



PATIENT

Lapua Privratsky

SPECIES

Canine

BREED

Boxer

SEX

Intact Female

AGE

7 Months

WEIGHT

41 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine / Feline
Practice)

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

36084

DATE

3/3/26

PRESENTING CLINICAL SIGNS

History: Diarrhea and vomiting blood work is okay

Abnormal PE/Chem/CBC/UA Results: Labs performed at rDVM: Mild to moderate dehydration Rads performed at rDVM: Gas pockets in the colon fluid-filled small intestine small stomach.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly subnormal in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No obvious pathology in the area of the uterus or bilateral ovaries.

Normal size and margination was 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 7.2 cm in length. The right kidney measured 6.9 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 0.42 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized, overtly normal in size, position, and shape. The right adrenal gland measured 0.47 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

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.

Gastrointestinal

The stomach presented normal intact wall layering. The stomach was nondistended containing a mild amount of variably echogenic fluid, chyme, and mild gas. No evidence of obstruction to pyloric outflow.



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The small intestine presented intact wall layering with overall maintained wall layer ratio. Mildly prominent duodenum and segmental jejunum wall were noted with mild duodenal and segmental jejunal corrugation. The intestinal lumen was primarily empty without obstructive pattern, with segmental gas to the level of the colon.

Normal visible colon wall layers were present with semi-formed to soft fecal matter 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 was evident.

Free Abdomen

Intermittent mild to variably enlarged symmetric homogenous mesenteric and medial iliac lymph nodes were noted. An example of lymph node measured 3.5 cm x 1.48 cm. Scant caudal abdomen effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile stomach, containing mild retained chyme, fluid, and gas.
- Enteropathy, exhibiting generalized empty intestinal lumen, mild duodenal and segmental jejunal corrugation- suggestive of duodenal and segmental jejunal spasming.
- Semi-formed soft fecal matter in colon.
- Intermittent, mild to variable mesenteric/medial iliac lymphadenopathy- hyperplasia, lymphadenitis or immunologic immaturity favored.
- Scant caudal abdomen free fluid- suspect physiologic free fluid, given patient age.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion/intolerance, infectious disease, dysbiosis, enterotoxin, acute inflammatory bowel, occult parasitism, occult Addison's disease all possible. No obvious mechanical gastrointestinal obstruction or foreign material. Gastrointestinal support is recommended with clinical monitoring. A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended. Sonographic reassessment is recommended if non-responsive or progressive gastrointestinal signs.



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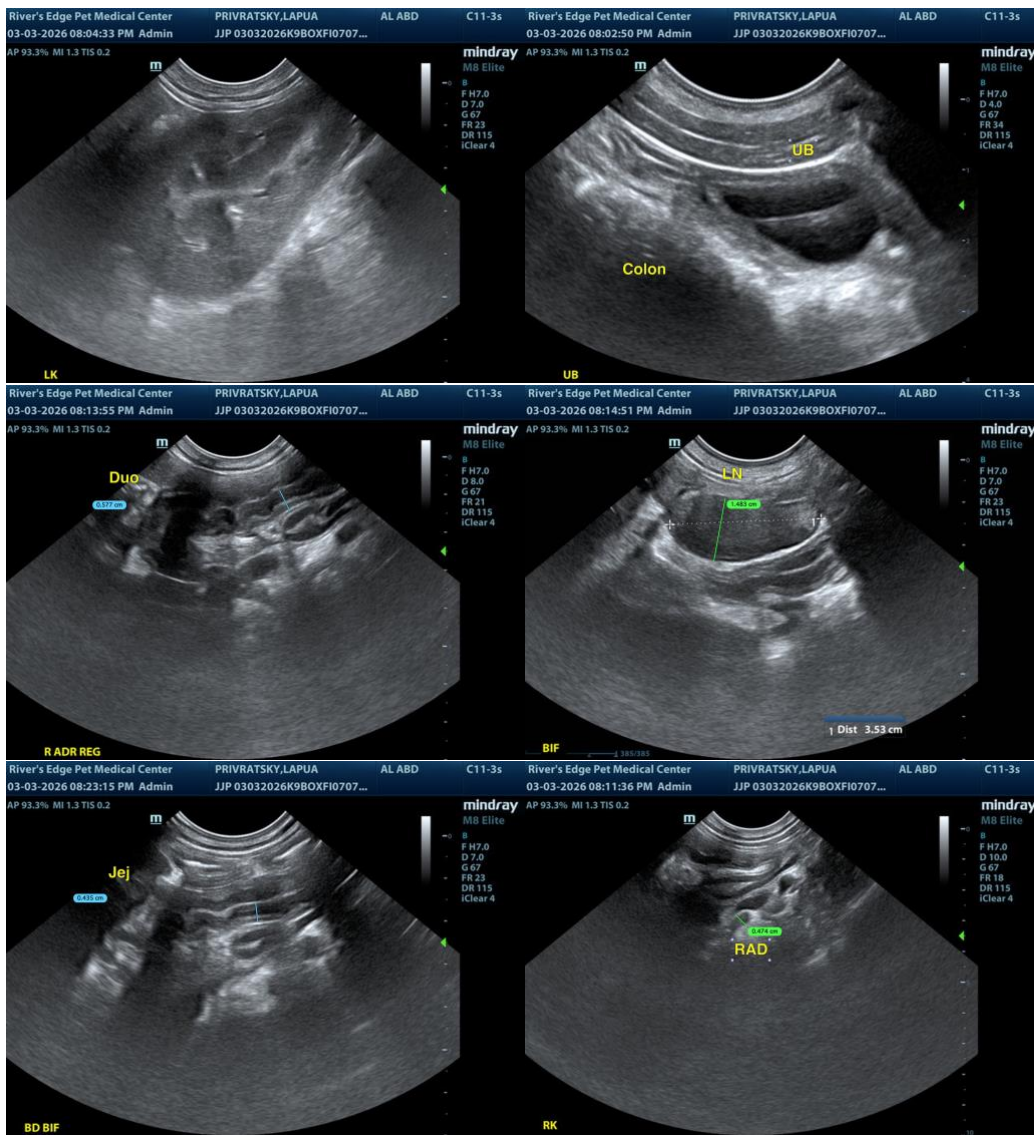
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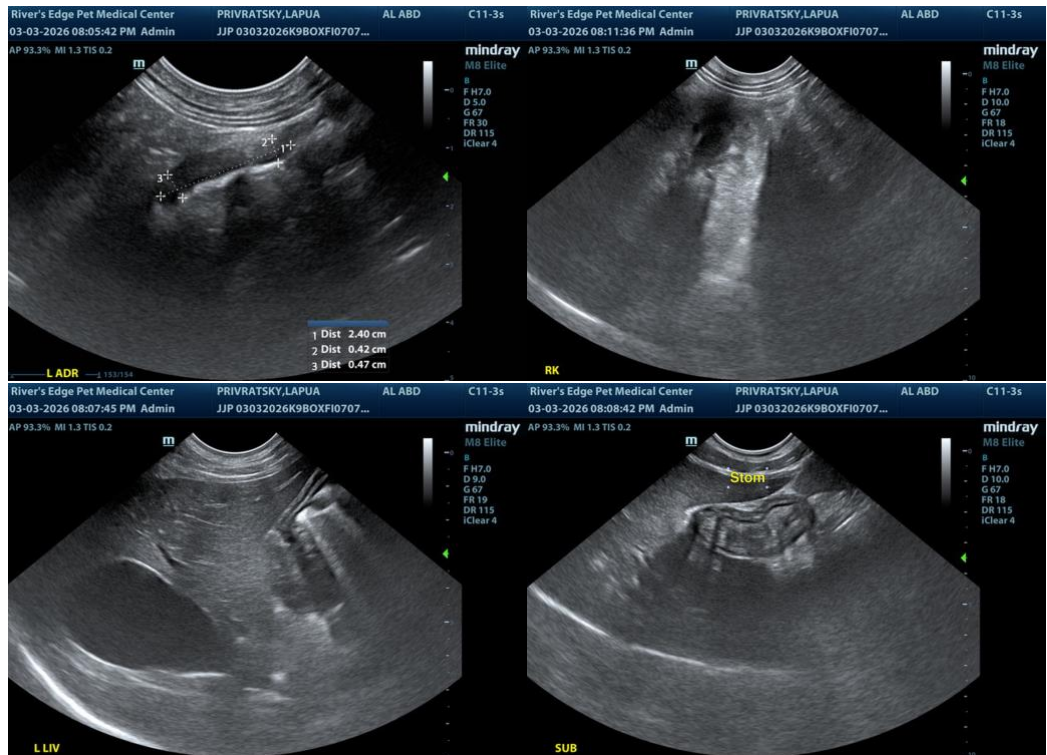
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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