



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Ryder Ross	Patient History from Chewy Vet Hospital on 10/30/25: - Episodes of regurgitation starting Tuesday night with retching behavior, unable to bring anything up - Decreased appetite since Tuesday, eating slowly when he does eat - Aversion to hard/crunchy foods, prefers soft foods - Lethargy and altered behavior since Tuesday night - chattering in the jaw when attempting to eat - History of gastroesophageal reflux, managed with cerenia as needed
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Spaniel, English Springer	Abnormal PE/Chem/CBC/UA Results: Assessment: Vomiting/non-productive retching vs. regurg: r/o gastritis vs. food intolerance vs. gastroenteritis vs. hiatal hernia vs. other Mild superficial dermatitis, hx of otitis externa OU: Lenticular sclerosis PD 1/4 SQ masses: r/o lipomas vs. other Difficulty chewing: r/o masticatory myositis vs. oral disease vs. other Hx of multifocal OA - had first Librela inj. 10/30/25
<b>SEX</b>	Weight loss
NM	
<b>AGE</b>	
12 years	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>WEIGHT</b>	<b>Urinary System</b>
38.4 lbs.	The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.
<b>INTERPRETED BY</b>	No evidence of pathology in the area of the aortic trifurcation.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 5.3 cm in length. The right kidney measured 6.2 cm in length.
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Dr. Rivera	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.5 cm width at the caudal pole. The right adrenal gland was not definitively visualized.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
DPC VH	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Probable mild perihilar medial capsule fibrosis was noted, consistent with benign criteria. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.
<b>REFERRING VET</b>	
Dr. Rivera	
<b>INVOICE</b>	
10282	
<b>DATE</b>	
11/4/25	



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## ***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. 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 regional borderline prominent wall measuring 0.56 cm. The stomach exhibited mild to moderate distention with retained mildly echogenic fluid and lumen gas. The area of the pyloric outflow was not definitively visualized.

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 area of the pancreas was sonographically normal.

## ***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

- Hypomotile gastritis pattern
- Sonographically normal empty visualized small intestine
- Normal area of pancreas

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Gastroprotectants Omeprazole 1.0 mg/kg SID as needed in conjunction with antiemetic therapy, suggested canned hydrolyzed diet with possible smaller / more frequent feedings, and an assessment of clinical response is recommended. Concurrent consideration for empirical helicobacter coverage is suggested.

Potential for non-visualized pyloric or upper intestinal outflow obstruction cannot be definitively excluded. Screening cortisol level to rule out occult Addison's Disease is warranted. If continued / progressive clinical signs, upper gastrointestinal endoscopy should be considered.



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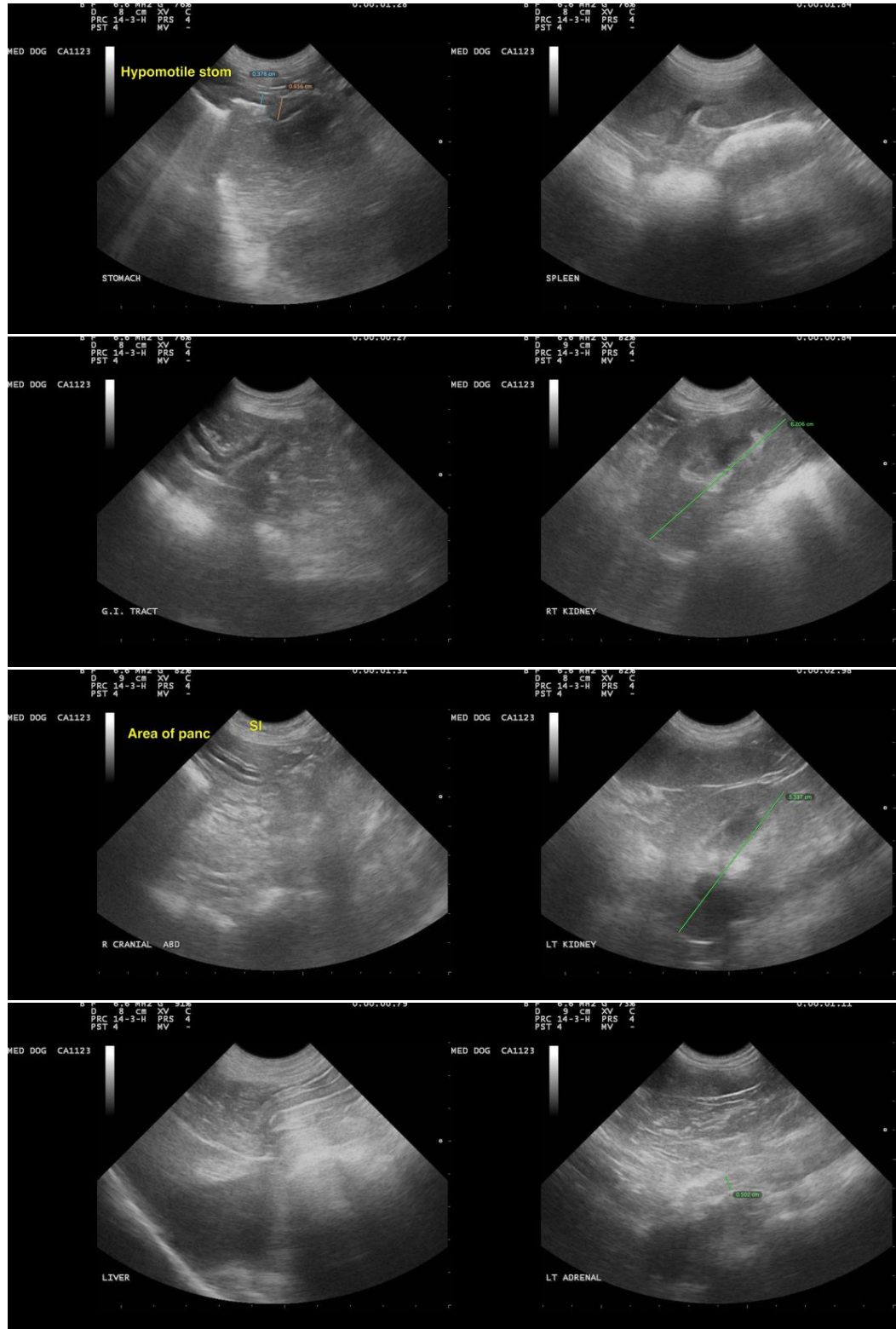
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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