



PATIENT

Henry Johnson

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

MN

3AGE

WEIGHT

40.5

PRESENTING CLINICAL SIGNS

- Weds pt had V+, D+ 2x yest, once this AM. Sm amt. V+ Thurs. Went to RDVM weds + Thurs, given cerenia and SQF both days. Last E tues around 5pm. Will take food but drops it after putting it in his mouth, acting nauseous (hard swallow, burping/urpey after putting food in mouth and dropping it). Still dr. Unknown what pt could have potentially E, nothing missing in the house.
- Symptoms: V+, D+, nausea, inappetance.
- Duration (Date & Time): Inappetance started Tues, V+ once on wednesday. D+ started Thurs.
- E/D/U/D: Not E, yes Dr. Ur normally. D+.
- V/D/C/S: V+ once, D+ for few days. No C/S
- Indoor/Outdoor/both: Both, does go to dog park
- Previous Medical Conditions: Prior hx of 2+ FB, will have occasional soft stool episodes, allergies, does get hotspots
- Current Medications: (dosage, how often, last time/dose given, why is the pt on this medication?): Benedryl 100mg BID last given Tues evening, loratidine 10mg SID last given Tues, simparica trio last given about 1 mo ago.
- Fortiflora daily
- Abnormal PE/Chem/CBC/UA Results: Hydration: Slightly dehydrated, Abdomen: Tense on palpation, not overtly painful. CBC: Hct 47.1%, WBC 20.79k (H), Neut 14.72k (H), Mono 2.64k (H), rest WNL. Chem10, Iytes: All WNL LAC: 1.2 (N) UA (free catch): amber, cloudy urine. USG 1.036, pH 7.0, Glu 50, Bld 25, sediment NSF. Giardia SNAP: Negative Imagyst Giardia: Negative, no parasites seen. Fecal direct: No fluke ova seen. Cortisol: 5.9 (NOT consistent with Addison's)

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Laura Bennett

INVOICE 24039

DATE
02/28/2026

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 7.0 cm in length. The right kidney measured 8.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland was not definitively visualized.

Spleen



PATIENT

Henry Johnson

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

MN

AGE

WEIGHT

40.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Laura Bennett

INVOICE
24039

DATE
02/28/2026

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/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 mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with lumen gas and no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

The visualized colon exhibited normal intact wall layering and semi-formed to soft fecal matter.

Pancreas

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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastroenteritis pattern, mild segmental intestinal ileus
- Normal area of pancreas

Secondary

- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt obstructive pattern secondary to foreign body, stricture given patient history or other pathology. Dietary intolerance, infectious disease, dysbiosis, enterotoxin, inflammatory bowel disease, mild pancreatitis, occult parasitism despite fecal testing possible. Gastrointestinal support is recommended with clinical monitoring and recheck ultrasound is nonresponsive or progressive GI signs. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.



PATIENT

Henry Johnson

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

MN

AGE

WEIGHT

40.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

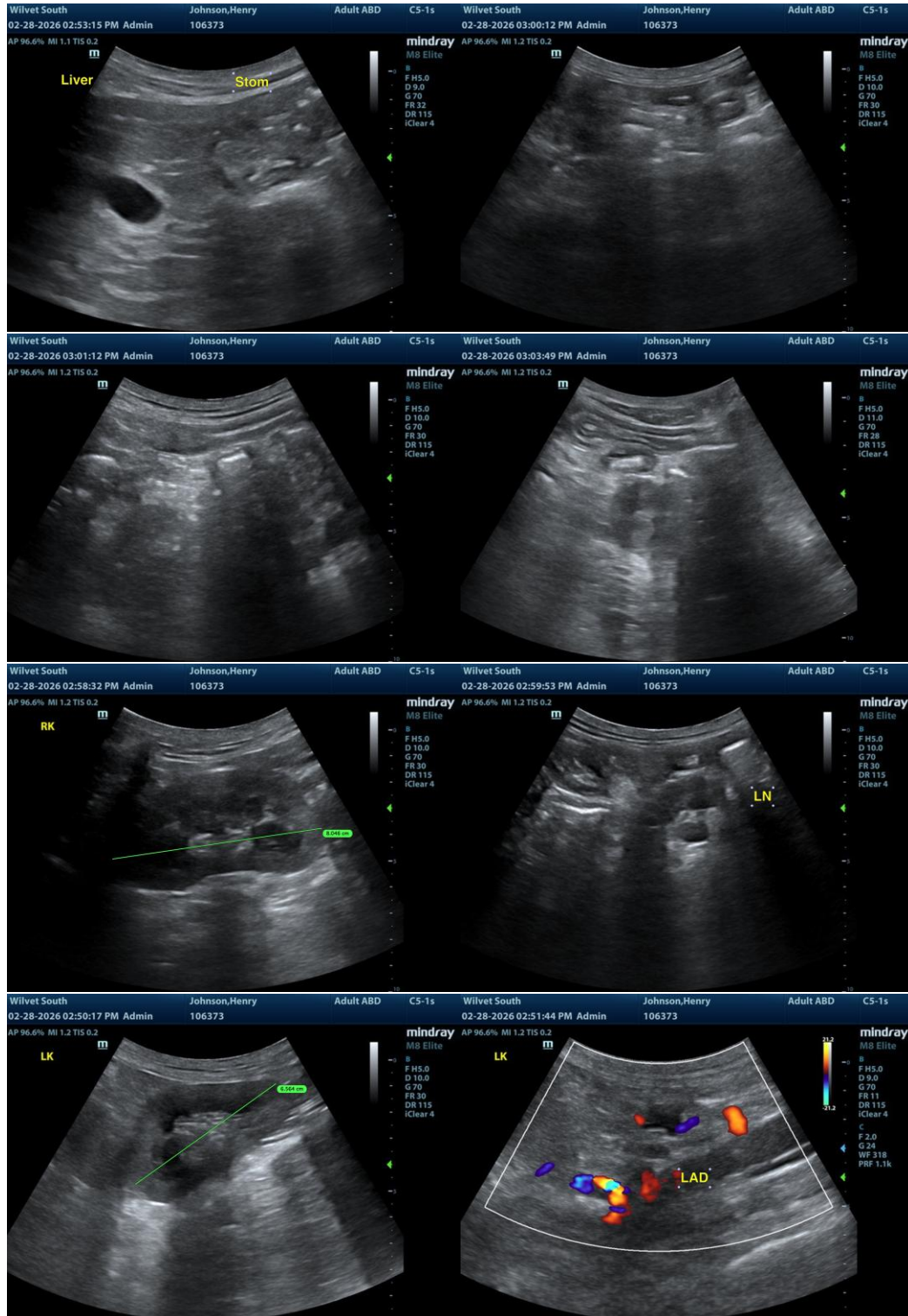
Laura Bennett

INVOICE

24039

DATE

02/28/2026





PATIENT

Henry Johnson

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

MN

3AGE

WEIGHT

40.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura Bennett

HOSPITAL NAME

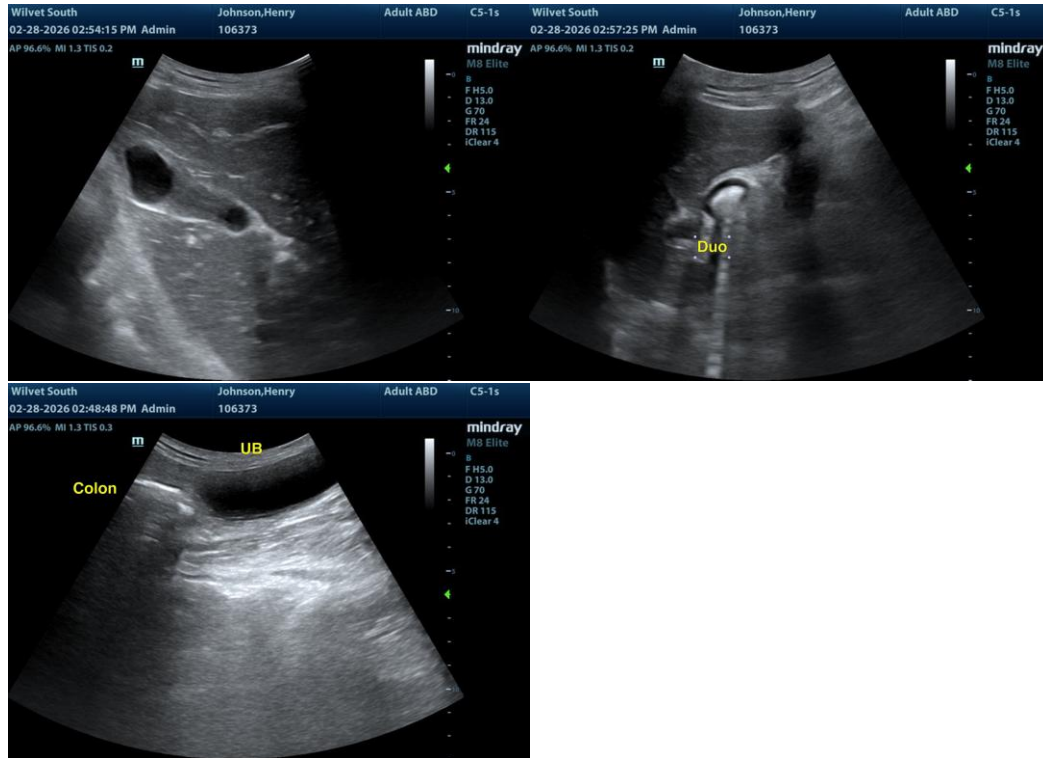
Wilvet South

REFERRING VET

Laura Bennett

INVOICE
24039

DATE
02/28/2026



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