



PATIENT

Bruno Perez

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

3 Years

WEIGHT

27.8 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Stacy Sather

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Jacob Wilson

INVOICE

12378

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Bruno, a 3 YO MN Goldendoodle, presents as a referral for continued care of vomiting, diarrhea, and inappetence after a dietary indiscretion episode on Monday. Monday Bruno got into his owners meal of shredded chicken (fried in oil and seasoned, no bones) with some cooked tomatoes and onion. The following day he vomited then Wednesday started having loose stool which has progressed to watery diarrhea, no blood seen. He has also been having tenesmus since yesterday. His appetite during this time has been progressive hyporexia and now anorexia as of yesterday. He last ate a few treats 2 days ago.

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 change were noted.

No obvious pathology in the area of the residual prostate.

The area of the aortic trifurcation 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 5.1 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.45 cm width.

The right adrenal gland was not definitively visualized.

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 presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Bruno Perez

Gastrointestinal

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The stomach presented with overall intact wall layering exhibiting inflamed pylorus wall with pyloric mural hypoechoogenicity. The stomach was primarily empty with mild retained pyloric fluid.

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The small intestine presented with overall intact wall layering and maintained wall layer ratio with subjective prominent hypoechoic duodenum wall. Minor duodenal ileus without overt mechanical obstructive pattern to the level of the colon.

Goldendoodle

SEX

The visualized colon exhibited nondistended size and segmental empty lumen with soft fecal matter in the descending colon.

Neutered Male

Pancreas

AGE

Hypoechoic to swollen right pancreatic limb with potential for hypoechoic to swollen pancreaticoduodenal lymph nodes.

3 Years

Free Abdomen

WEIGHT

Mid to cranial abdomen hyperechoic omentum and minor volume peritoneal effusion present.

27.8 pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- Gastroenterocolitis accentuated by pyloroduodenitis.
- Variably hypoechoic to swollen right pancreas versus enlarged swollen pancreaticoduodenal lymphadenopathy, mild regional peritonitis.
- Mild hepatomegaly.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Stacy Sather

No evidence of mechanical gastrointestinal obstructive pattern or foreign material. Correlation with a spec cPL is recommended. Continued gastrointestinal support and empirical therapy for active pancreatitis and associated peritonitis with clinical and as needed sonographic monitoring is recommended. Potential for emerging to occult upper gastrointestinal or lymphatic neoplastic criteria is considered unlikely in conjunction with clinical history. Sonographic reassessment is indicated if persistent or progressive clinical signs.

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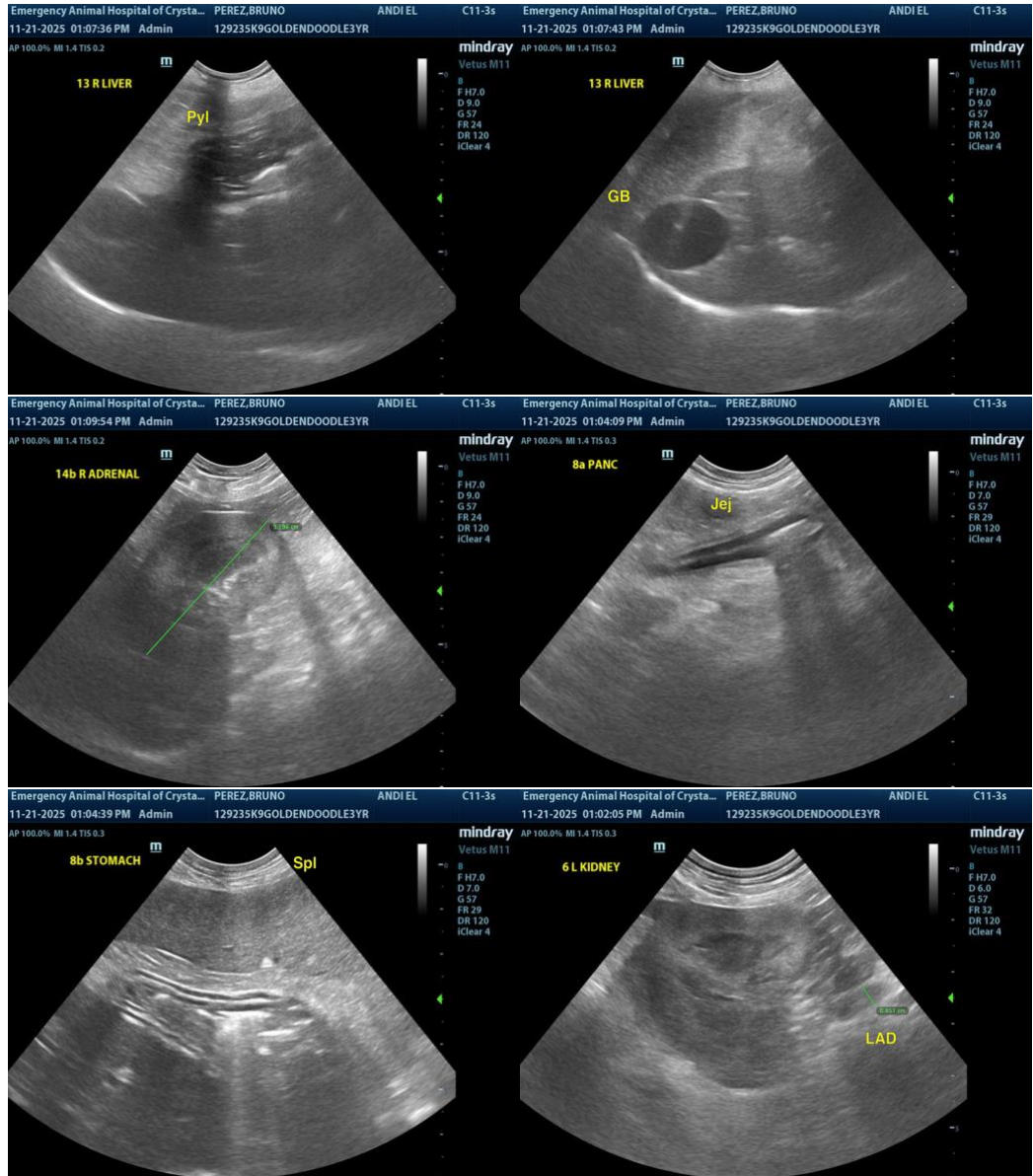
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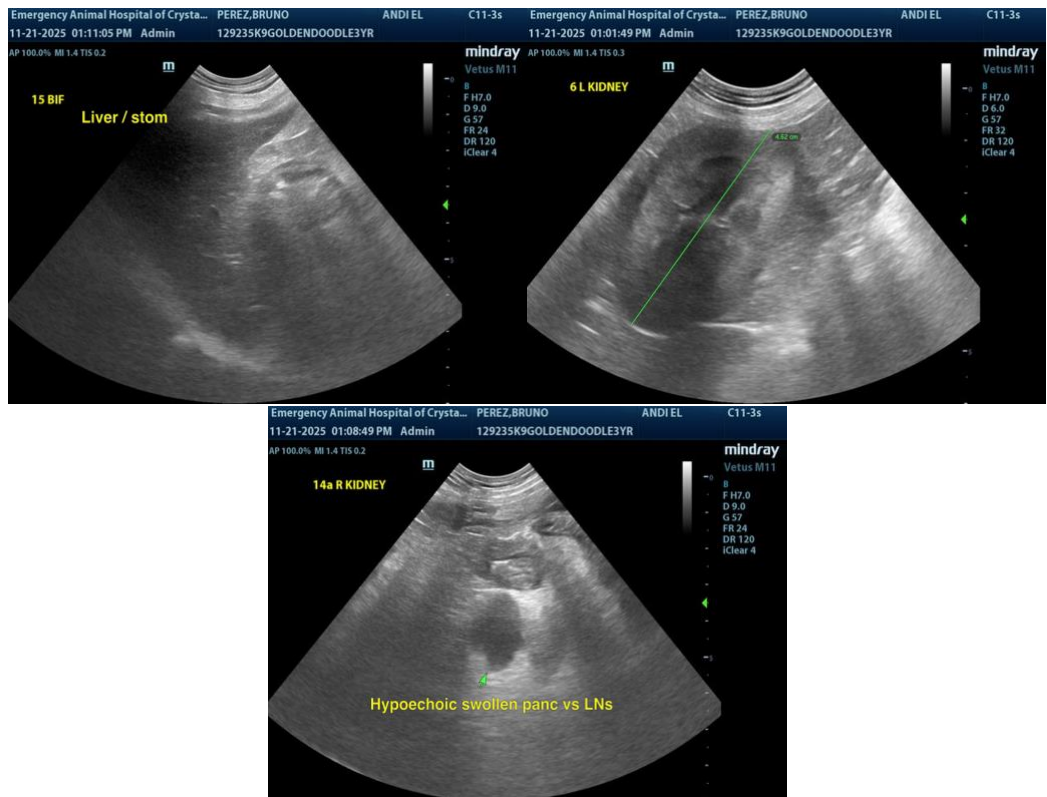
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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