



PATIENT

Oakley Arbuckle

SPECIES

Canine

BREED

Bulldog

SEX

FS

AGE

1 yrs

WEIGHT

52 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

10614

DATE

2/4/26

PRESENTING CLINICAL SIGNS

History:

- Clinical Exam Findings: Intermittent vomiting, history of eating things but no known objects ingested at this time.
- ABNORMAL Labwork Values, NSF
- Current Medications, none. Radiographic Findings-will be sending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No evidence of pathology in the area of the aortic trifurcation.

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 5.9 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 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 0.63 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/ 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.



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Gastrointestinal

The stomach presented a mild to variably thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid without evidence of foreign material. There was no obstruction to pyloric outflow. The gastric body wall width measured 0.58 cm. The pylorus wall width measured 0.67 cm.

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.

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

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened hypomotile stomach
- Normal empty small intestine
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of mechanical gastrointestinal obstruction or foreign body. The stomach is suggestive of hypomotile gastritis criteria with inflammatory or infectious (helicobacter) etiologies possible. There is no overt evidence of gastric neoplastic criteria, which is considered less likely. A canned hydrolyzed diet with as-needed gastroprotectant Omeprazole 1.0 mg/kg SID and avoidance of dry food +/- empirical coverage for helicobacter over the next 10-14 days with clinical monitoring may prove beneficial. Screening cortisol level is suggested, although occult Addison's Disease is considered less likely, given the normal adrenal glands. Upper gastrointestinal endoscopy may be indicated if non-responsive or progressive upper gastrointestinal signs are present.



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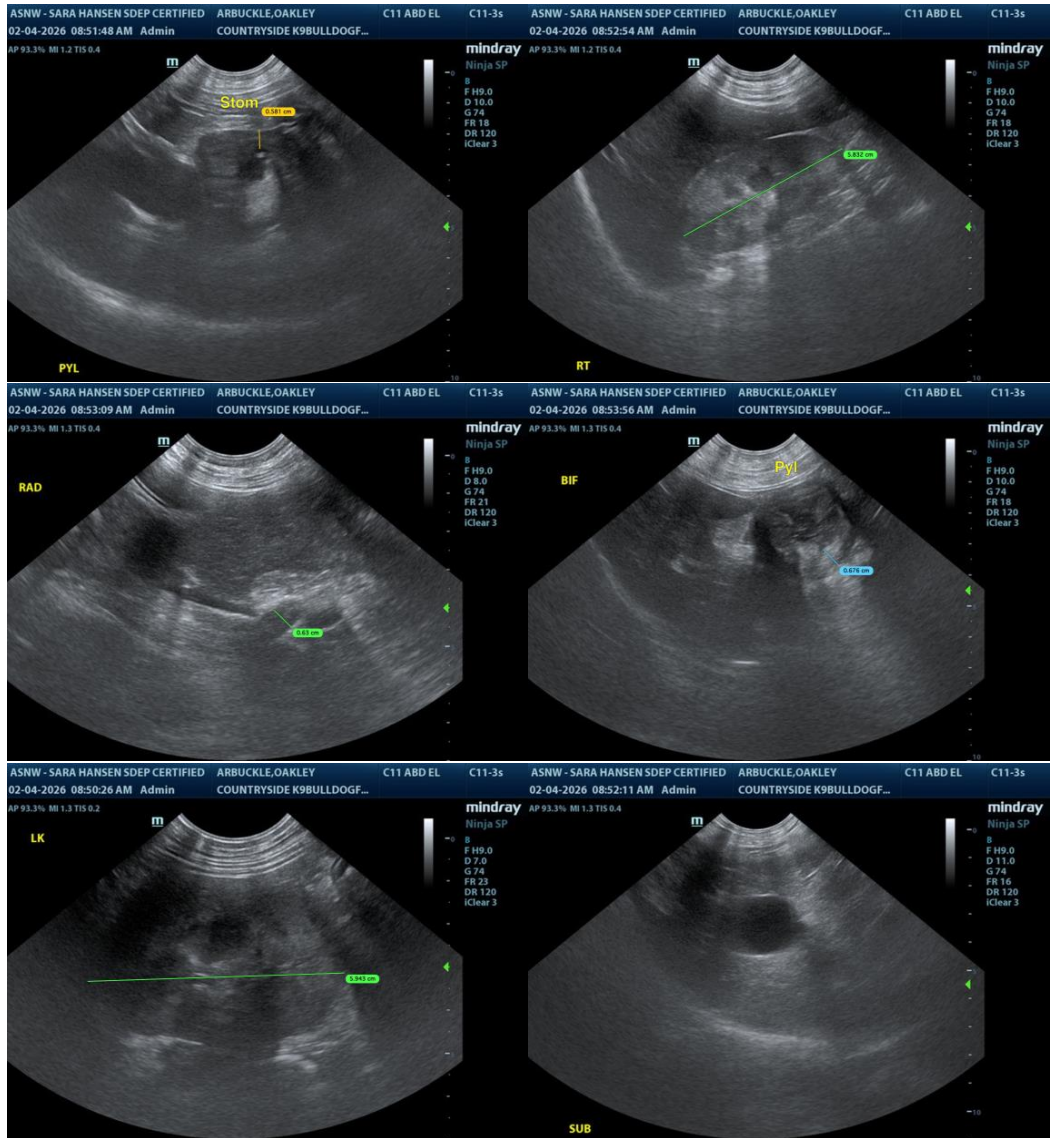
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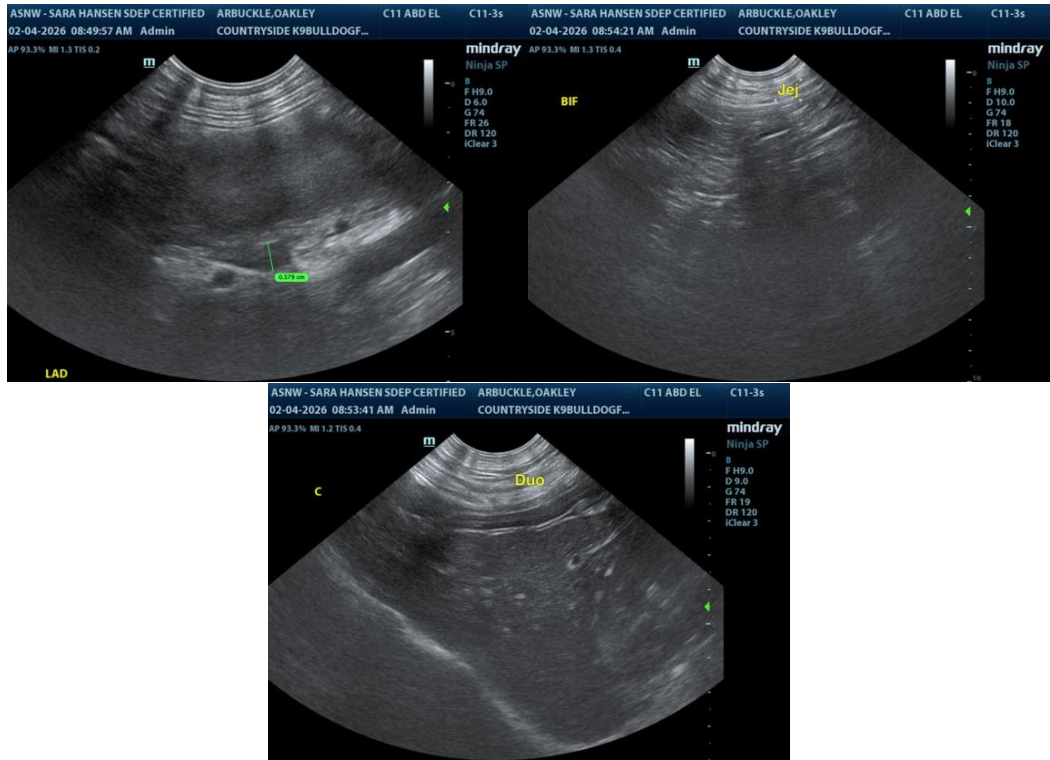
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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