



PATIENT

Bow Broadhurst

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

8yr

WEIGHT

84.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Karla Schultz

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Karla Schultz

INVOICE

24509

DATE

04/14/2026

PRESENTING CLINICAL SIGNS

History of a sensitive stomach - food related. Started vomiting 1-2x a day about a month ago, self resolved for two weeks, then presented to ER for vomiting, diarrhea/melena, inappetence. CBC/chem/pli was normal. Each time he has been examined he has been tense in his cranial abdomen. Started on maropitant, sucralfate, omeprazole, ondansetron.

Seen 4/9 at our clinic- diarrhea persistent but melena resolved. Inappetence improving but not perfect. Eating a bland diet. Had lost 5# since his visit 3 weeks prior. Seemed a little lower energy than he had been. Was hydrated at the time. Afebrile.

Owner reports on 4/10 that his appetite is worse and is not able to take psyllium husk - now restarting him on cerenia (appetite worsened when they ran out), and starting metronidazole, and entyce.

Continuing ondansetron, omeprazole, sucralfate. Owners notice the biggest improvement with sucralfate

At presentation 4/14, marked improvement in p's demeanor, appetite, and diarrhea has resolved, no more vomiting. Only abnormality on exam is tenseness on cranial abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: PE: tense on abdominal palpation CBC/chem: WNL (no stress leukogram, normal electrolytes) pending tests: cortisol, TLI, cobalamin/folate

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 6.4 cm in length. The right kidney measured 6.4 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 0.66 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 0.69 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



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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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly thickened wall. The stomach contained a mild amount of retained fluid without evidence of obstruction to pyloric outflow. The gastric body wall measured 0.58 cm in width. The pylorus wall measured 0.62 cm in width.

The small intestine presented intact wall layering exhibiting borderline mild thickened duodenum wall measuring 0.66 cm in width. Non-thickened jejunal wall measured 0.33 cm in width. Mild non-obstructive segmental duodenojejunal ileus was present.

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 was evident.

Free Abdomen

No evidence of peritoneal effusion was present.

Focal to intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.5 cm x 0.53 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Intact mildly thickened stomach and duodenum with mild retained gastric fluid and non-obstructive duodenojejunal ileus
- Normal area of pancreas
- Current formed fecal matter in colon
- Focal to intermittent mild mesenteric lymphadenopathy - suggestive of mild reactive hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the gastrointestinal tract suggests non-specific potentially resolving



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inflammatory criteria given intact gastrointestinal wall layering and mild subjective benign mesenteric lymphadenopathy. No evidence of pancreatitis, although mild to resolving pancreatitis may present sonographically normal. No overt suspicion of neoplastic criteria.

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Correlation with pending diagnostics is recommended with continued gastrointestinal support. Concurrent dietary trial which may include bland or hydrolyzed diet with possible long-term dietary therapy may prove beneficial. Sonographic reassessment indicated if recurrent gastrointestinal signs with consideration for endoscopic gastrointestinal biopsies.

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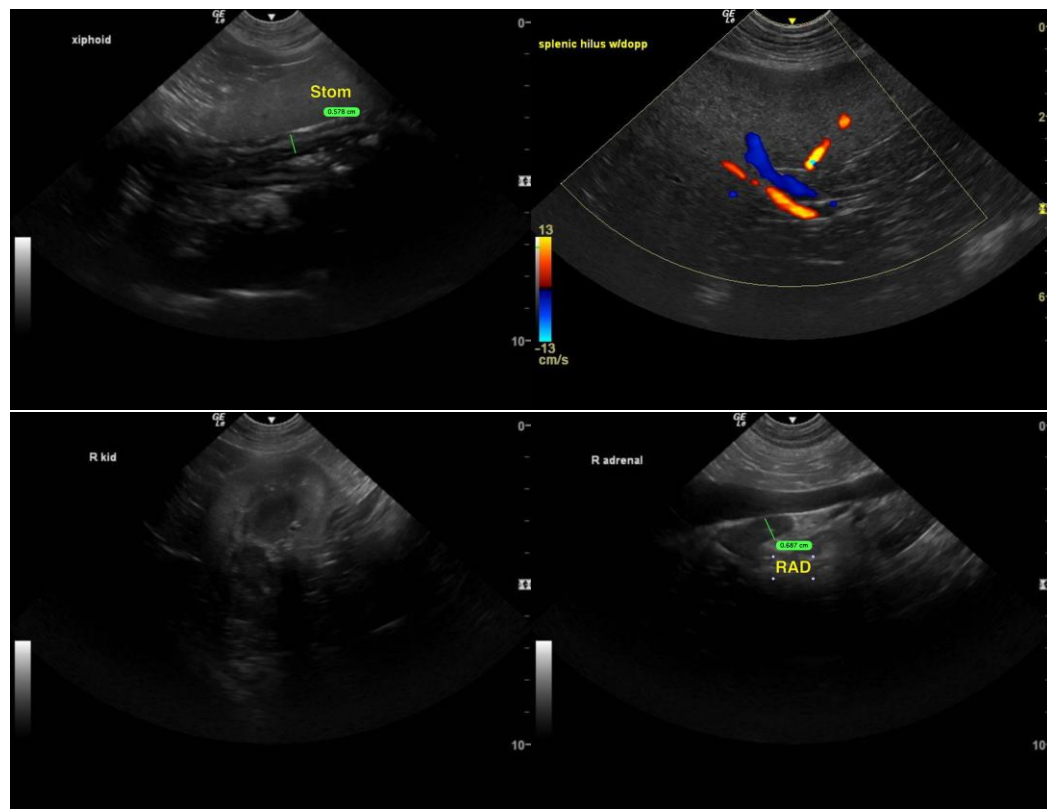
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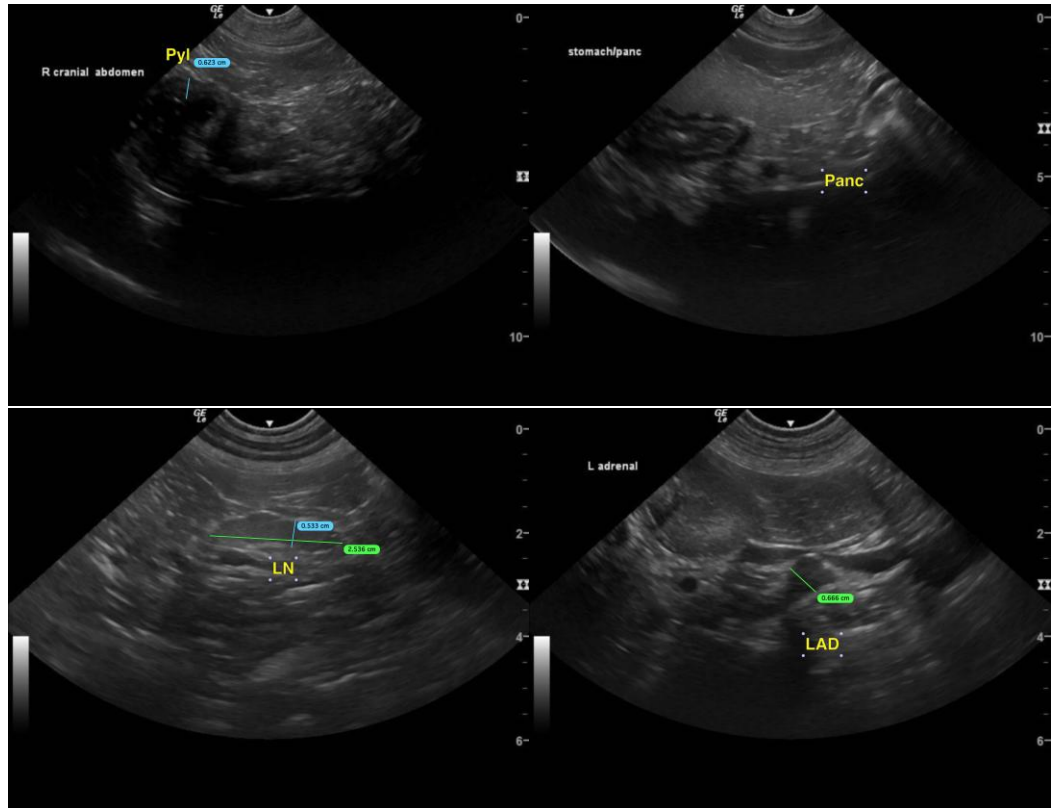
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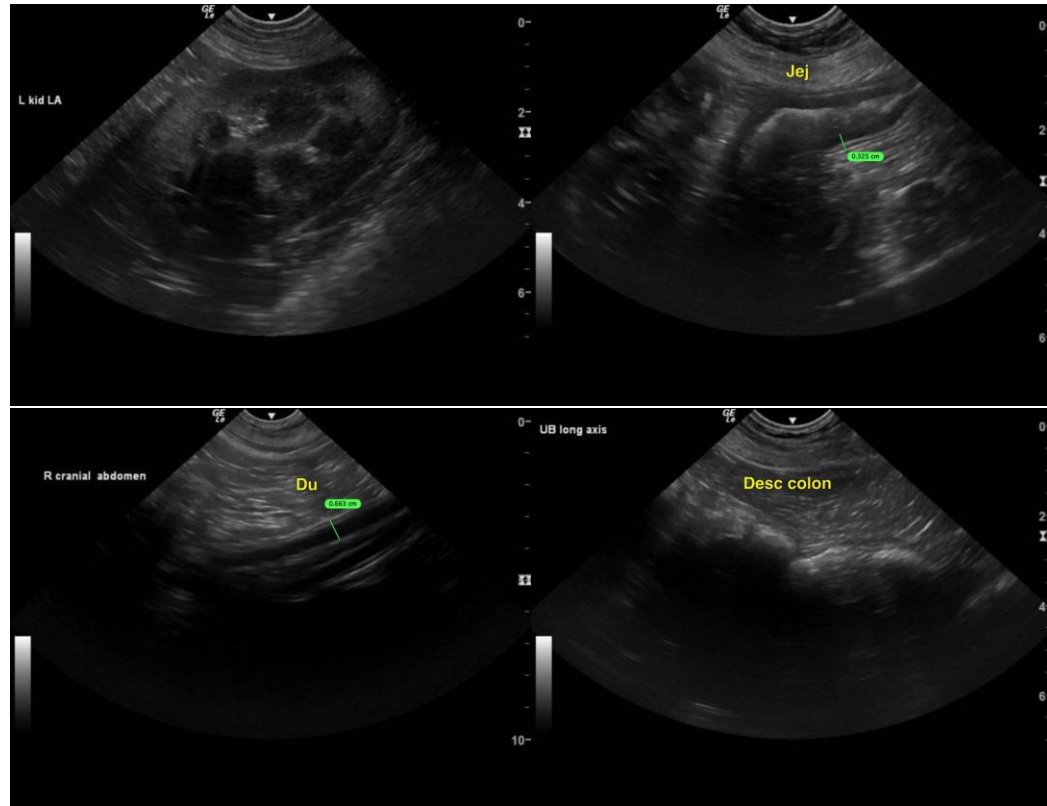
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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