



PATIENT

Bear Rider

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

34.6

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Craig Seyler

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Craig Seyler

INVOICE

12862

DATE

12/30/25

PRESENTING CLINICAL SIGNS

General Appearance: Lethargic Hydration: Moderate dehydration Oral Cavity: Abnormal: Tacky MM, blood clots R lateral commissure Integument: Abnormal: Generalized pruritis, 2cm SQ mass R lateral thorax Vomiting r/o dietary indiscretion, gastrointestinal foreign body, infectious (viral, bacterial, parasitic), pancreatitis, toxin, systemic/metabolic disease, inflammatory/IBD, neoplasia.

Abnormal PE/Chem/CBC/UA Results: CBC - Plt 69k, Chem10 - unremarkable cit-PT - 14s (N)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate mild to moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No obvious pathology in the area of the residual prostate.

The area of the aortic trifurcation was 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 right kidney measured 7.1 cm in length. The left kidney was primarily visualized in the transverse plane.

Adrenal Glands

The left adrenal gland was flattened in appearance with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized exhibiting subjective normal to borderline flattened appearance The right adrenal gland measured 0.46 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

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



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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic to echogenic fluid. Gastric body wall measured 0.57 cm wall width.

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The small intestine presented intact mildly thickened wall exhibiting mild altered wall layer ratio owing to mildly thickened mucosa and muscularis layer. Mildly irregular luminal surface contour with mild primarily generalized intestinal ileus to the level of the colon. The duodenum wall measured 0.60 cm width. The jejunum wall measured 0.55 cm width.

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

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The pancreas base and right pancreas presented normal in size with mild asymmetrical contour and mild heterogeneous hyperechoic parenchyma compared to adjacent omentum.

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Free Abdomen

Mild peri-intestinal hyperechoic omentum. No obvious visualized significant mesenteric lymphadenopathy or peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Acute gastroenteropathy exhibiting moderate gastric and mild primarily generalized intestinal ileus.
- Heterogeneous mildly hyperechoic pancreas.
- Subjective borderline to mild subnormal bilateral adrenal glands.
- Urine sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, infectious gastroenteritis, enterotoxin, acute inflammatory bowel or IBD, occult Addison's disease, occult neoplasia, mild to chronic pancreatitis are all potentials. No overt or definitive evidence of gastrointestinal foreign body or mechanical obstructive pattern. Screening cortisol level with consideration for a GI panel to include PLI, TLI, cobalamin and folate is recommended. Initial gastrointestinal support with clinical monitoring and sonographic reassessment if nonresponsive or progressive gastrointestinal signs would be reasonable. A definitive diagnosis may require gastrointestinal biopsies for histopathology.

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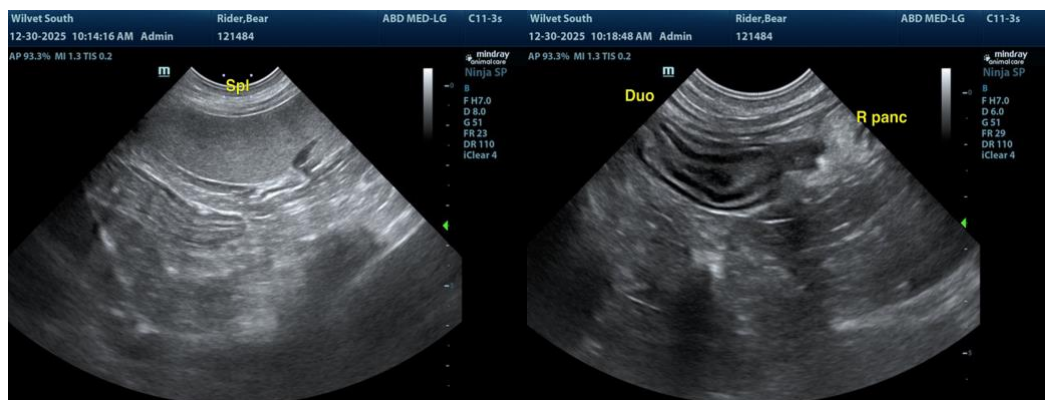
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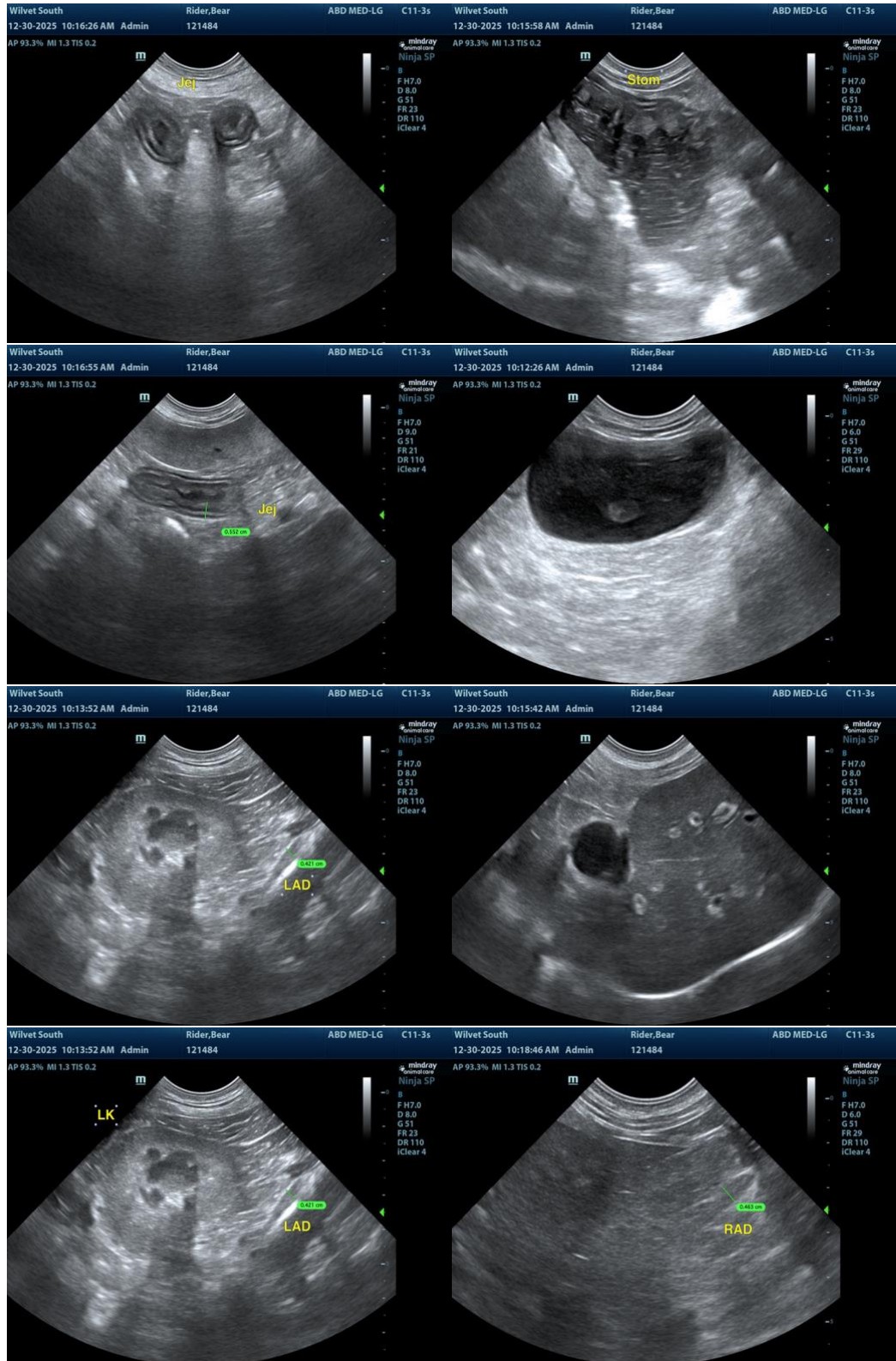
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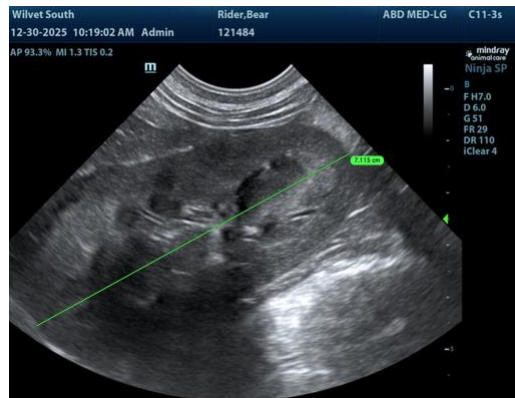
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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