



PATIENT

Bo Whyte

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

10 Years

WEIGHT

42.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Ostendorf
(Neepawa Vet)

INVOICE

12408

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Oct 16/25 having fits of retching/coughing, sometimes bring up foamy saliva. Would get worse at night. Appetite was down -Oct 23/25. Furosemide was dispensed (mild pulmonary edema on rads) - Nov 4/25 - still coughing at night. Appetite and energy improved but started throwing up food at night now. A higher dose of furosemide dispensed for a week to see if there would be improvement. -Nov 10/25 still throwing up food at night. Sent home omeprazole to try and d/c furosemide as it made no difference. -November 17/25 is still throwing up food and foamy saliva. The omeprazole has seemed to help with the effort of throwing up and the unproductive retching.

Abnormal PE/Chem/CBC/UA Results: 3 view thoracic radiographs showed mild pulmonary edema. grade 3/6 heart murmur

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.

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 8.0 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland was overtly normal in size, position and shape. The right adrenal gland measured 0.61 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. 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 minor nondependent nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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

Normal visible colon wall layers were present with apparent 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

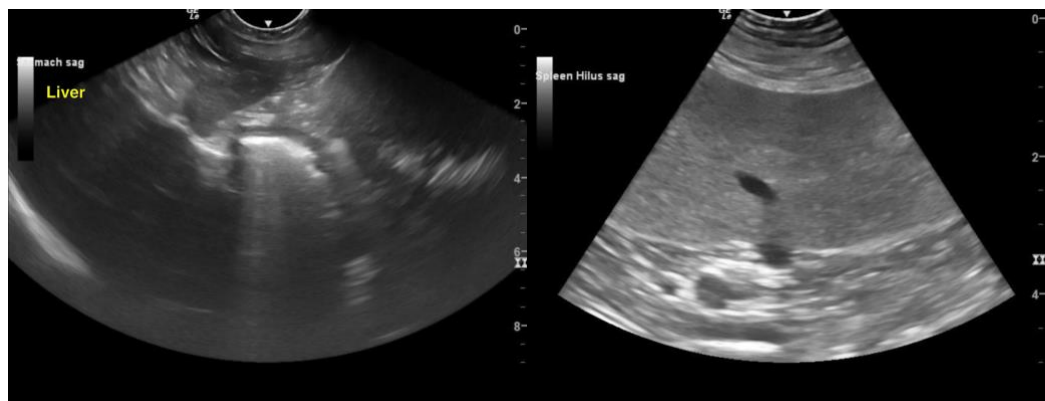
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract.
- Minor gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral (specifically gastrointestinal) pathology. Given improved clinical signs on gastroprotectant, esophagitis or mild gastritis is favored. In conjunction with gastroprotectant, canned novel protein or hydrolyzed diet trial may prove beneficial. Screening cortisol level to rule out occult Addison's disease is recommended. Upper gastrointestinal endoscopy may be indicated if continued or progressive clinical signs.





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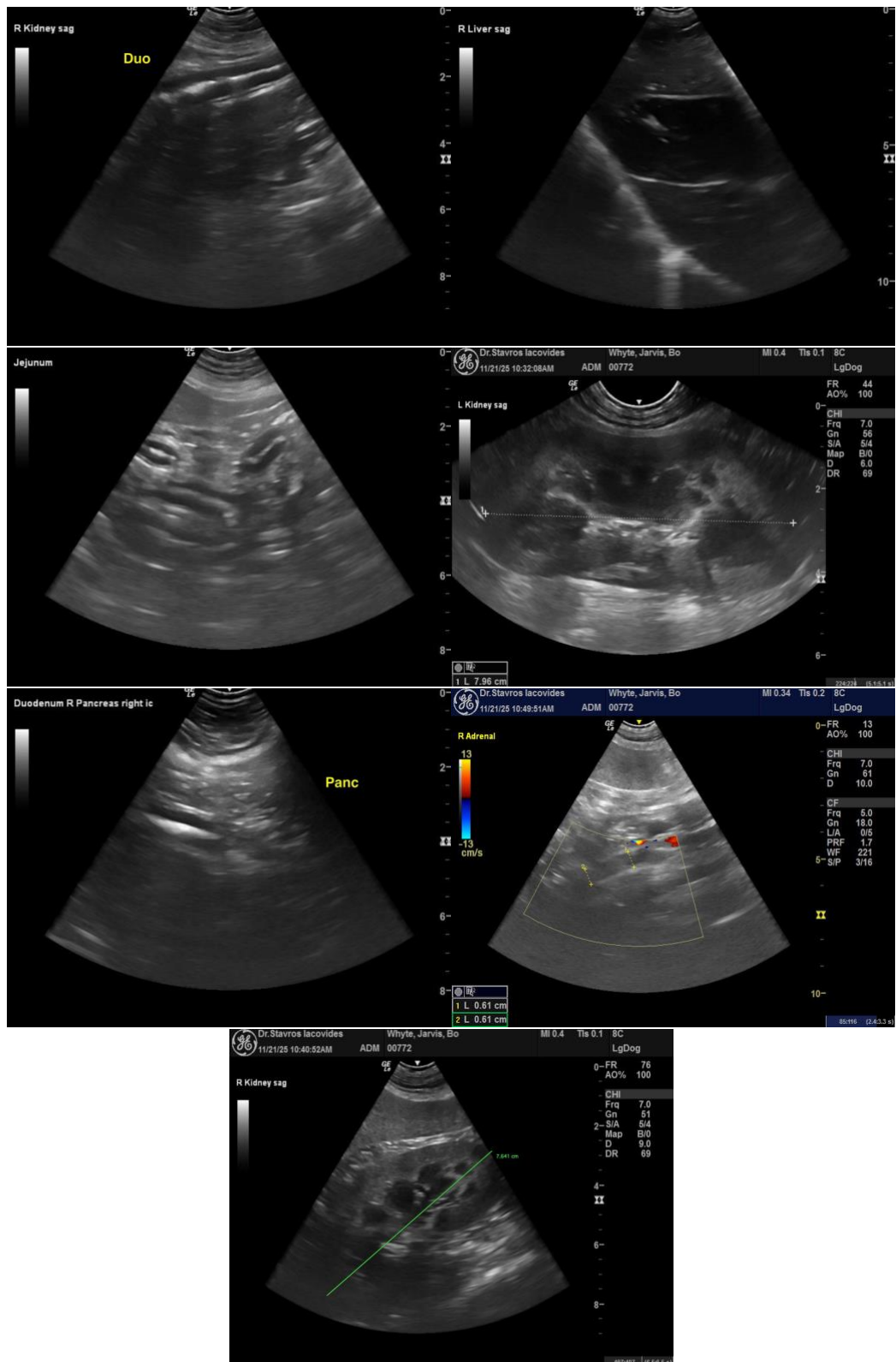
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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