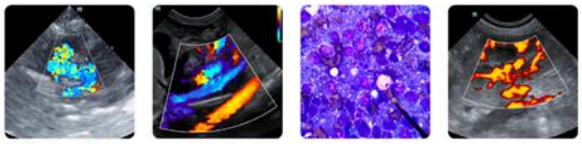




**PATIENT**

Tatonka Johnson

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

FS

**AGE**

8yr

**WEIGHT**

33.5kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Burns

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Sarah Burns

**INVOICE**
23807

**DATE**
02/05/2026

## PRESENTING CLINICAL SIGNS

- Pt was seen two weeks ago for v+
- seemingly r/s with rx tgh
- -new issue arose post discharge (d+) due to change in diet without proper transition period,(Hills Z/D) currently d+ has resolved
- V+ returned over last several days, w/ increased effort of retching and heaving
- Production is observed to be yellow, thick(seemingly with undigested food)
- TODAY: V+ x 5-6 times
- is concerned this may be related to UTI issue that may not have resolved
- 2 rounds of ABX (during the second round o states pt was not given anti-nausea and believes this could be related to current issue)

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 47 (N), WBC 11.72 (N), Neut 8.37 (N), Lymph 1.72 (N), Mono 8.37 (N), Plt395 (N) Chem: all values WNL cPL:125 (N) EPOC: Lac 4.45 (H), remainder WNL USG > 1.050, pH 9.0 (H), Protein 100 mg/dl, glucose/ketones/bilirubin negative, WBC 2/hpf, RBC 3/hpf, no bacteria detected, no crystals detected 1. vomiting- r/o primary GI(foreign body, dietary indiscretion, parasitic, infectious, inflammatory) vs. extra-GI (pancreatitis, hepatic/renal disease, addisons, neoplasia, medication/plant/toxin ingestion) 2. previous UTI- unknown if resolved

## 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 6.7 cm in length. The right kidney measured 6.7 cm in length.

The area of the aortic trifurcation was free of pathology.

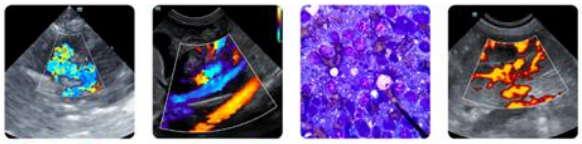
### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### *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*





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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*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained echogenic fluid and chyme along with mild lumen gas. No evidence of obstruction to pyloric outflow or shadowing content.

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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with gas distention.

### *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

- Non-obstructive, mild hypomotile stomach with retained echogenic fluid / chyme
- Normal empty small intestine
- Normal area of pancreas.
- Gas distended colon

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical upper to generalized gastrointestinal obstruction. Gastrointestinal support is indicated. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Recheck sonogram recommended if non-responsive or progressive gastrointestinal signs.

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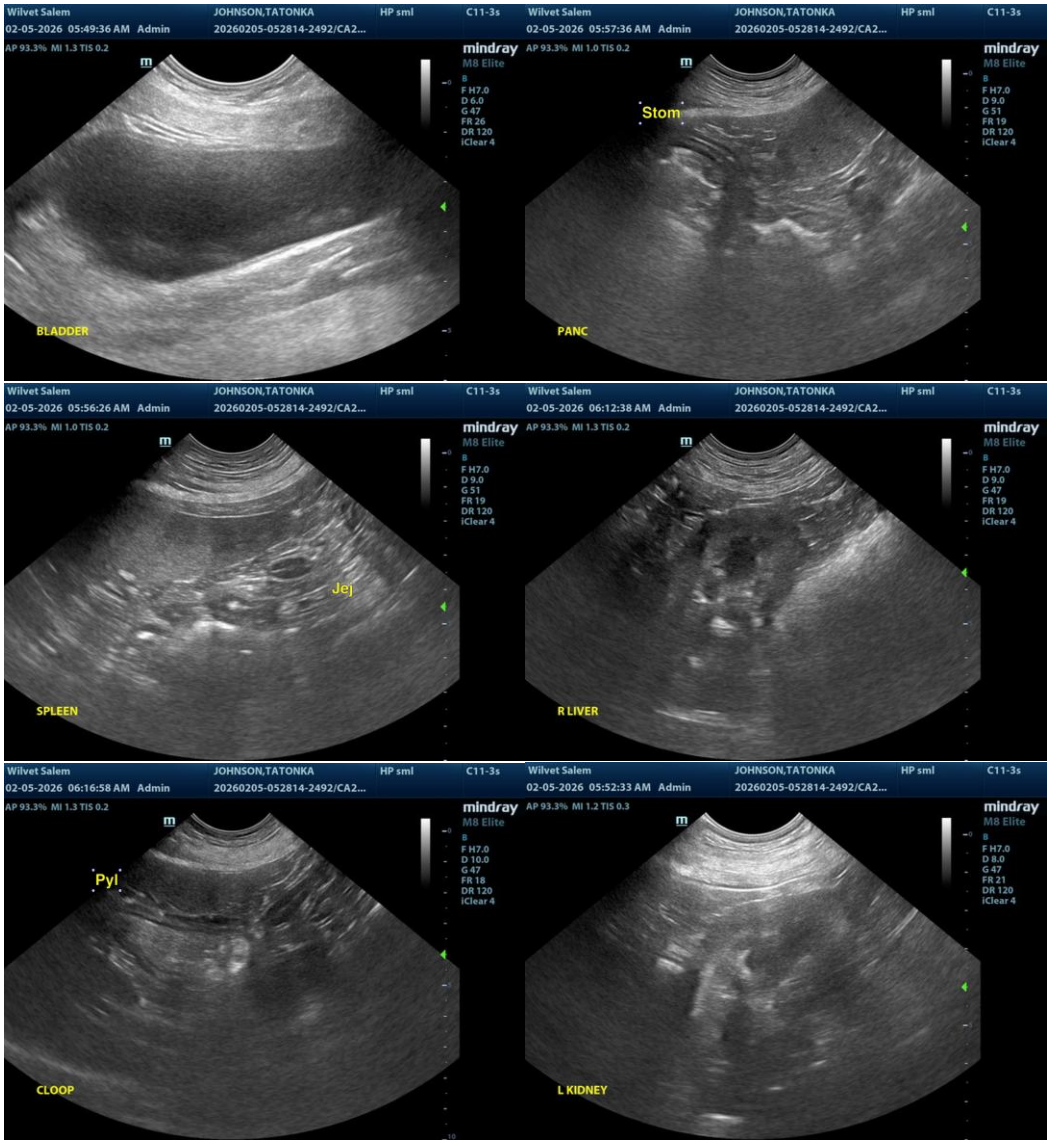

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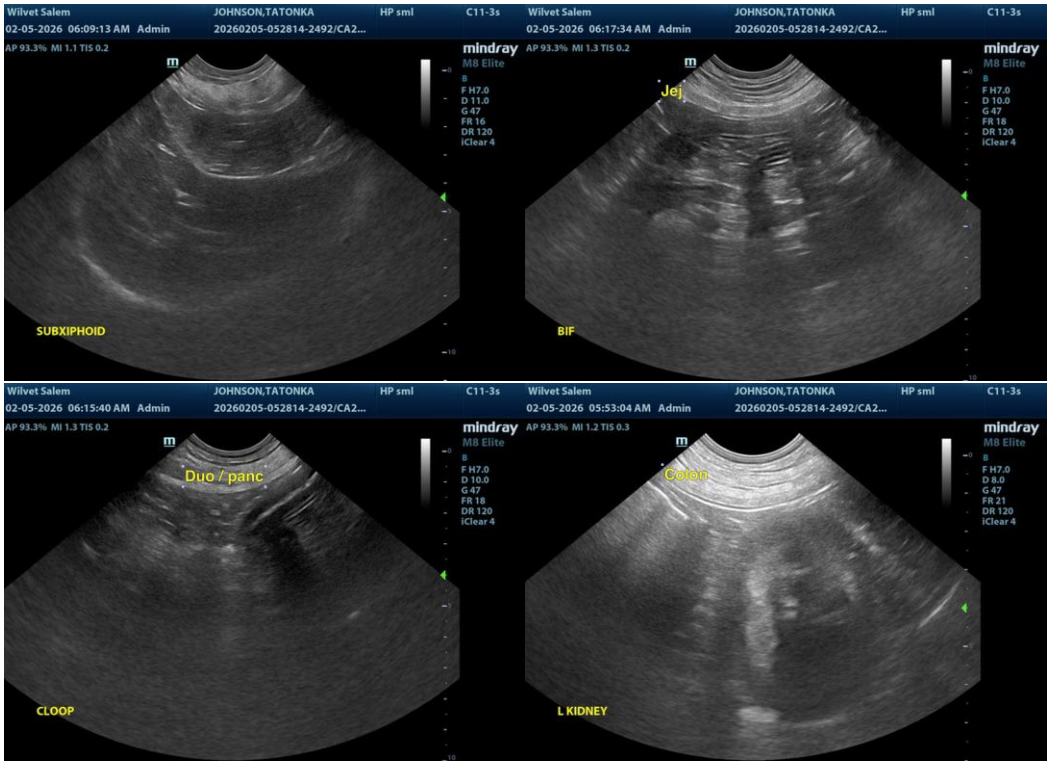


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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