



PATIENT

Rocco Cruz

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

2yr

WEIGHT

44.0lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Jose Cruz

INVOICE

24637

DATE

04/27/2026

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to chronic vomiting. Owner reports that Px has had episodes of vomiting since around April 8th. No lethargy, diarrhea, or coughing reported. Px is currently taking the following Mx: Diagel, Famotidine, Ondasetron, and Sucralfate.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached below for your reference.

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 5.2 cm in length. The right kidney measured 6.0 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 0.48 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 0.49 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

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



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The stomach presented intact borderline thickened stomach wall with mild retained fluid. No evidence of obstruction to pyloric outflow. The pylorus wall measured 0.47 cm in width. The ventral gastric body wall measured 0.50 cm in width.

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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. The duodenum wall measured 0.56 cm width. The jejunum wall measured 0.32 cm width.

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

BREED

Pancreas

Mixed

The area of the pancreas was sonographically normal.

SEX

Free Abdomen

MN

No omental masses or peritoneal effusion was present.

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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 1.4 cm x 0.52 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

WEIGHT

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- Mild hypomotile gastritis pattern
- Sonographically unremarkable empty small intestine
- Normal area of pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If available, upper gastrointestinal endoscopy with potential for biopsies would be ideal in this patient. Screening cortisol level and consideration for GI panel to include PLI/TLI/cobalamin/folate to assess for non-structural intestinal disease or mild pancreatitis which may present sonographically normal is recommended.

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DVM

Smaller more frequent feedings of a canned or slurry novel protein or hydrolyzed diet, continued gastric protectant protocol i.e., Omeprazole 1 mg/kg PO SID as needed, +/- empirical coverage for helicobacter with clinical and sonographic monitoring would be more conservative.

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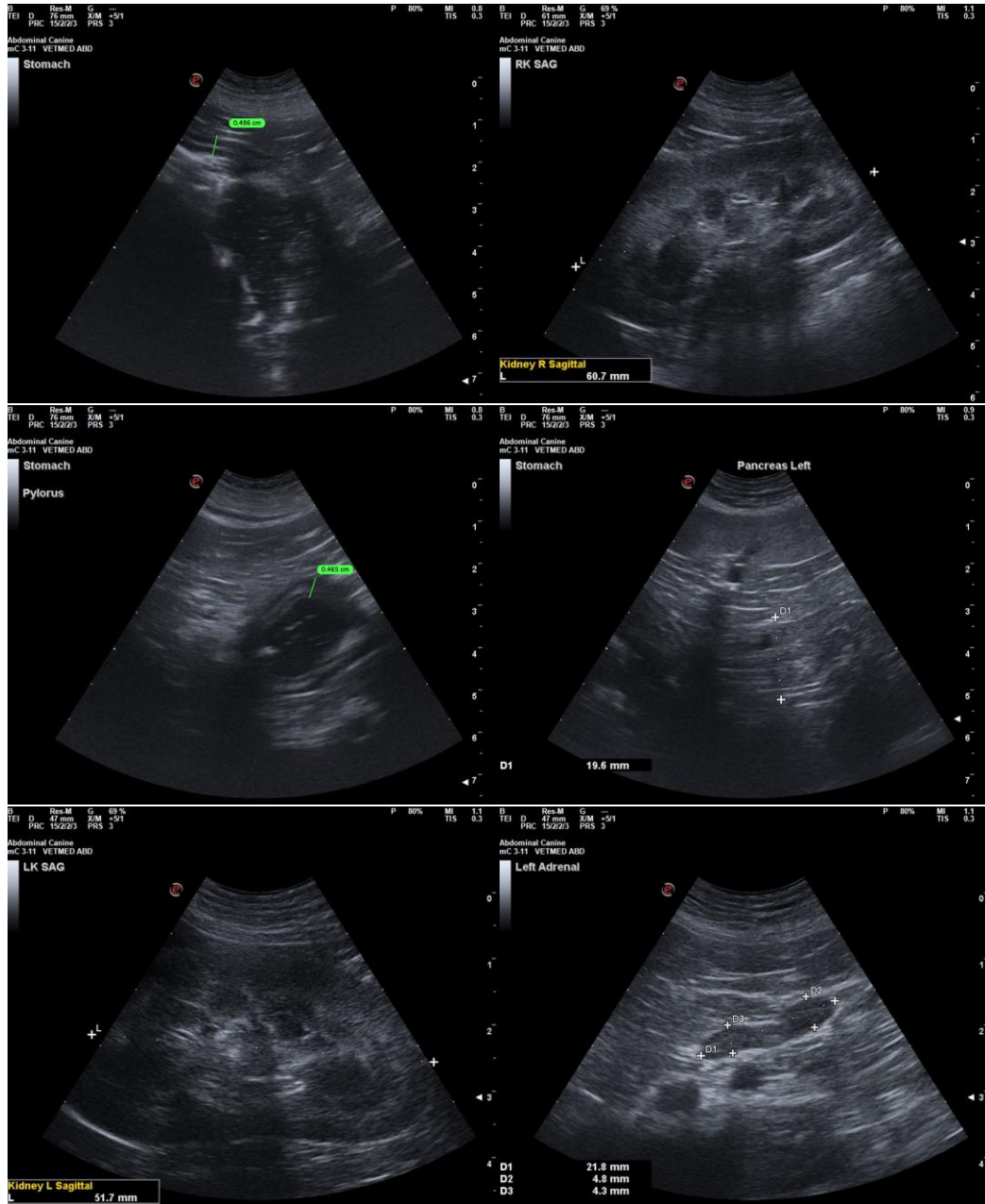
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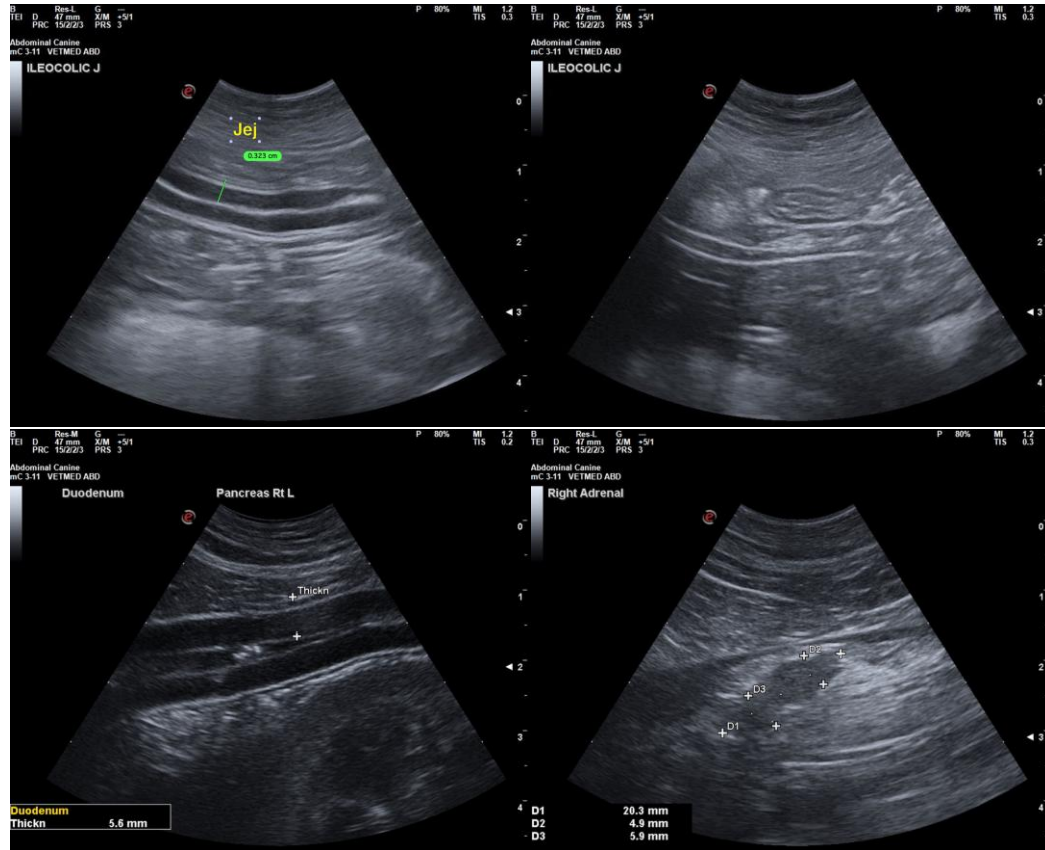
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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