



**PATIENT**

Gotti Griffith

**SPECIES**

Canine

**BREED**

Australian Cattle Dog  
Mix

**SEX**

MN

**AGE**

2Y, 11M

**WEIGHT**

27.1lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

VCA Northside Animal  
Hospital

**REFERRING VET**

Dr. Fusselman

**INVOICE**

75102

**DATE**

5-21-26

**PRESENTING CLINICAL SIGNS**

Concern about partial foreign body. Presented vomiting blood on Tuesday. Not eating on Thursday. Radiographs showed possible foreign body. Passed a piece of plastic today. Pass history of pancreatitis.

Abnormal PE/Chem/CBC/UA Results: WNL

**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 changes were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the iliac trifurcation was free of pathology.

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 4.7 cm in length. The right kidney measured 5.1 cm in length.

*Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 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 0.36 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. Normal hepatic vascular volume was present. 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

*Gastrointestinal*

The stomach presented mild to variably thickened wall with mild asymmetrical lumen surface contour and mild prominent rugal folds. Intact wall layering was maintained and distinct. The stomach contained



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a mild amount of retained anechoic fluid and gas. No evidence of obstruction to pyloric outflow or shadowing gastric content. The pylorus wall measured 0.58 cm.

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 or shadowing content visualized to the level of the colon and no evidence of obstruction or foreign material.

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

**Pancreas**

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 were evident. The area of the pancreas was sonographically normal.

**Free Abdomen**

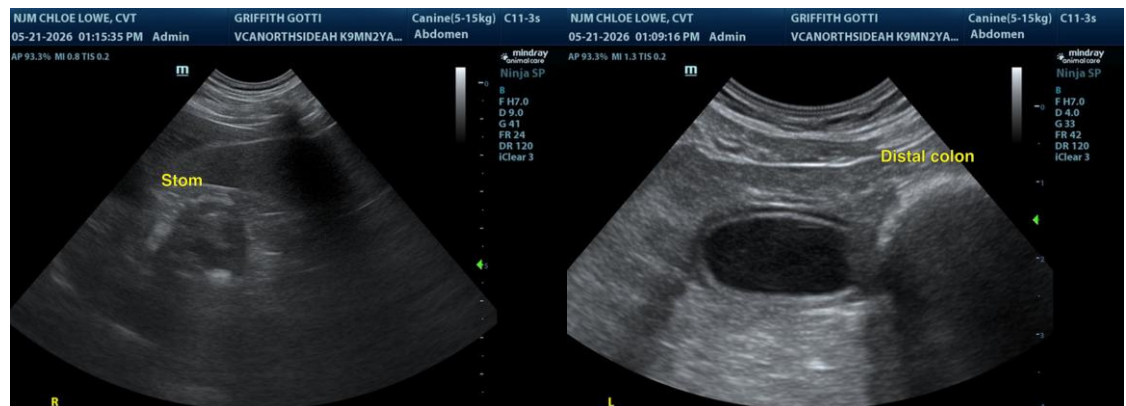
No overt lymphadenopathy or peritoneal effusion was present.

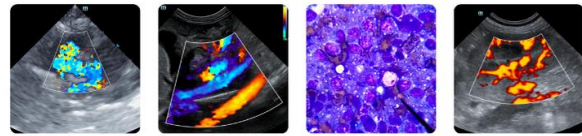
**ULTRASONOGRAPHIC FINDINGS**

- Hypomotile gastritis pattern.
- Sonographically normal empty small intestine.
- Normal area of the pancreas.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No current evidence of gastrointestinal foreign body or mechanical obstruction. Hypomotile gastritis secondary to dietary indiscretion and irritation given the patient's history is suspected. Mild to chronic pancreatitis, given the patient's history and clinical signs, may present sonographically normal and suspected if cranial abdomen or subxiphoid discomfort on palpation. No indication for immediate surgical intervention with gastrointestinal support including gastroprotectants and empirical therapy for gastritis recommended with clinical monitoring. Although considered less likely, screening cortisol level to rule out occult Addison's disease suggested. Upper gastrointestinal endoscopy with potential for biopsies may be considered if persistent gastrointestinal signs. Continued monitoring of fecal output recommended.





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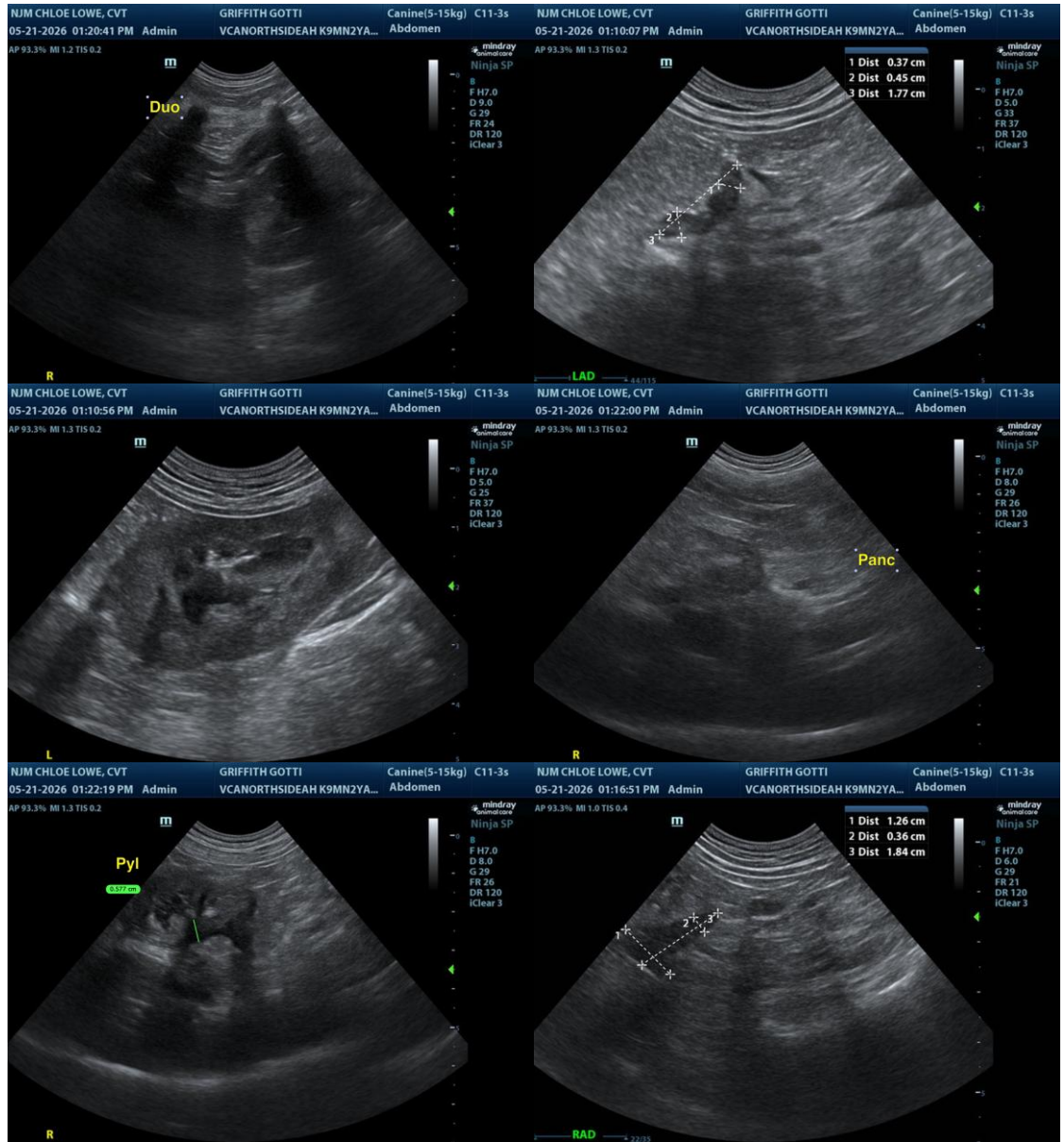
Dr. Fusselman

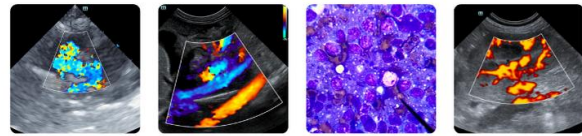
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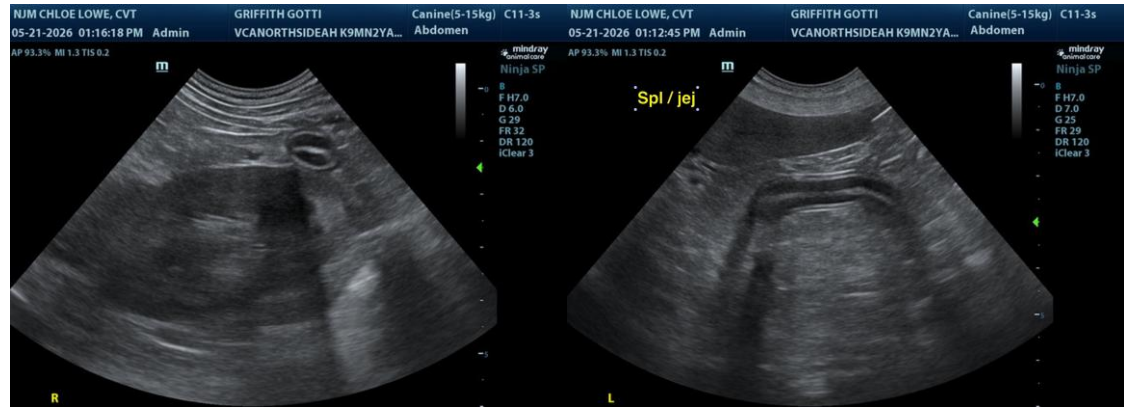
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)