
PATIENT

Monty Conrad

PRESENTING CLINICAL SIGNS

Intermittent vomiting for the past 2-3 months, now happening almost daily if not more than once. One episode of hematemesis

SPECIES

Canine

good energy, normal appetite

Initially it seemed like vomiting was happening if he didn't eat breakfast, but now eats well and still vomits daily

BREED

Border Collie Mix

Abnormal PE/Chem/CBC/UA Results: 3/5/26 Chem: WNL CBC: mild neutrophilia T4 WNL fecal neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX

MN

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 evidence of urine or 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.

AGE

11yr

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 6.4 cm in length. The right kidney measured 6.8 cm in length.

WEIGHT

22.7kg

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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 0.62 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 0.46 cm width at the caudal pole.

IMAGING PERFORMED BY

Loetitia Saint-
Jacques,
LVT

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. Focal to intermittent discreet hypoechoic nodules were present, an example measured 0.7 cm in diameter.

HOSPITAL NAME

Alpine Animal
Hospital

REFERRING VET

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Liver/Gallbladder

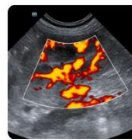
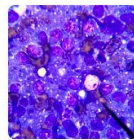
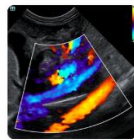
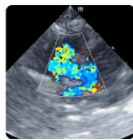
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary, well-

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demarcated hyperechoic mid-hepatic nodule was present measuring 0.84 cm diameter. The gallbladder was non-distended in size with thin walls and mild, non-dependent peripherally congealed possibly adhered debris. The cystic and common bile ducts were normal.

SPECIES

Canine

Gastrointestinal

The stomach presented variable thickening exhibiting intact to regionally indistinct wall layering. The stomach contained lumen gas and mild retained non-shadowing chyme. Focal, possibly intermittent luminal defect or cratering suggestive of probable ulceration was present. No evidence of obstruction to pyloric outflow. Thickened stomach body wall measured 0.8 cm width. The pylorus wall measured 0.62 cm in width.

BREED

Border Collie Mix

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.

SEX

MN

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas**AGE**

11yr

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**WEIGHT**

22.7kg

Intermittent, mild to variably enlarged primarily perigastric lymph nodes. An example of a lymph node measured 0.95 cm in diameter.

Mild increased perigastric omental echogenicity.

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Scant to minor pockets of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS**Primary**

- Thickened stomach with evidence of ulceration
- Mild perigastric hyperechoic omentum and mild to variable perigastric lymphadenopathy
- Mild peritoneal effusion
- Normal small intestine
- Discreet variably echogenic to small hepatosplenic nodules- suspect benign criteria i.e. nodular hyperplasia, hematopoiesis, lipogranuloma or other
- Non-organized gallbladder debris (non-mucocele)
- Normal adrenal glands

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HOSPITAL NAME
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

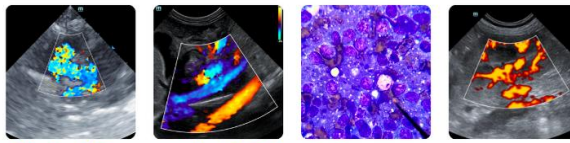
Primary considerations for the stomach include non-specific ulcerative gastritis or emerging neoplasia. Gastric endoscopy is recommended with potential for biopsies. Empirical therapy for gastritis with consideration for helicobacter coverage and sonographic monitoring would be more conservative. Although considered less likely given normal adrenal presentation, screening cortisol level to rule out

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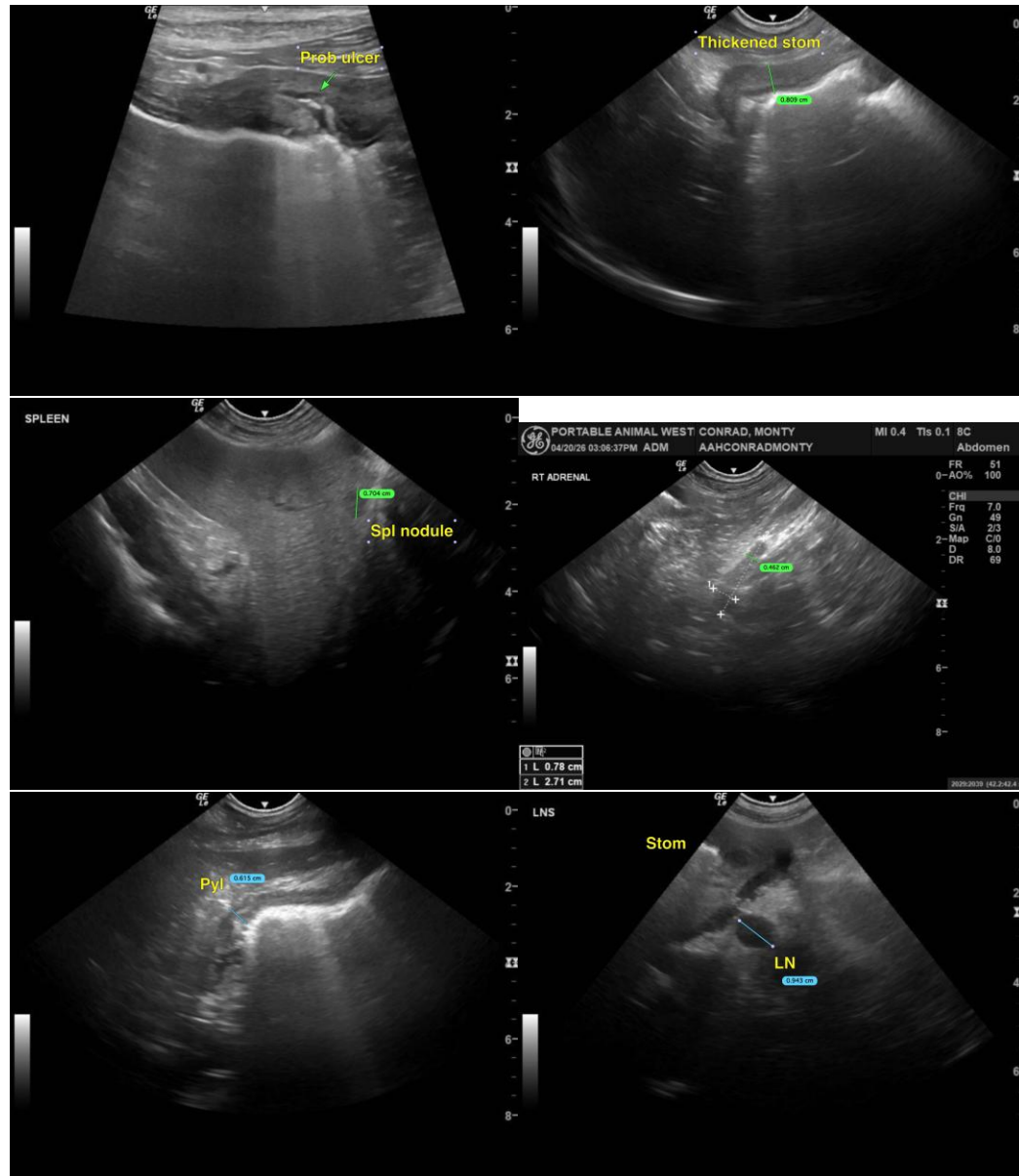
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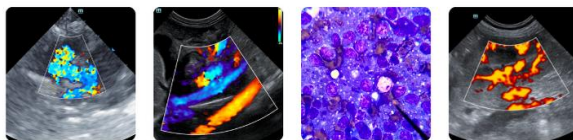
occult Addison's disease is recommended. Sonographic monitoring of the hepatosplenic nodules for evidence of progression would be reasonable with minor potential for emerging hepatosplenic neoplastic nodules.



Imaging performed by



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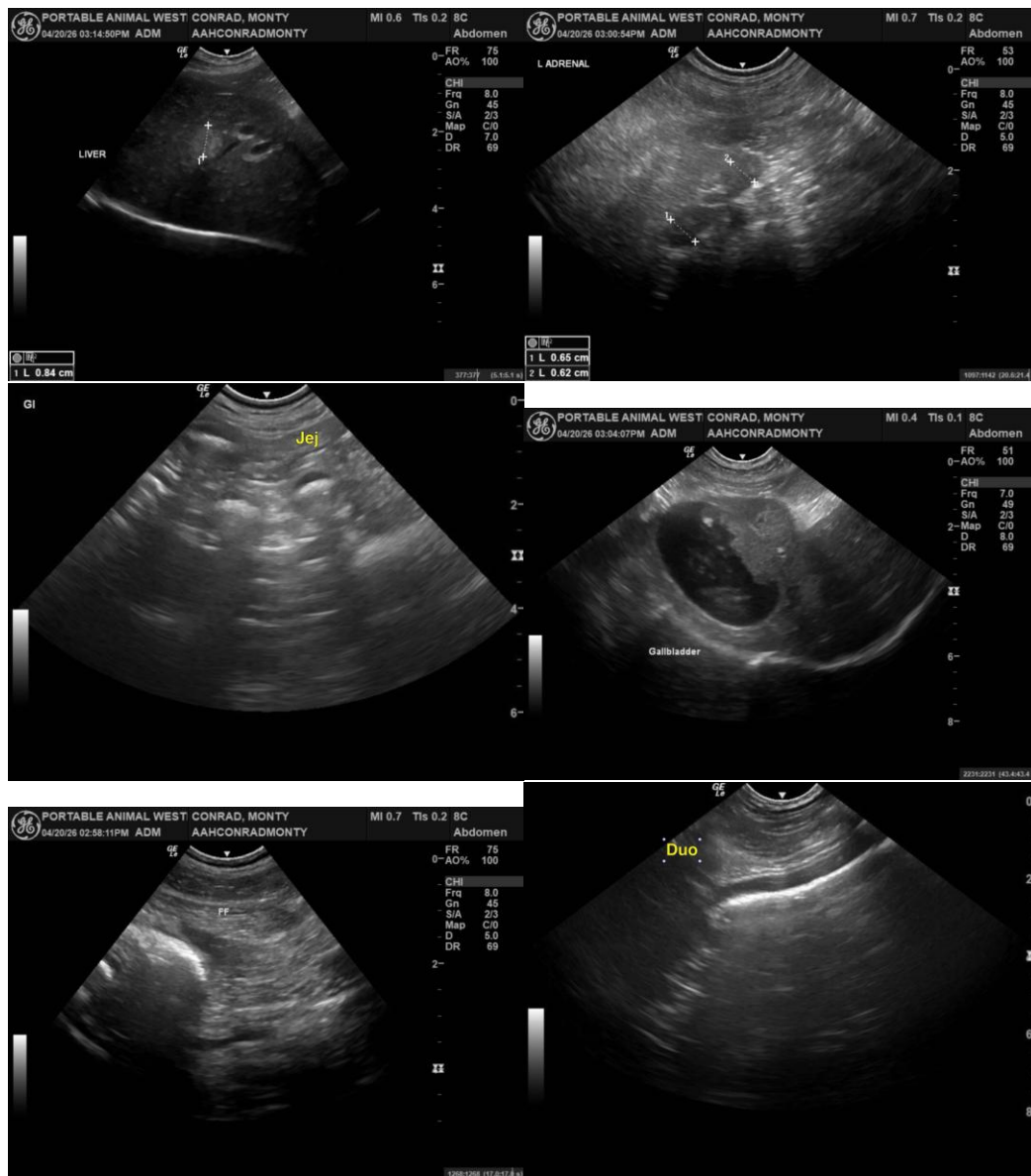
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

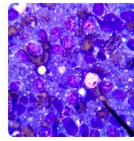
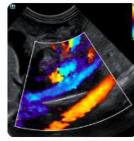
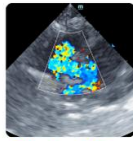
Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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