



PATIENT

Dallas Sommers

SPECIES

Canine

BREED

Border Collie

SEX

MN

AGE

12yr

WEIGHT

66lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Tracy Nyberg DVM

HOSPITAL NAME

Stuga North Veterinary
Care

REFERRING VET

Tracy Nyberg DVM

INVOICE

23840

DATE

02/09/2026

PRESENTING CLINICAL SIGNS

- Acute vomiting over the last 24 hours
- History of abdominal discomfort
- Abnormal PE/Chem/CBC/UA Results: ALP elevated.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A mildly expansive, thinly walled medial right kidney cyst was present measuring 4.2 cm diameter, containing anechoic fluid. The left kidney measured 6.2 cm in length. The right kidney measured 7.1 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 uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 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 0.60 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 presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented thickened hypoechoic wall, exhibiting indistinct mural detail. The stomach was non-distended containing lumen gas and minor retained fluid. No evidence of shadowing content or obstruction to pyloric outflow. The stomach wall measured 1.3 cm in 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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No visualized overt lymphadenopathy or peritoneal effusion was present.

Minor perigastric hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

Primary

- Thickened, mildly hypomotile stomach- inflammation, edema, possible gastric neoplasia, all potentials
- Benign hepatopathy pattern- suggestive of reactive / vacuolar hepatopathy criteria
- Mild gallbladder debris (non-mucocele)
- Normal empty small intestine
- Chronic renal changes with right kidney cyst
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empirical therapy for acute gastritis, including gastroprotectants +/- coverage for helicobacter with clinical and sonographic monitoring would be reasonable. A spec CPL could be considered to assess for mild or chronic pancreatitis as a contributing factor. Although considered less likely, screening cortisol level to rule out occult Addison's disease may be considered.

Sonographic monitoring indicated if non-responsive or continued gastrointestinal signs for evidence of persistent or progressive gastric wall thickening and ileus with upper gastrointestinal biopsies indicated if present.

No evidence of gastrointestinal obstruction or foreign material.



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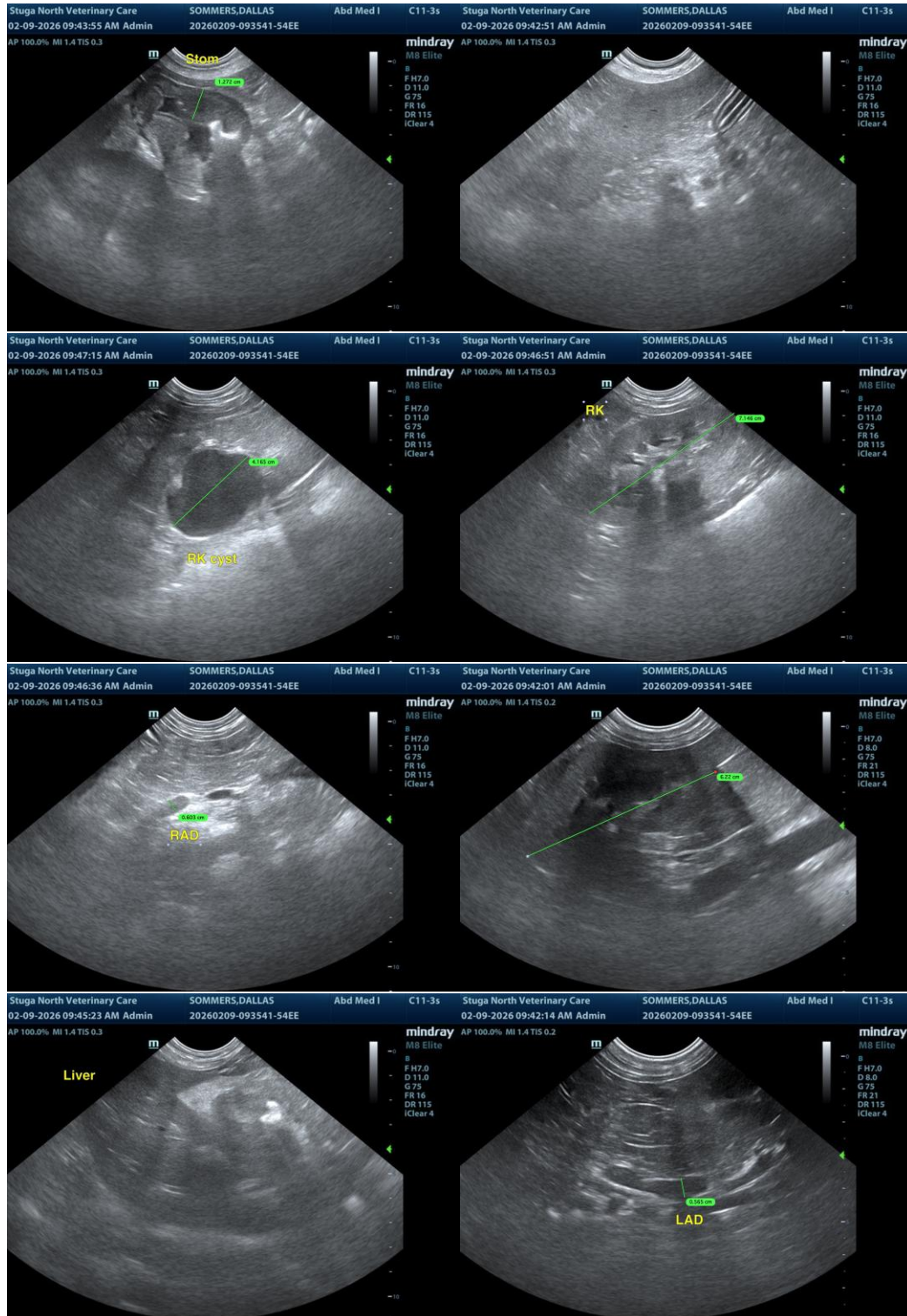
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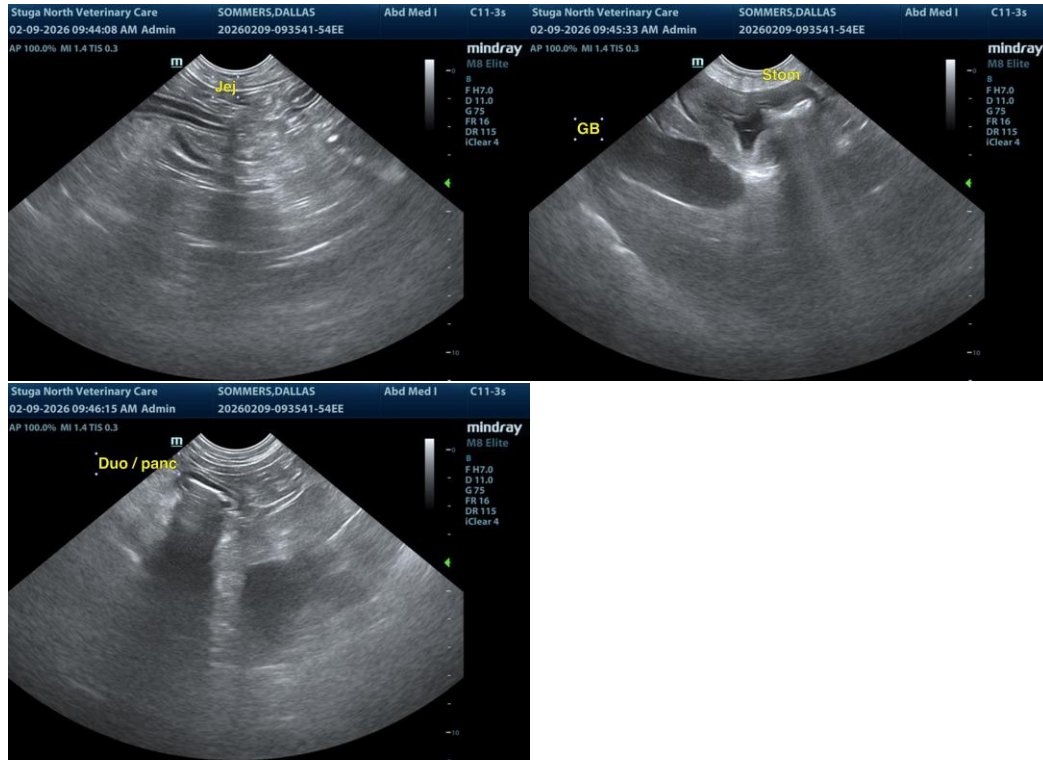
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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