



PATIENT	PRESENTING CLINICAL SIGNS
Lucy Haworth	Lucy is present for her dental. No breakfast this morning. Mom reports that Lucy intermittently vomits every 10-14 days. Mom started Lucy on Pepcid Ac 1/2 a tablet once a day. Lucy has continued to vomit every 10-14 days. Mom reports that last week Lucy vomited bile with red spots on Friday then vomited on Tuesday of this week (dark brown bile). Lucy is usually "mopey" all day of vomiting and goes outside looking for the right grass to eat. Mom will like to discuss further diagnostics like allergy testing. No other concerns stated. No diarrhea, sneezing or coughing noted. Food trial with Royal Canin HP 12/11/25
SPECIES	
Canine	
BREED	
Bernese Mountain Dog Mix	
SEX	Abnormal PE/Chem/CBC/UA Results: Last Blood work done 11/17: cbc/chem wnl/nsf Last Exam: overweight with mild dental tartar.
FS	
AGE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
4y	Urinary System
WEIGHT	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 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.
INTERPRETED BY	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 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 5.3 cm in length. The right kidney measured 5.6 cm in length.
IMAGING PERFORMED BY	Adrenal Glands
Dr. Mavis McCormick	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 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 0.57 cm width at the caudal pole.
HOSPITAL NAME	Spleen
Lanier AH	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.
REFERRING VET	
Dr. Mavis McCormick	
INVOICE	
10458	
DATE	
12/11/25	



PATIENT

Lucy Haworth

SPECIES

Canine

BREED

Bernese Mountain
Dog Mix

SEX

FS

AGE

4y

WEIGHT

52.0

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

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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 normal intact visible wall. The stomach appeared subjectively mildly gas-distended. There was no overt obstruction to pyloric outflow. The pylorus wall width measured 0.46 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 ileus, obstruction, or foreign material. An example of small intestine wall width measured 0.37 cm.

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

- Sonographically unremarkable subjective mild gas distended stomach
- Normal empty small intestine
- Normal area of pancreas
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of gastrointestinal pathology as an obvious cause of the patient's history. Spec cPL and cortisol level to assess for occult disease may be considered. Omeprazole 1.0 mg/kg PO SID as needed in conjunction with canned novel protein or hydrolyzed diet trial may prove beneficial. Recheck sonogram is indicated if continued or progressive gastrointestinal signs are noted.



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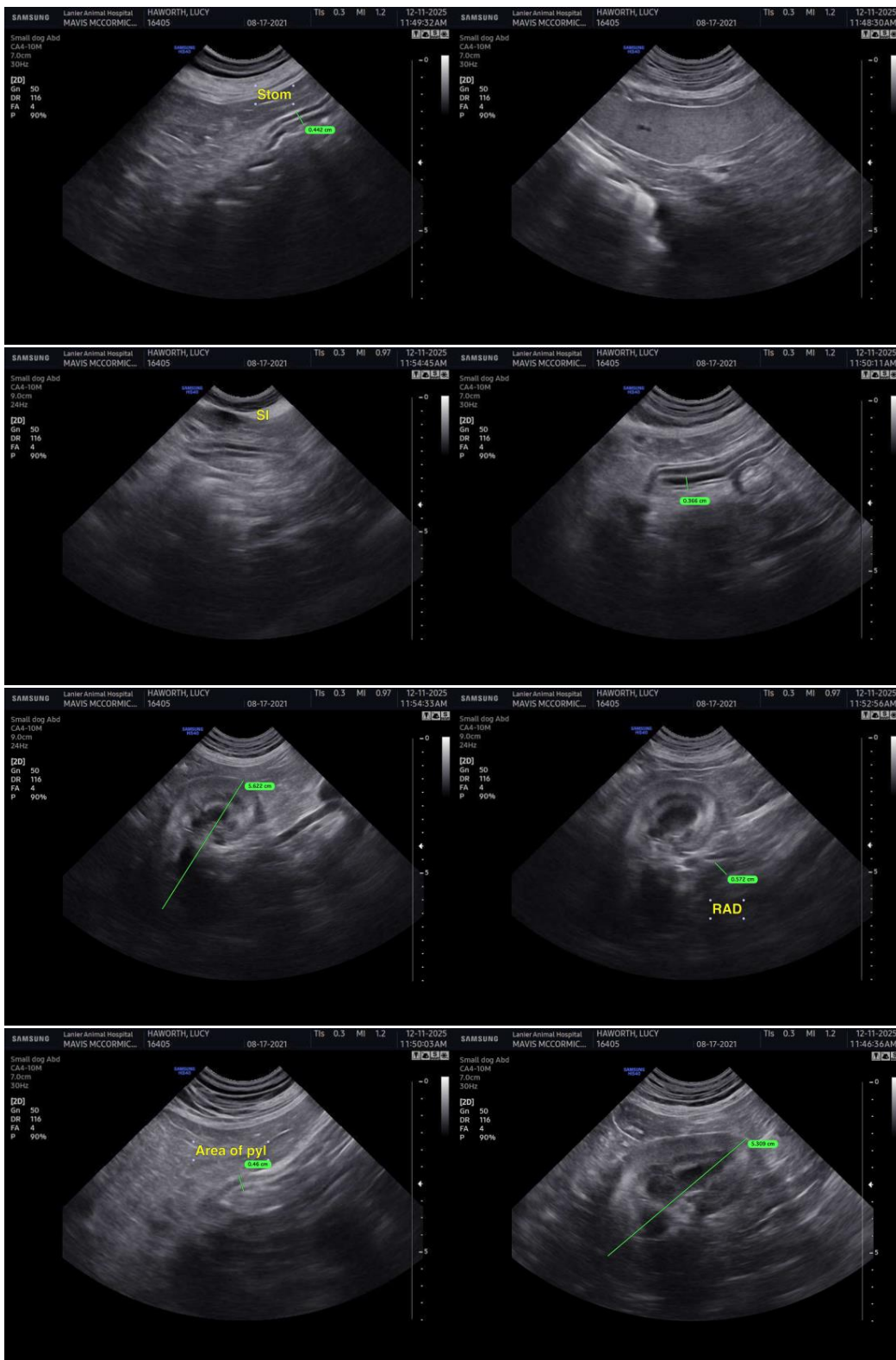
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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