

PATIENT

Jack Jack Zachariah

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Intact Male

AGE

7 Years 7 Months

WEIGHT

97.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jernea Bustria
DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Jernea Bustria
DVM

INVOICE

14814

DATE

04/02/26

PRESENTING CLINICAL SIGNS

Patient is a MI Doberman Pinscher presented for vomiting and diarrhea. O states that P is one to shred fabric/ blankets at home. O hasn't seen P do it for a while but is not fully sure. P will also receive table scraps every now and then but has not received any in the last week. O states that P was reluctant to eat today when he usually is eager to eat. O state that P did try to eat today but moments after eating P vomited. Overall O states that P seems irritable today. Supplements: salmon oil/ multi vitamin

CBC/CHEM: WNL cPLI: normal Abdominal Radiographs: enteritis/ gastroenteritis/ pancreatitis, no evidence of foreign body obstruction.

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured approximately 4.8 cm in diameter. Anechoic, thinly walled parenchyma cysts were present.

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 7.6 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The adrenal glands were not definitively visualized.

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 nondependent nonorganized debris occupying a majority of the gallbladder. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact mildly thickened wall. Intact wall layering was maintained and distinct. The gastric lumen was empty with mild gas. No evidence of retained fluid, ingesta or shadowing content in the stomach.

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 soft fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent mildly prominent mesenteric 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).

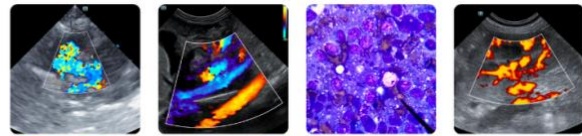
Suspect caudal abdomen cystic structure which appeared thinly walled and contained anechoic fluid was present. Free abdominal fluid is considered less likely as additional free abdominal fluid was not visualized. Suspect cyst measured approximately 7.4 cm in diameter. Generalized normal omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Empty stomach with probable mild gastritis.
- Sonographically normal empty visible small intestine.
- Semi formed fecal matter in colon.
- Intermittent mild mesenteric lymphadenopathy- suggestive of benign criteria i.e. mild hyperplasia or lymphadenitis.
- Enlarged nonhomogenous prostate with small prostatic cysts.
- Suspect caudal abdomen cystic structure.
- Nonorganized gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical obstruction or current foreign material. Empirical therapy for nonspecific gastroenteritis, potentially secondary to dietary indiscretion is recommended. The suspect caudal abdomen cystic structure is nonspecific, yet given caudal abdomen location, may potentially suggest cranially expanding periprostatic cyst given intact status and prostate presentation. Benign prostatic hyperplasia with potential for prostatitis is possible. No overt prostatic neoplastic criteria. Fluid analysis +/- culture and sensitivity could be considered for further assessment. Recheck sonogram if non-responsive or persistent gastrointestinal signs. A GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level to assess for occult disease may be considered.



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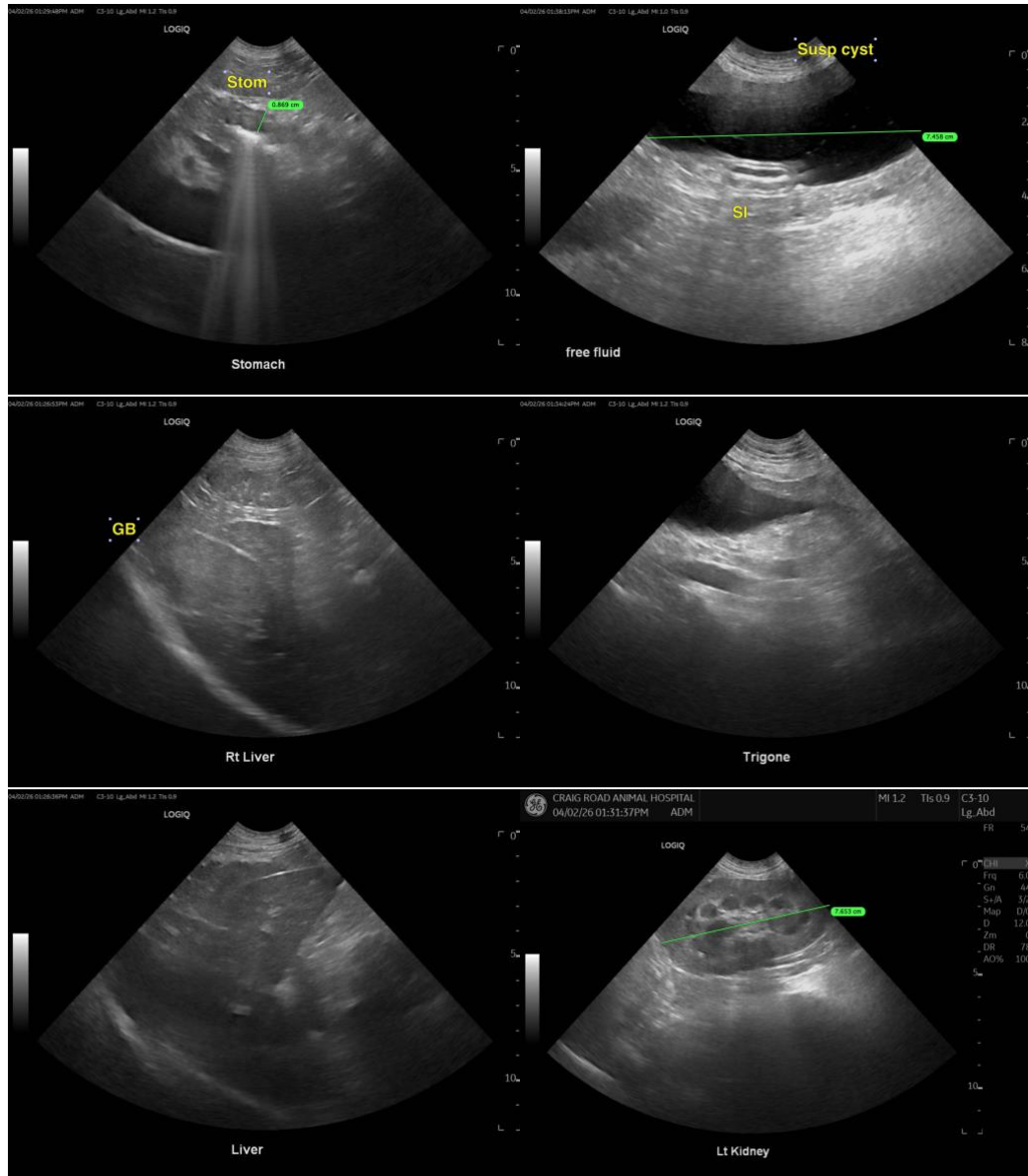
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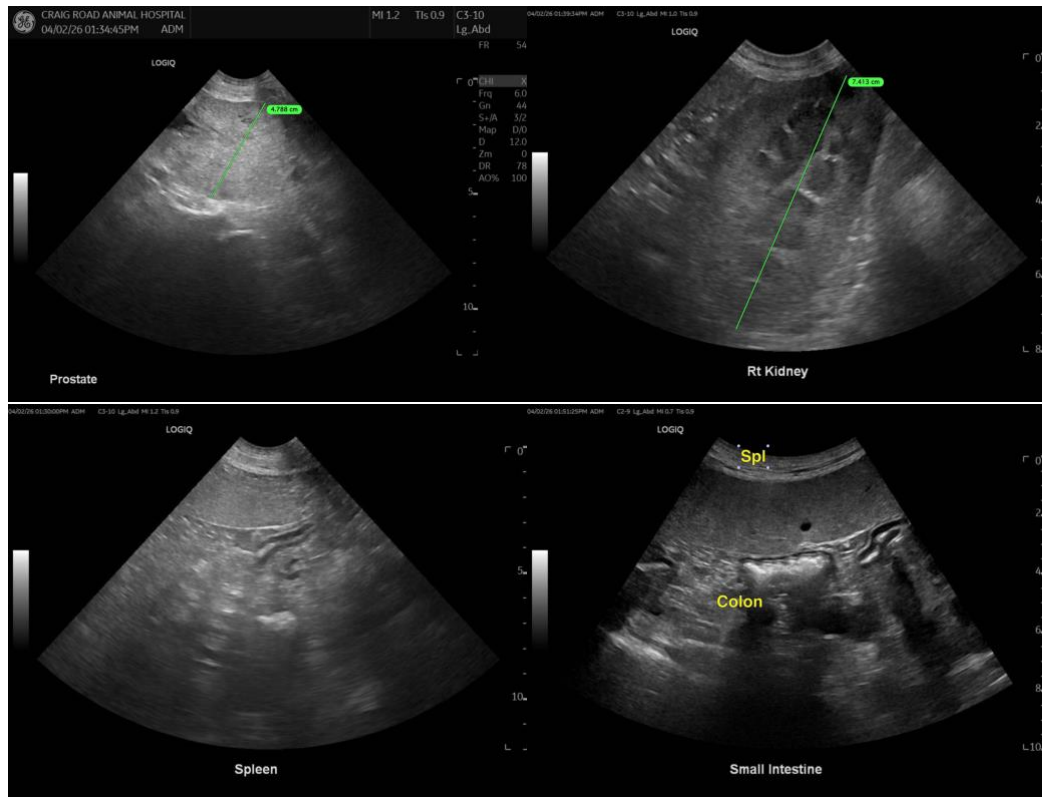
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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