



PATIENT

Ruff Ruff Radke

SPECIES

Canine

BREED

Labrador
Retriever/Poodle Mix

SEX

Male Neutered

AGE

3y

WEIGHT

42 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ackerman

HOSPITAL NAME

Buffalo VC

REFERRING VET

Dr. Bessler

INVOICE

13442

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: 4-22-26 Got pt in January and came with flagyl and soft stool. Is always hungry, no vomiting, always has freq (8-12 x per day) soft stools. Never gains weight. Feeding proplan sensitive skin and stomach with added chicken and rice. 4-23-26 Pt did not want to eat today and has not had a BM today. Abdomen slight distention. Did have large BM in kennel at clinic and stool looks like undigested soft dog food.

Abnormal PE/Chem/CBC/UA Results: 4-22-26 Abdomen is painful when palpate and can fill thickened loops of bowel. Chem Chol low at 74 (can be from malabsorption) and amylase low at 307.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The residual prostate was normal and free of pathology measuring 1.2 cm in diameter.

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 7.0 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized with no pathology subjectively measuring 0.71 cm width at the caudal pole. The right adrenal gland was 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

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 indistinctly visualized likely given to the presence of gastric ingesta.

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained moderate, variably echogenic, progressively shadowing ingesta and mild lumen gas.



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The small intestine exhibited diffuse, mild to variable distention with non-shadowing ingesta/chyme.

The colon presented overtly intact visible wall exhibiting generalized mild distention with normal visible wall and soft to non-formed fecal matter.

Pancreas

The area of the pancreas was sonographically normal, although indistinctly visualized owing to gastrointestinal artifact.

Free Abdomen

No obvious visualized significant omental lymphadenopathy and minor pockets of peritoneal effusion present.

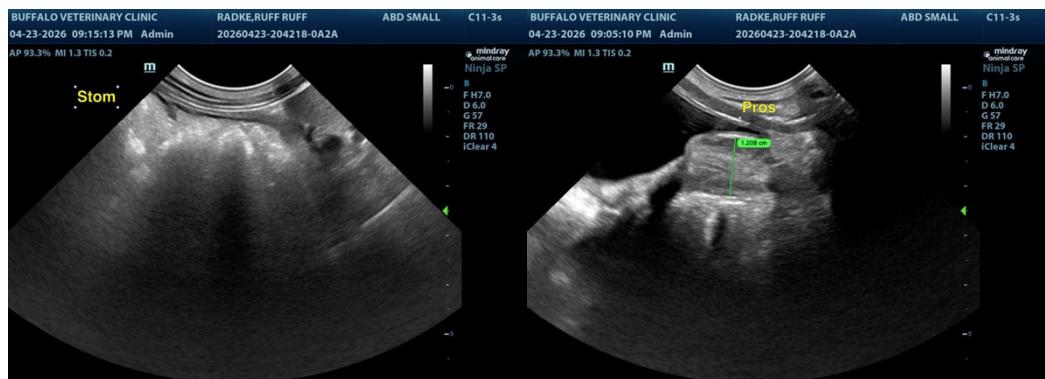
ULTRASONOGRAPHIC FINDINGS

- Diffuse gastrointestinal ingesta with soft fecal matter in colon
- Minor peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given reported documented NPO, the presence of generalized gastrointestinal ingesta is most consistent with food/chyme echogenicity and is suggestive of some degree of metabolic gastrointestinal ileus or inefficient peristalsis. A definitive area of mechanical obstruction, i.e. stricture, intussusception, mass, foreign body or other not definitively visualized yet assessment of the gastrointestinal interior was limited by gastrointestinal ingesta.

Malassimilation or maldigested order given clinical history is possible, correlation with a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Concurrent screening cortisol level to rule out occult Addison's disease is suggested. Confirmed 12-18 hour fast with sonographic reassessment of the gastrointestinal tract would be ideal. Correlation and monitoring of serum albumin levels for evidence of hypoalbuminemia is recommended.





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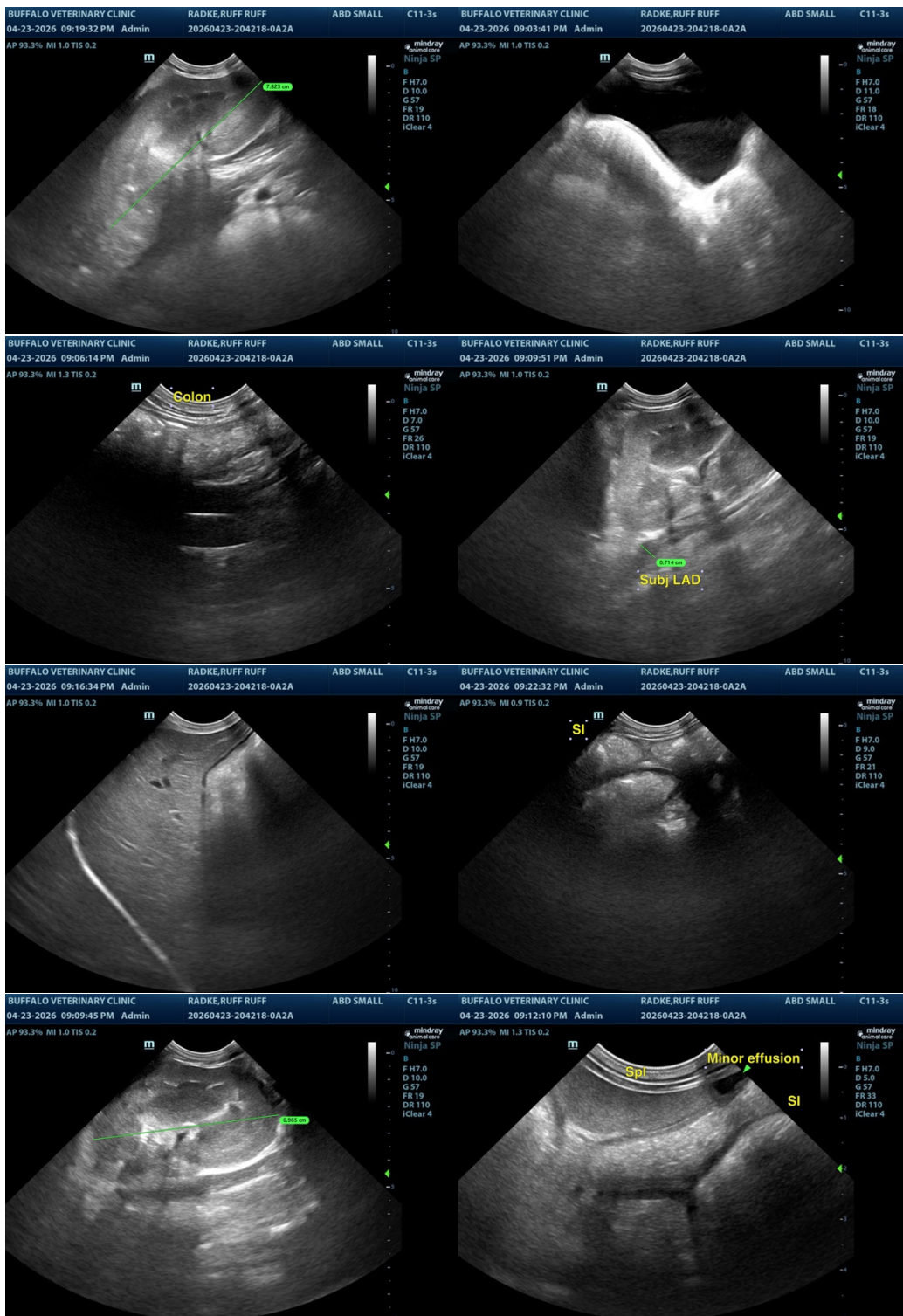
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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