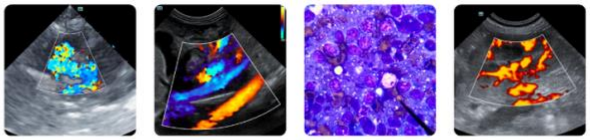


PATIENT

Rocky Hones-Puskar

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

6

WEIGHT

31 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Justin Freeby

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Ashley Tichy

INVOICE

12559

DATE

12/04/25

PRESENTING CLINICAL SIGNS

Signalment: 6yo male neutered canine Presenting Complaint: Rocky presents for vomiting over the past week Patient History: Vomiting started Wednesday Vomited Wednesday, Thursday, Friday Switched to bland diet (chicken and rice) Saturday and Sunday with resolution Vomiting resumed Monday when returned to regular food Currently back on chicken and rice with no vomiting since Monday, last ate this morning around 8 am History of sensitive stomach, maintained on sensitive stomach food Lives with another dog (puppy on different food) who remains healthy Lethargy - sleeping more during the day than usual but still playing and walking Drooling and burping more than usual Normal water consumption Access to fenced backyard O reports he did not eat any FB or abnormal food, they are usually strict with his diet because he has a sensitive stomach

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/UA/Lipase all WNL TPR WNL PE WNL Radiographs: Radiographic findings: Lateral and ventral dorsal views of the abdomen were sent for evaluation. Adequate serosal detail is noted. Liver, spleen, kidneys, and urinary bladder all appear normal with regard size and shape. An oval shape soft tissue opacity is noted caudal to the urinary bladder cranial to the pelvic canal. It's located in the area where the prostate would sit. Stomach has a moderate amount of soft tissue material within the lumen. This may represent ingesta or perhaps radiolucent foreign material. Small intestines are uniform in size and distribution. Some formed feces is noted within the lumen of the colon. No radiopaque foreign bodies or obvious signs of obstruction is seen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. The urinary bladder was nondistended with urine. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of tumors or calculi.

The residual prostate was sonographically normal measuring 1.3 cm in diameter.

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 left kidney measured 6.4 cm in length. The right kidney measured 6.6 cm in length.

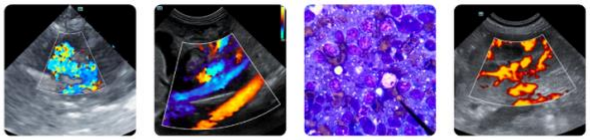
Adrenal Glands

The left adrenal gland was subjective subnormal in size with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.47 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 0.72 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.



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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 moderate congealed nonorganized cranial lumen biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta (consistent with food echogenicity) without evidence of obstruction to pyloric outflow. Gastric body wall measured 0.55 cm wall 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. The ileocolic junction was normal. The duodenum wall measured 0.65 cm width. The jejunum wall measured 0.49 cm width.

Normal visible colon wall layers were present with formed to semi formed fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal gastrointestinal tract with mild nonshadowing gastric ingesta.
- Normal area of pancreas.
- Sonographically normal residual prostate.
- Borderline subnormal left adrenal gland, normal right adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology. Dietary intolerance/food hypersensitivity given patient's history may be suspected. Screening cortisol level to rule out occult Addison's disease is suggested. Novel protein or hydrolyzed diet trial with possible long term dietary therapy and as needed gastroprotectant Omeprazole 1.0 mg/kg SID with clinical monitoring may prove beneficial. Recheck sonogram if progressive gastrointestinal signs.

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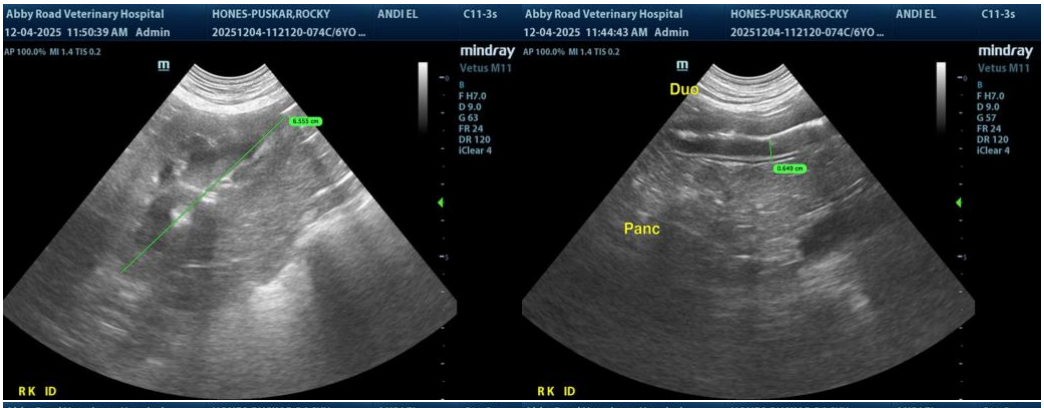

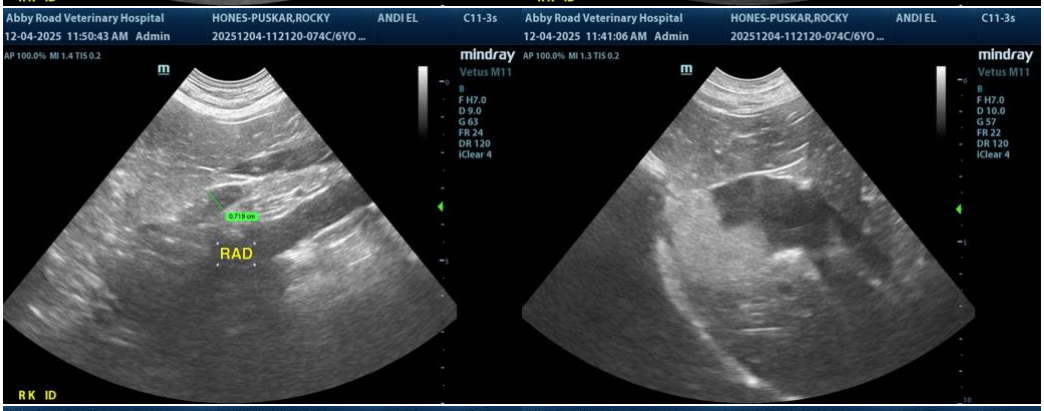

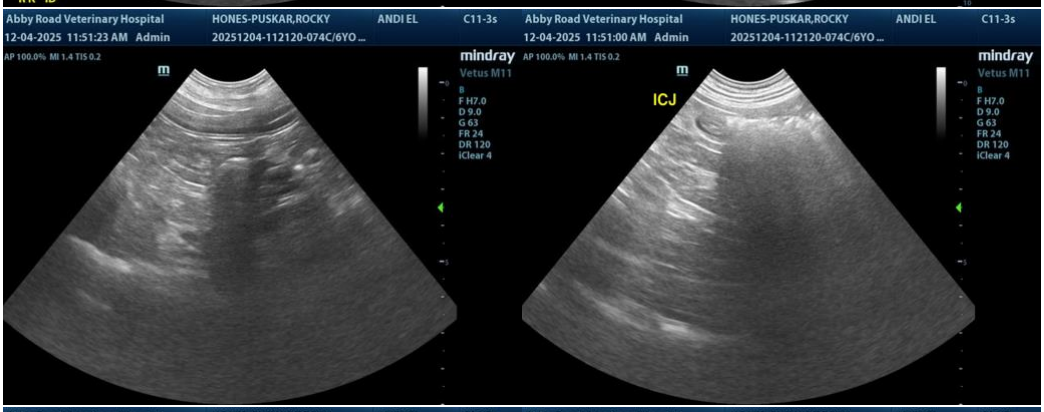

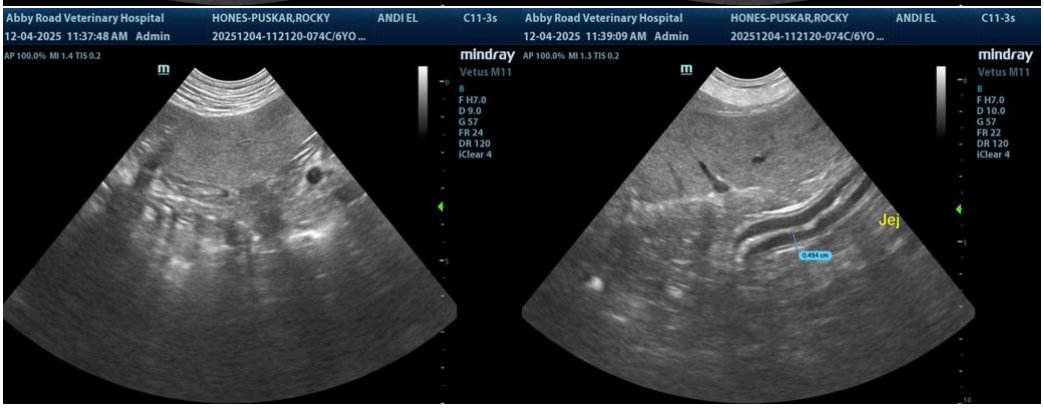

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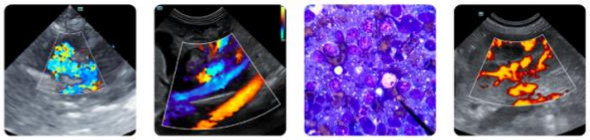

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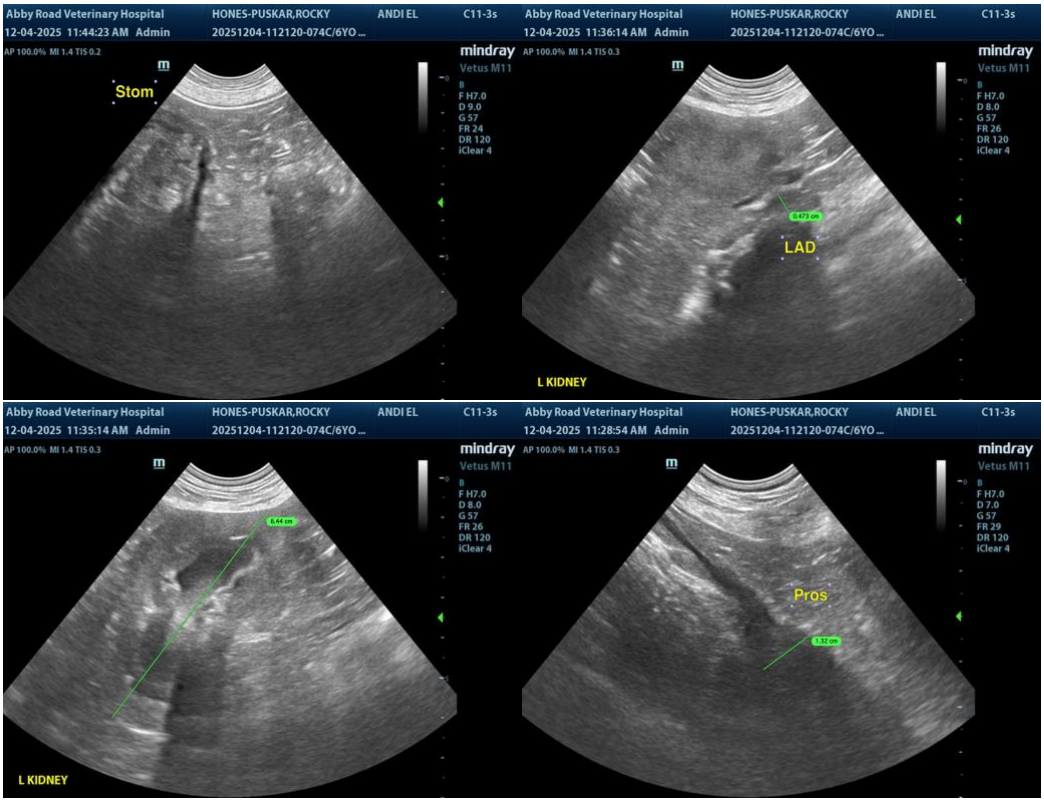

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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