



PATIENT

Gus Horiuchi

SPECIES

Canine

BREED

Cattle Dog

SEX

MN

AGE

8yr

WEIGHT

17kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Catherine Alexander
LVT

HOSPITAL NAME

NorthStar Veterinary
Sonography

REFERRING VET

Dr Hodge

INVOICE

23913

DATE

02/19/2026

PRESENTING CLINICAL SIGNS

- -decreased appetite, duration 24hr
- -vomiting up kibble
- -lethargy 24 hours
- -mild tacky MM and mild prolonged skin tent
- -possible firm distended loop of SI palpated in ventral mid-abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

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 6.3 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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. Solitary, non-capsule deforming non-homogenous mildly hyperechoic splenic nodule was present measuring 0.84 cm in diameter.

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. Normal vascular volume. 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 exhibited mild to moderate gas distention with overtly normal intact visible stomach wall. Stomach gas prohibited full evaluation of the gastric interior. Definitive evidence of obstruction to pyloric outflow was not obvious.

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The intestinal walls demonstrated overall intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Segmental, mild to variable intestinal ileus with concurrent segmental gas and non-specific hyperechoic ingesta was present. Concurrent empty intestinal segments to the level of the colon. An unspecified area of intestinal corrugation was present in the subjective mid to cranial abdomen.

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

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

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No peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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ULTRASONOGRAPHIC FINDINGS

Primary

- Gas distended stomach
- Segmental, mild to variable intestinal ileus containing segmental gas and hyperechoic content, concurrent empty small intestinal segments
- Normal area of pancreas.
- Intermittent mild mesenteric lymphadenopathy – consistent with benign criteria, i.e. mild reactive hyperplasia or lymphadenitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, infectious disease, enterotoxin, inflammatory bowel, mild pancreatitis which may present sonographically normal, occult parasitism, occult Addison's disease, less likely occult intestinal neoplasia, all potentials. However, the combination of segmental intestinal ileus and nonspecific shadowing content, segmental intestinal corrugation, and empty intestinal segments suggest a mild intestinal obstructive pattern in conjunction with patient clinical signs.

Once the patient is stable for anesthesia, exploratory laparotomy with gross inspection of the gastrointestinal tract and with intestinal biopsies considered essential despite exploratory findings is warranted.

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Hospitalization with rehydration, gastrointestinal support, document 12 hour fast, and sonographic

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reassessment of the gastrointestinal tract would also be reasonable.

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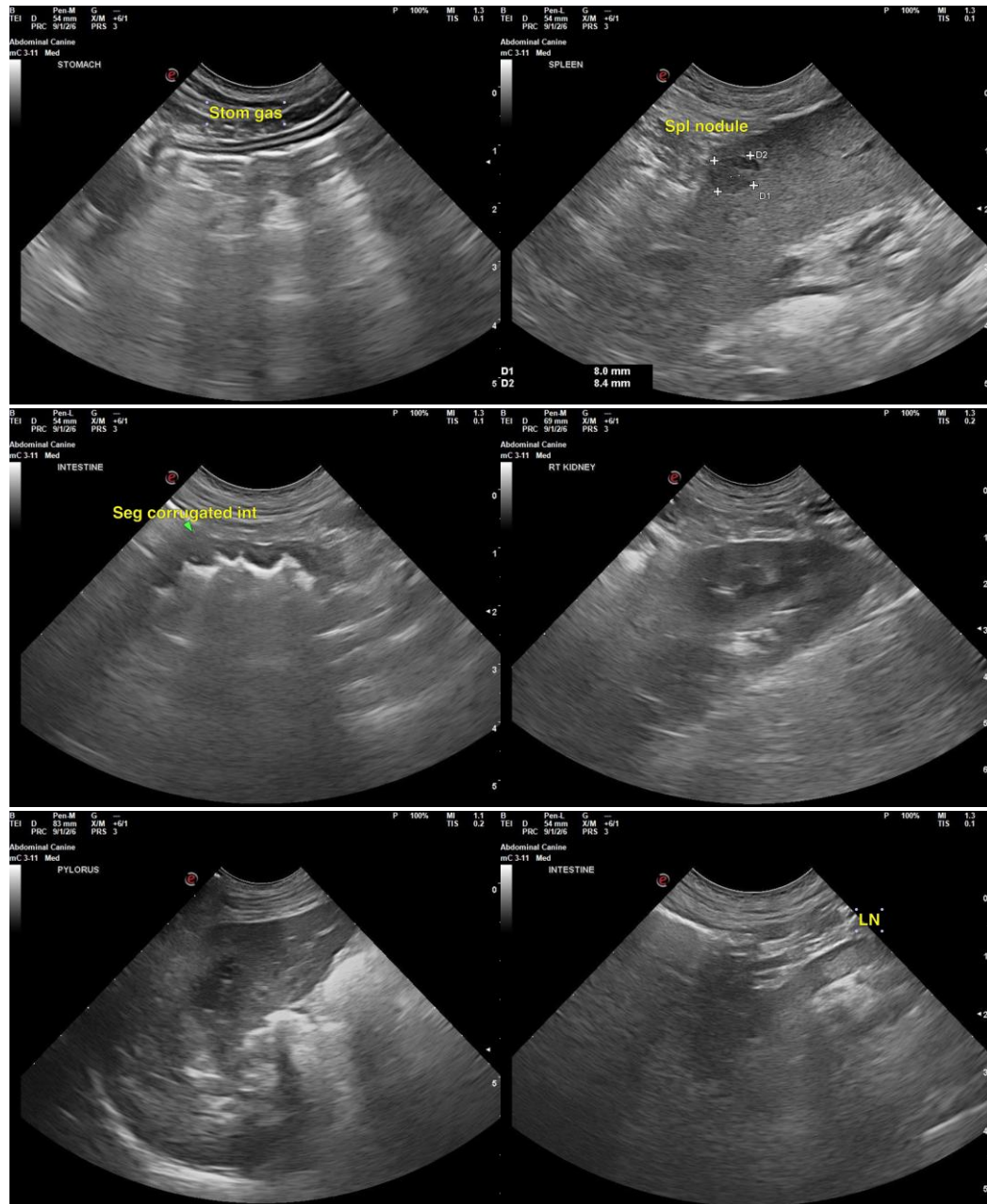
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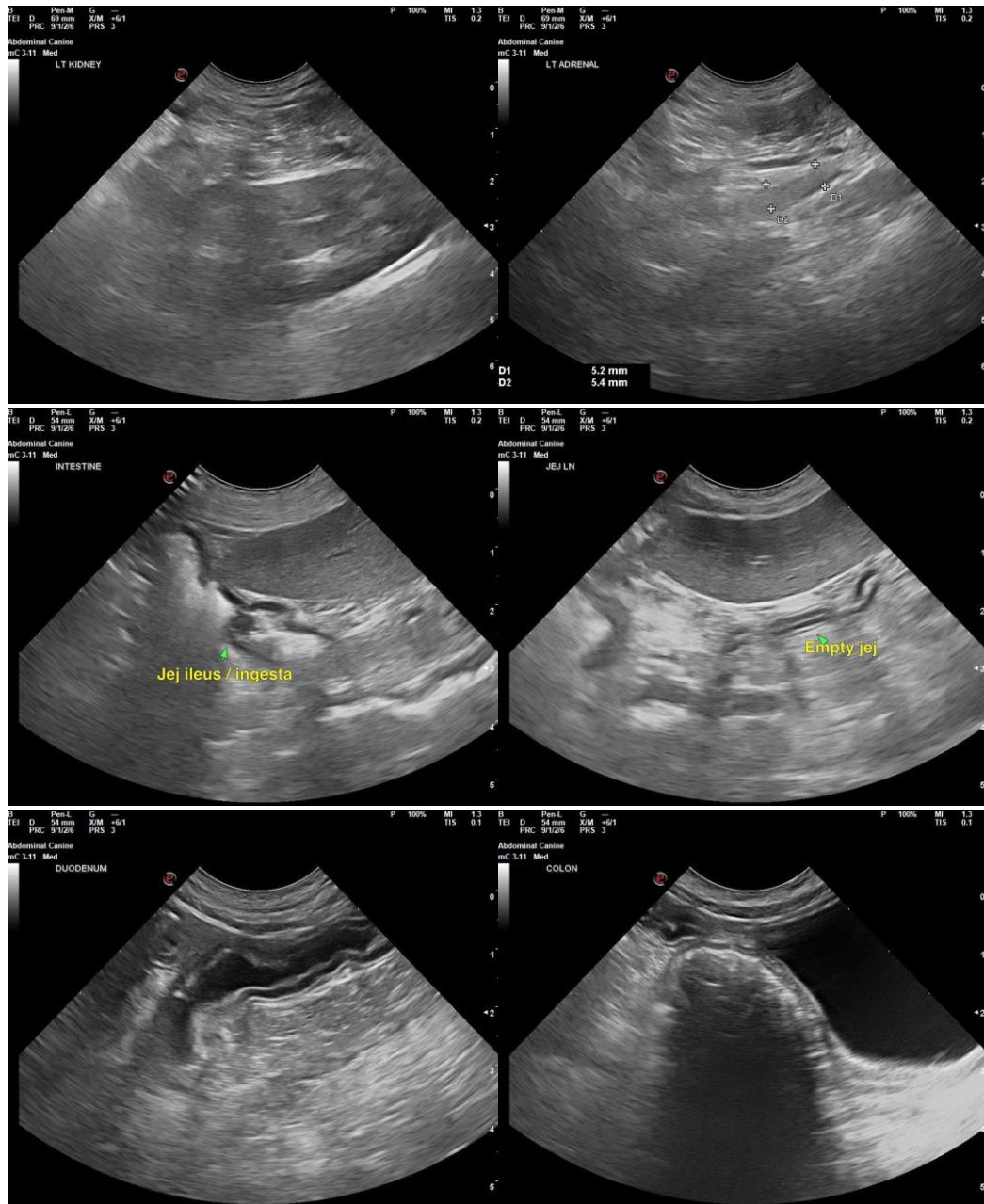
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@sonopath.com

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