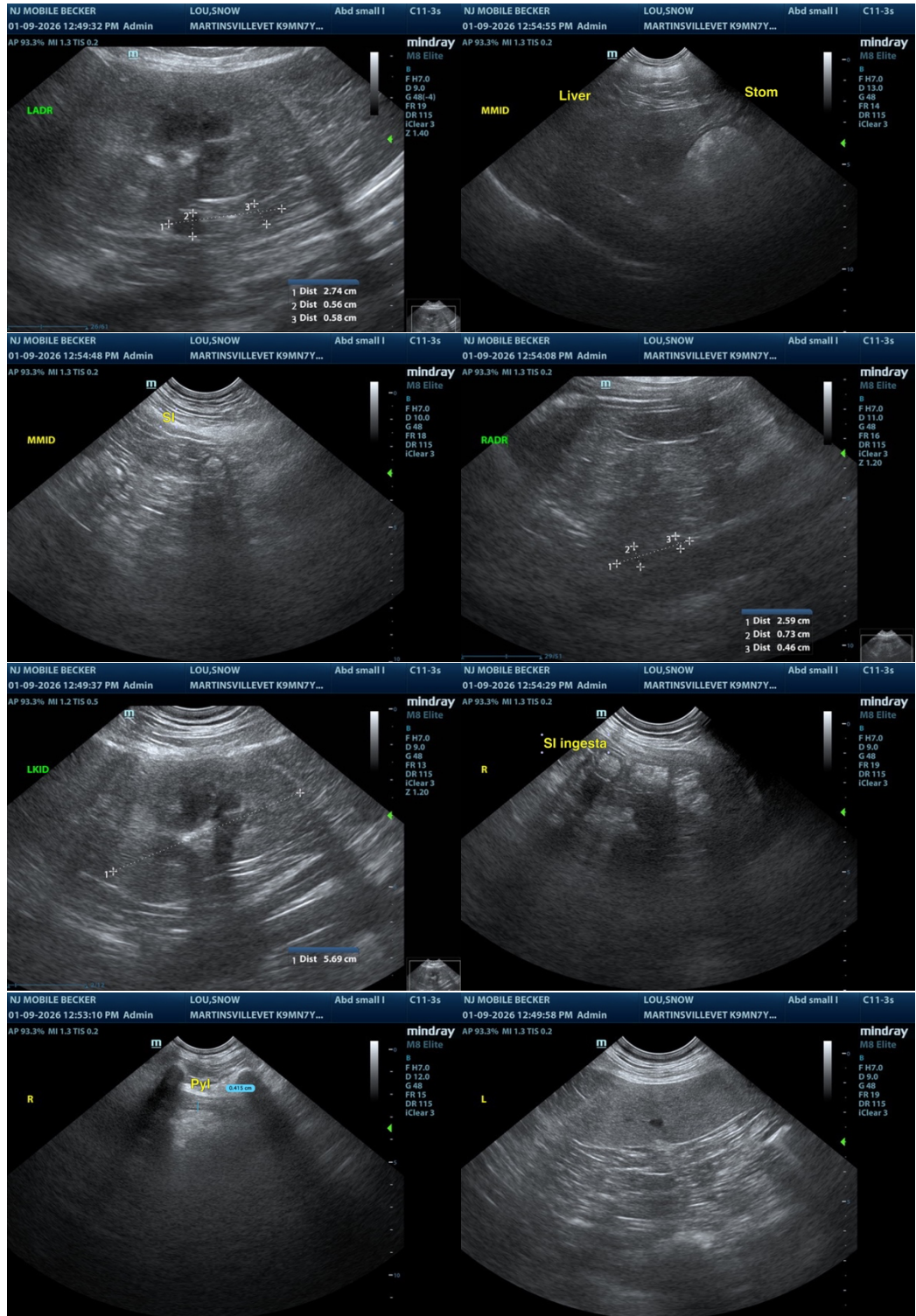
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)

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info@sonopath.com

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