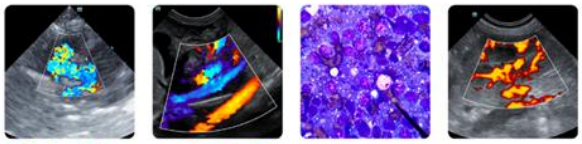


PATIENT
Zeus Loeks

SPECIES
Canine

BREED
German Shepherd

SEX
MN

AGE
9yr

WEIGHT
70lb

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

IMAGING PERFORMED BY
Chrissy Krell, DVM

HOSPITAL NAME
Lake Region Small Animal Center

REFERRING VET
Kendra Greiner, DVM

INVOICE
23064

DATE
11/24/2025

PRESENTING CLINICAL SIGNS

Patient has been vomiting the past week, history of a GDV and splenectomy in 2022. X-rays showed concern for possible GI mass last week. Zeus improved with pepcid and maropitant over the weekend, he has been able to keep things down/no vomiting. Also has a history of food allergies, is typically on Z/D diet.

Abnormal PE/Chem/CBC/UA Results: PE: QAR, anxious. lean BCS. AXR: notable distension of the stomach, ingesta present in the fundus of the stomach, pyloric region has fluid to soft tissue mass opacity with gas present. SI appears normal.

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 7.0 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.7 cm width at the caudal pole. The right adrenal gland measured 0.7 cm width at the caudal pole.

Spleen

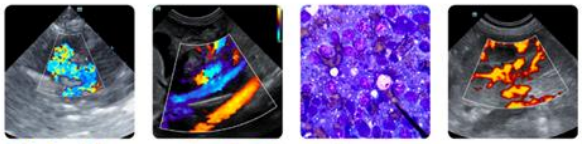
The spleen was not visualized owing to previous splenectomy. No evidence of pathology in the area of the splenic fossa.

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. Normal vascular volume. 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 mild thickened wall layering. The lumen of the stomach contained mild anechoic fluid with no signs of obstruction or foreign material. The pylorus wall measured 0.64 cm in width. The subjective area of the gastropexy exhibited expected sonographic appearance.



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The visualized segments of small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Intact mildly thickened stomach wall with mild retained gastric fluid
- Sonographically unremarkable empty visualized small intestine
- Normal area of pancreas

Secondary

- Mild adrenal changes
- Non-visualized spleen-previous splenectomy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intra-abdominal specifically gastrointestinal masses. The current stomach is primarily empty without evidence of gastrointestinal mechanical obstruction or persistent retained ingesta. Mild gastritis is probable. Smaller more frequent feedings of current hydrolyzed diet meeting caloric plane, if concern for non-obstructive delayed gastric emptying with as needed gastroprotectants and clinical monitoring may prove beneficial.

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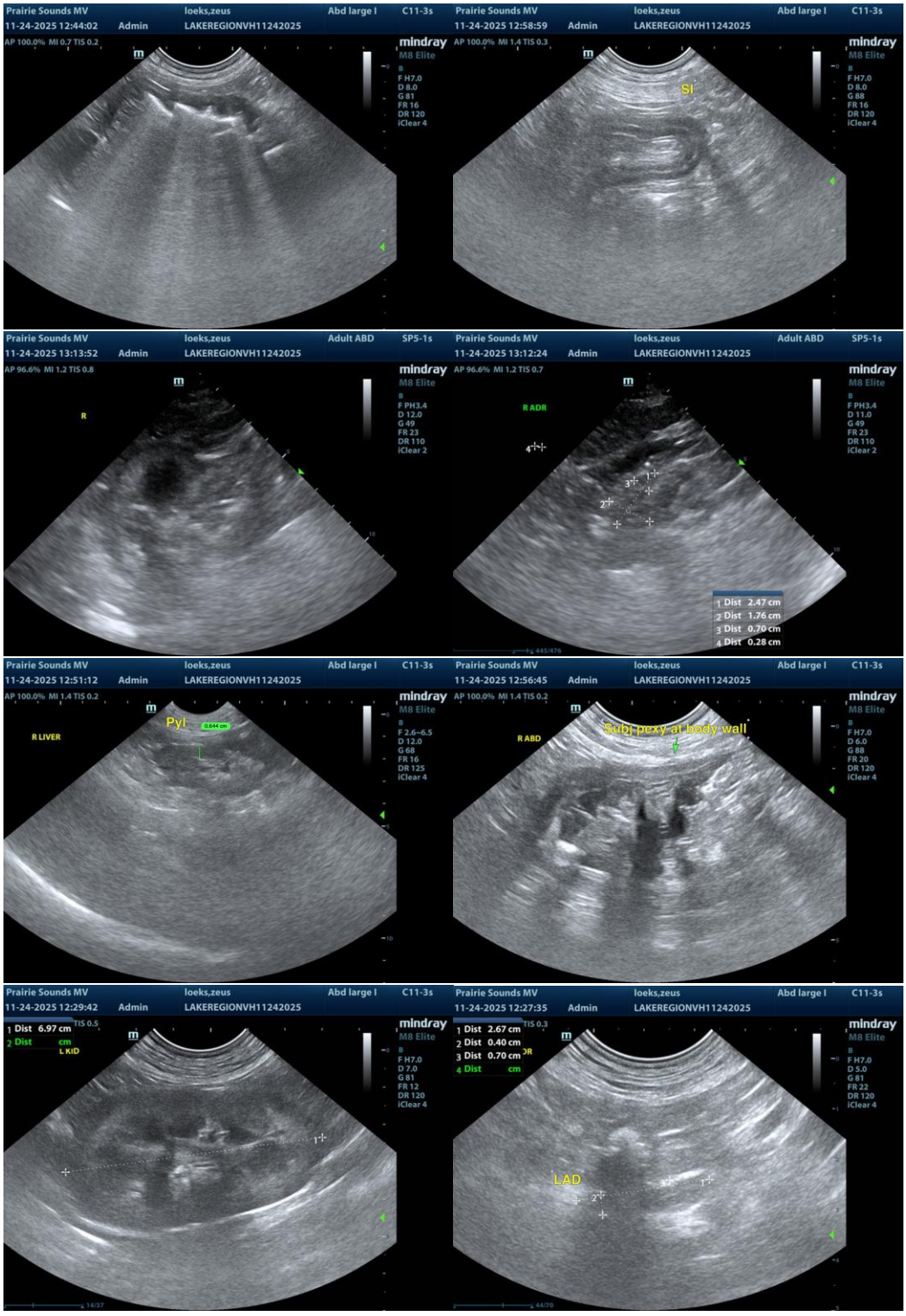

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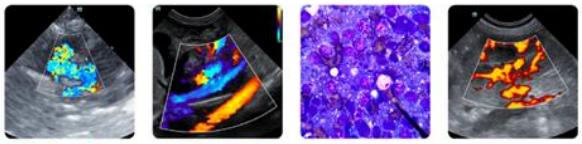

Clinical Sonography & Telecytology
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SonoPath.com info@sonopath.com 1.800.838.4268

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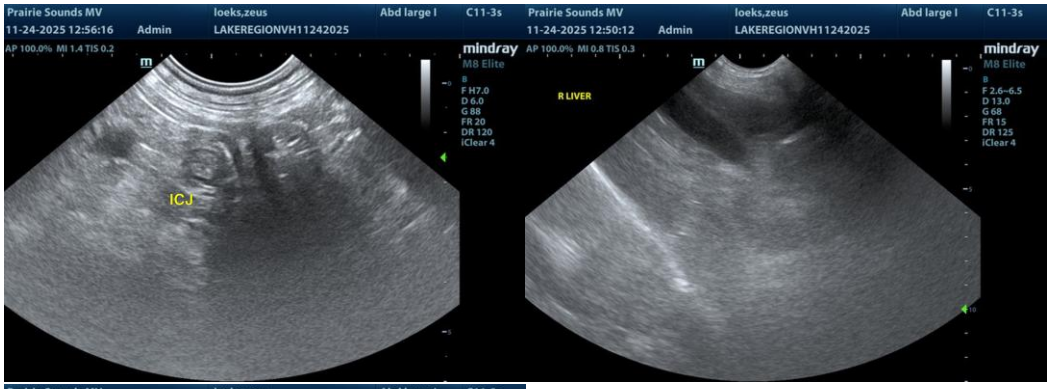

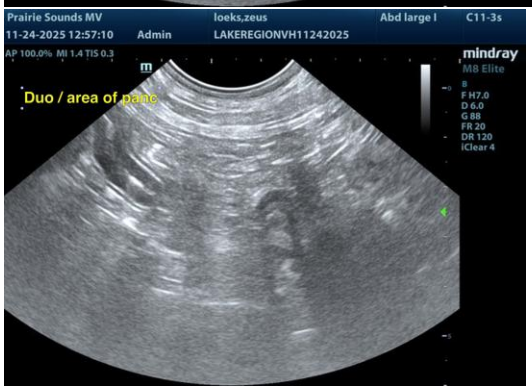

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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