



PATIENT

Henry Moore

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

10 Years

WEIGHT

24 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. John Ammeraal
DVM

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. John Ammeraal
DVM

INVOICE

12128

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Started vomiting multiple times overnight. Radiographs obtained. Stomach was empty. Small amount of gas intestines. Administered Cerenia in AM, then V ceased for about 3 hours. Then resumed V up foam/bile after 3 hours. Unknown what got into. Sometimes likes to rip apart toys but owners don't know if he did this time.

Abnormal PE/Chem/CBC/UA Results: Non painful on abdominal palpation. Labwork pending

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.

The area of the residual prostate appeared normal and 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 5.2 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole.

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 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 was nondistended in size exhibiting intact mildly thickened wall. The stomach contained a mild amount of echogenic fluid and chyme without evidence of shadowing content, obstruction to pyloric outflow and 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 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 pancreas presented with mildly prominent pancreas base with mild asymmetrical capsule contour and subtle nonhomogenous hypoechoic parenchyma compared to adjacent noninflamed peripancreatic omentum.

Free Abdomen

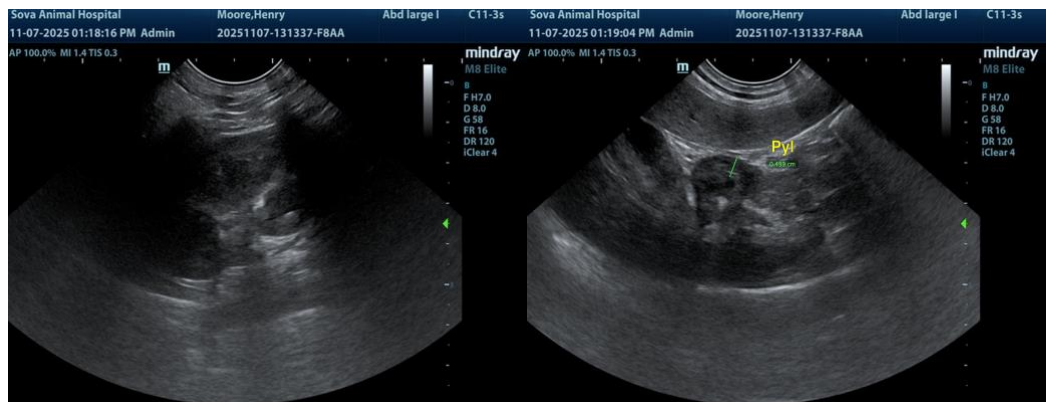
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild thickened hypomotile stomach- consistent with mild hypomotile gastritis.
- Sonographically normal empty small intestine.
- Mildly prominent hypoechoic pancreas base.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern or foreign material. Monitoring for cranial abdomen/subxiphoid discomfort on palpation which may allude to low-grade to mild pancreatitis is recommended. Correlation with pending lab work ad a spec cPL is recommended. No indication for surgical intervention. Gastrointestinal support and empirical therapy for possible mild pancreatitis is recommended with clinical monitoring. Sonographic reassessment is indicated if continued or progressive gastrointestinal signs.





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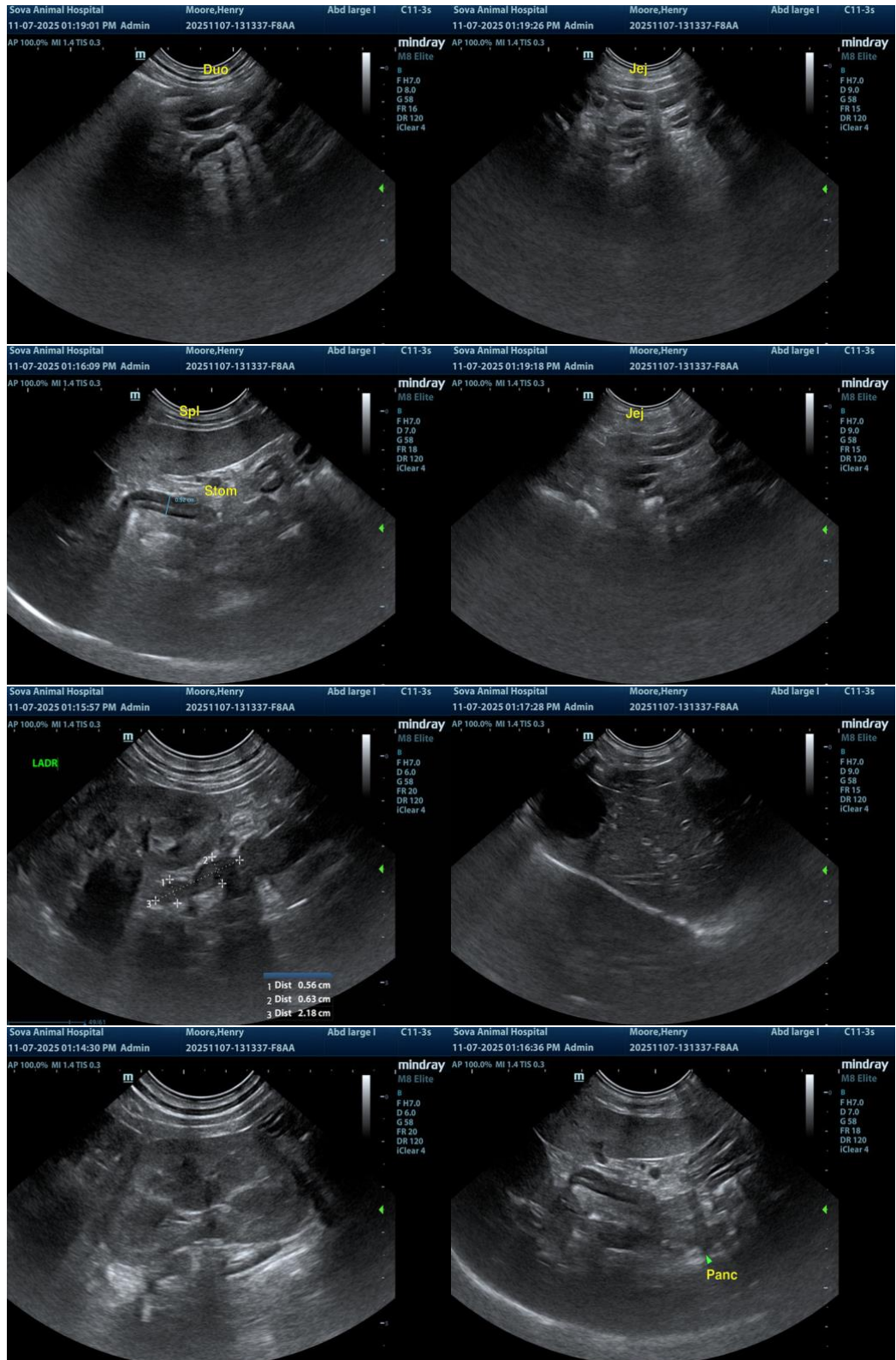
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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