



## PATIENT

Barney Doster

## SPECIES

Canine

## BREED

Bichon Mix

## SEX

MN

## AGE

7

## WEIGHT

18.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr Maniar

## INVOICE

22837

## DATE

11/03/2025

## PRESENTING CLINICAL SIGNS

Hx of IBD vomiting

## 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 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 4.5 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 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/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 wall layering with a normal wall layer ratio. The stomach was non-distended containing a mild amount of retained echogenic fluid, non-shadowing chyme and lumen gas. No evidence of obstruction to pyloric outflow. The gastric body wall measured 0.42 cm in width.

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 mechanical/metabolic ileus, obstruction or foreign material.

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



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## Pancreas

The area of the pancreas was sonographically normal.

## Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Mild non-obstructive hypomotile stomach
- Sonographically normal empty small intestine.
- Normal area of pancreas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild hypomotile gastritis in conjunction with reported vomiting is probable. At times, the gastrointestinal tract may present sonographically normal even with historical gastrointestinal disease.

Gastrointestinal support, which may include, if not currently instituted, novel protein or hydrolyzed diet trial with potential long-term dietary therapy and gastric protectant protocol i.e., Omeprazole 1 mg/kg PO SID. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. No evidence of significant gastrointestinal mural pathology or obstructive pattern.



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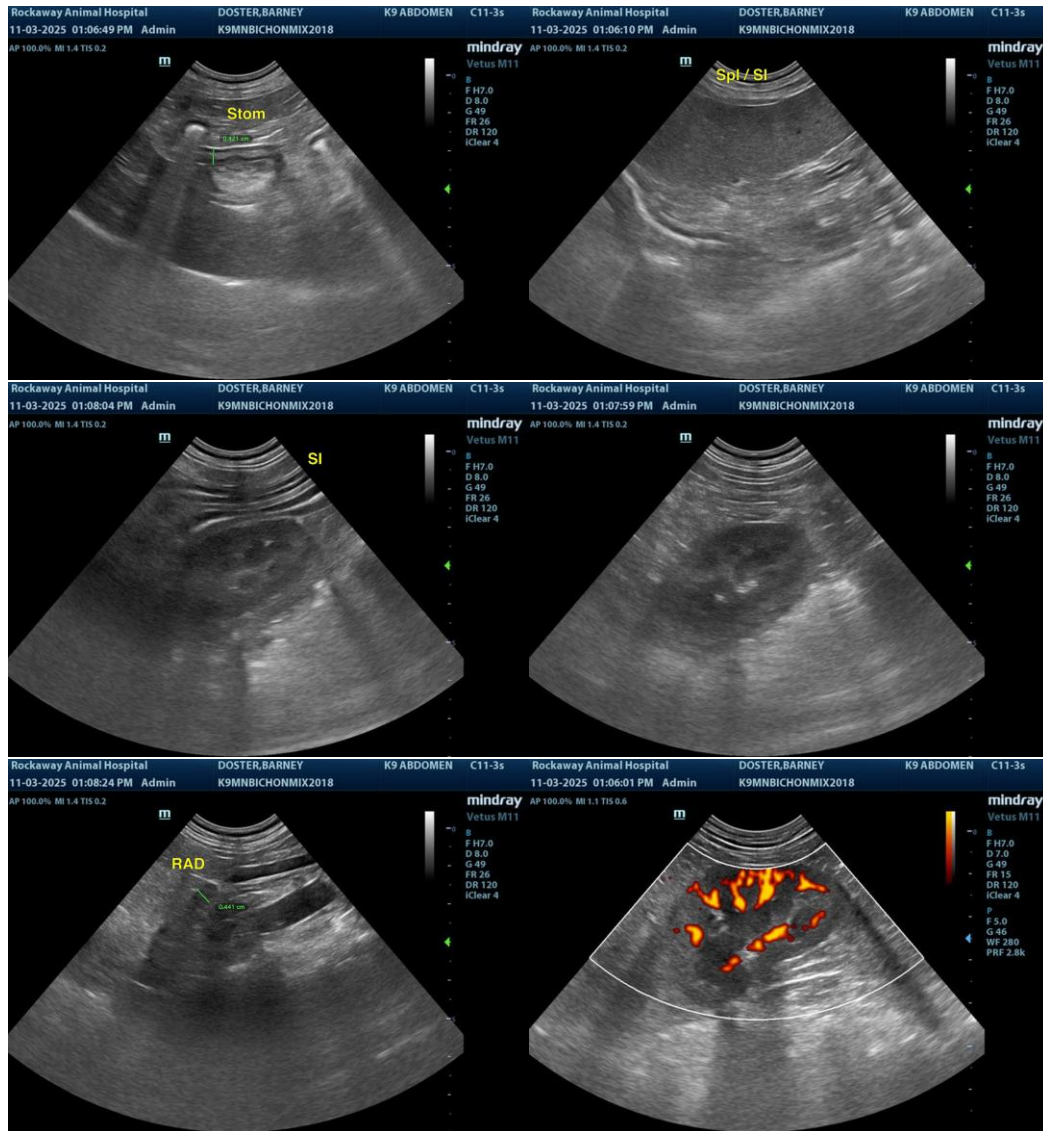
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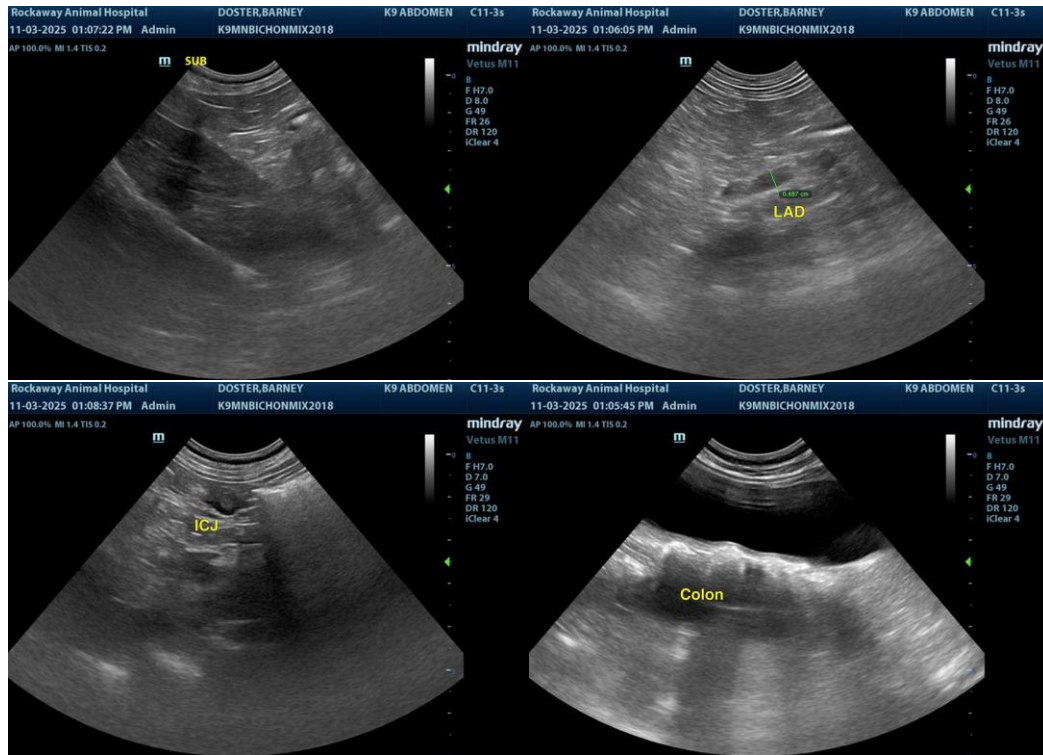
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)