



PATIENT

Gunner Crow

SPECIES

Canine

BREED

Retriever Mix

SEX

MN

AGE

9yr

WEIGHT

95lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Banfield Salem

REFERRING VET

Dr Marcberg

INVOICE
24547

DATE

04/21/2026

PRESENTING CLINICAL SIGNS

Yesterday afternoon sleeping on couch and was flicking tongue like something bit him or eating something sour, Started foaming at mouth lasted about 1-2 minutes. At 3 am owners believe he had a seizure and was flopping and they couldn't get him to stop for about 4 minutes. Hit mouth on book case and started bleeding during the seizure. Took an hour for him to come back mentally, husband tried to wipe mouth and he growled which he never does. 7am Vomited food with blood streaks twice this morning within the last hour, Dry heaves and breathing very heavy, very wobbly. NO toxin exposure other than potential gas from lawn mower on grass patient plays on. All medications are accounted for and no recreational drugs used. Murmur noted in the past however grade 1 or 2 left systolic and intermittently heard.

ABNORMAL Labwork Values CBC- MCHC 39.5 H (33.4-39.2)

IOF- ALT 146 H (10-125), CHOL 332 H (110-320), GLOB 5.1 H (2.5-4.5), TBIL 1.6 H (0.0-0.9)

4DX- negative

Current Medications Apoquel, hill's science sensitive skin and stomach - 1/2 scoop BID + beef broth,

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.9 cm in length. The right kidney measured 7.8 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 0.73 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 0.76 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



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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 variably echogenic progressively shadowing ingesta sonographically suggestive of food echogenicity with no signs of ileus, obstruction or foreign material.

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 right pancreas was normal in size with subtle non-homogenous hypoechoic parenchyma compared to adjacent non-reactive omentum.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable normal volume liver - consistent with mild benign hepatopathy
- Normal gallbladder
- Sonographically normal gastrointestinal tract with mild gastric ingesta- suggestive of food echogenicity
- Normal spleen
- Mild age related renal changes
- Normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no sonographic evidence of significant visceral pathology. Assuming patient documented NPO, the presence of gastric ingesta suggestive of food echogenicity may indicate mild non-obstructive gastric ileus. Technically a small amount of intermixed non-obstructive foreign material within ingesta cannot be definitively excluded. Documented 12-hour fast and sonographic reassessment of the stomach is recommended.

No evidence of intrahepatic or extrahepatic macroscopic shunt or posthepatic obstruction. Hepatogastrointestinal support with clinical monitoring would be reasonable. Recheck sonogram indicated if evidence of progressive hepatopathy which may indicate non-specific hepatitis given mild ALT elevation (viral, bacterial, leptospirosis or toxin) Correlation with three view chest radiographs and neurological exam is recommended.



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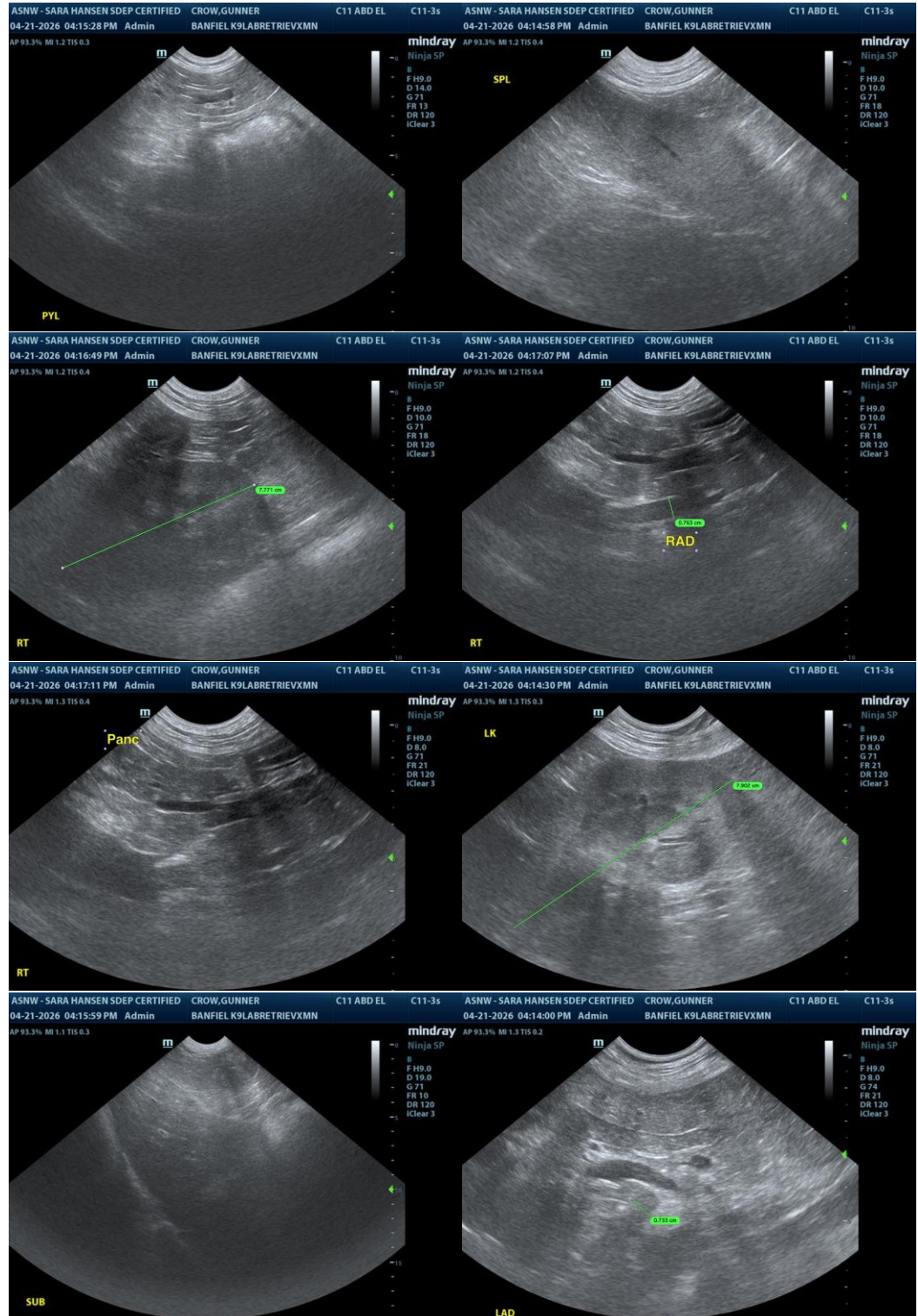
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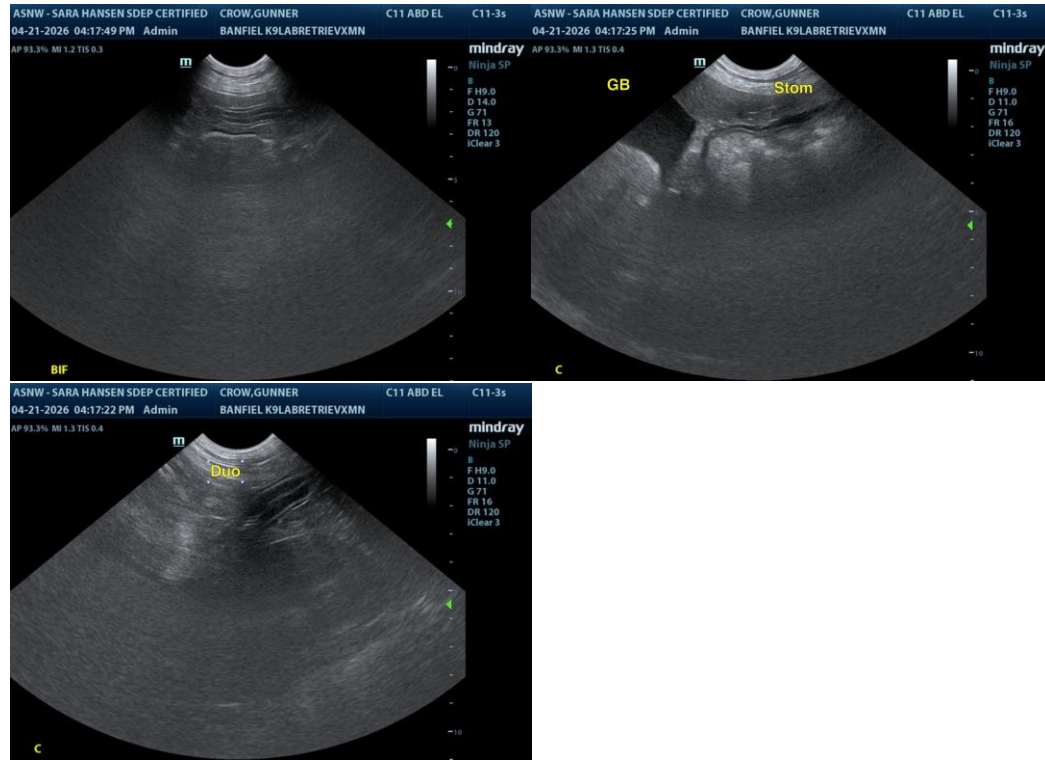
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com