



PATIENT	PRESENTING CLINICAL SIGNS
Harry Ramallo	Patient presents for vomiting 2-3 times today. Patient cries out when vomiting. O took patient to rDVM yesterday and suspect hip pain. Patient went to groomer today and groomer noted possible neck pain when maneuvering. Patient is still eating. No diarrhea. rDVM instructed to stop Galliprant due to vomiting. Patient has only had two doses total of Galliprant.
SPECIES	
Canine	
BREED	Abnormal PE/Chem/CBC/UA Results: rDVM labwork 11/19: CBC: Hct 51.1, retic 29.5, WBC 7.96, Neut 6.26, plt 149 Chem: gluc , BUN 19.4, creat 1.1, TP 6.1, alb 3.2, ALT 28, ALP 39, Ca 9.7, K 4.5
Bouvier des Flandres	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
Neutered Male	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.
AGE	
9.5 Years	Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.1 cm in length. The right kidney measured 7.4 cm in length.
WEIGHT	
40.1 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was indistinctly visualized yet overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.59 cm width at the caudal pole. The right adrenal gland was not definitively visualized.
IMAGING PERFORMED BY	Spleen
Dr. Rando	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.
HOSPITAL NAME	
Wilvet Salem	
REFERRING VET	Liver
Dr. Rando	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.
INVOICE	Gastrointestinal
12355	
DATE	
10/21/25	The stomach presented with intact mildly thickened wall measuring 0.85 cm ventral gastric body wall width. Empty lumen with mild lumen gas.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with minor segmental nonshadowing chyme and with no evidence of intestinal obstructive pattern to the level of the colon.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild gastritis pattern.
- Sonographically normal empty small intestine with minor segmental nonshadowing chyme.
- Normal area of pancreas.

Secondary Findings

- Mild age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction, foreign material or active pancreatitis. Gastrointestinal support should prove beneficial. A spec cPL and screening cortisol level to assess for occult disease may be considered if persistent vomiting.



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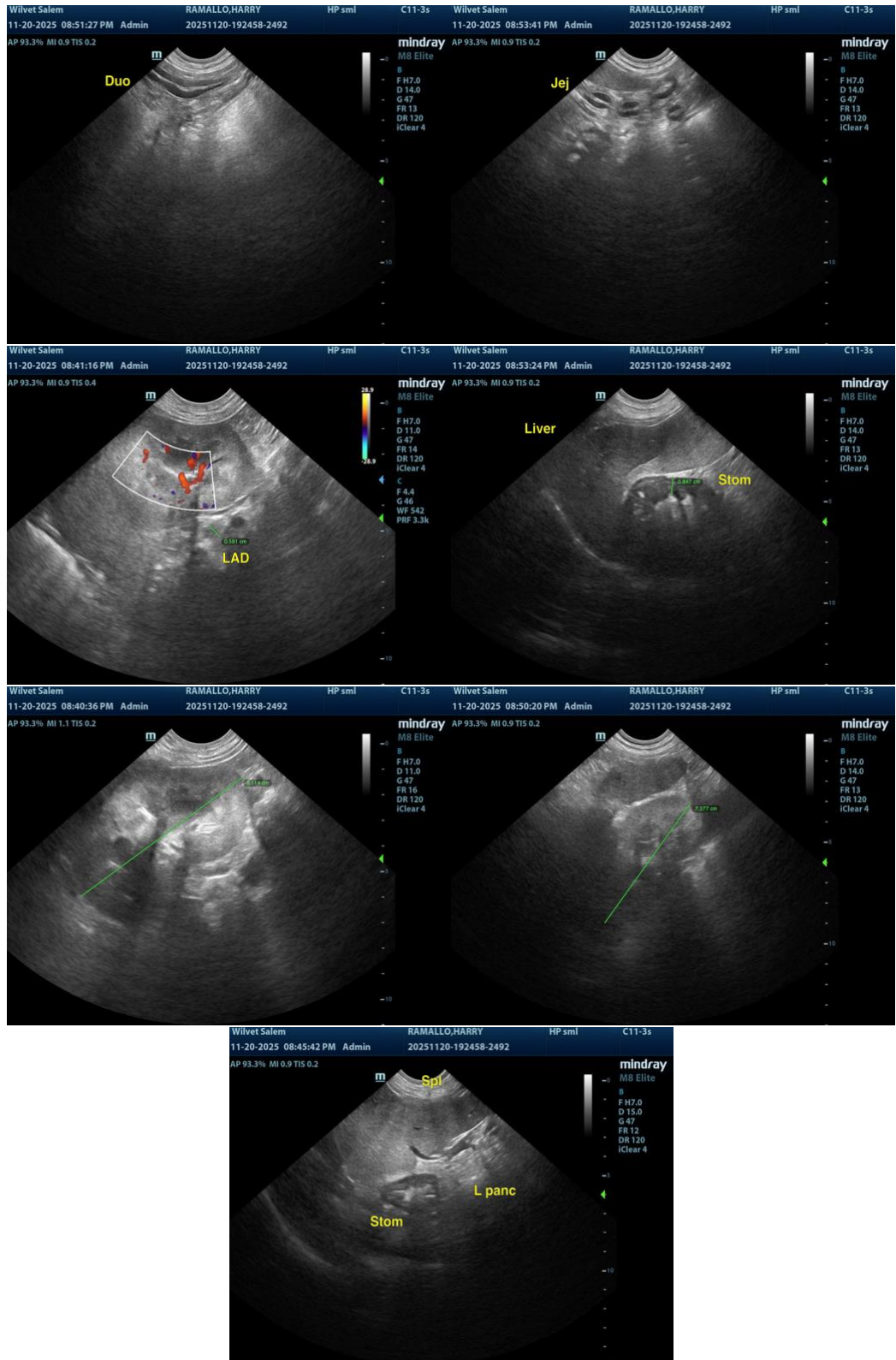
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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