



PATIENT

Sunee Rozman

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

5 Years

WEIGHT

64 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Dr. Crocker

INVOICE

16429

DATE

05/22/26

PRESENTING CLINICAL SIGNS

Presented 5/19/26 for vomiting mainly food, some bile. 5/22/26 no improvement, now acting disorientated, ataxic. and decrease in appetite (eating some).

5/19/26: CBC normal, Chem normal, pancreatic lipase normal, radiographs show lots of substance in stomach and possible substance in SI, but no gas filled intestine; barium study: 6 hours after barium all of barium is into colon. 5/22/26: CBC/Chem normal, radiographs- delayed gastric emptying (ate 1 cup of kibble last night and about 1/2 cup of kibble this morning before 7:30am)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 change were noted.

The area of the aortic trifurcation was free of pathology.

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 6.6 cm in length. The right kidney measured 6.9 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 0.75 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized yet overtly normal in size, position and shape. The right adrenal gland subjectively measured 0.68 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 borderline enlarged in size. 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, primarily nonshadowing to regional progressively shadowing ingesta without signs of obstruction or foreign material. No evidence of obstruction to pyloric outflow or visible gastric mural pathology. The pylorus wall measured 0.65 cm wall width.

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 ileus, obstruction or foreign material.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

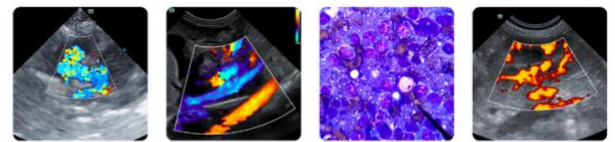
- Sonographically unremarkable gastrointestinal tract with nonshadowing to regional progressively shadowing gastric ingesta.
- Normal area of the pancreas.
- Borderline hepatomegaly- subjective benign.
- Normal adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology. Specifically, visible evidence of gastrointestinal mural pathology or pancreatitis. The gastric ingesta suggests food echogenicity. Minor potential for a small amount of intermixed non-obstructive foreign material and retained ingesta is not definitively excluded.

Documented 12-hour fast and sonographic monitoring of gastric emptying versus persistent retained ingesta is indicated. Continued gastroprotectants, which may include as needed antiemetics and suggested omeprazole 1.0 mg/kg PO SID may prove beneficial.

Correlation with musculoskeletal/neurological exam, three view chest radiographs, a GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level to assess for contributing occult diseases is suggested.



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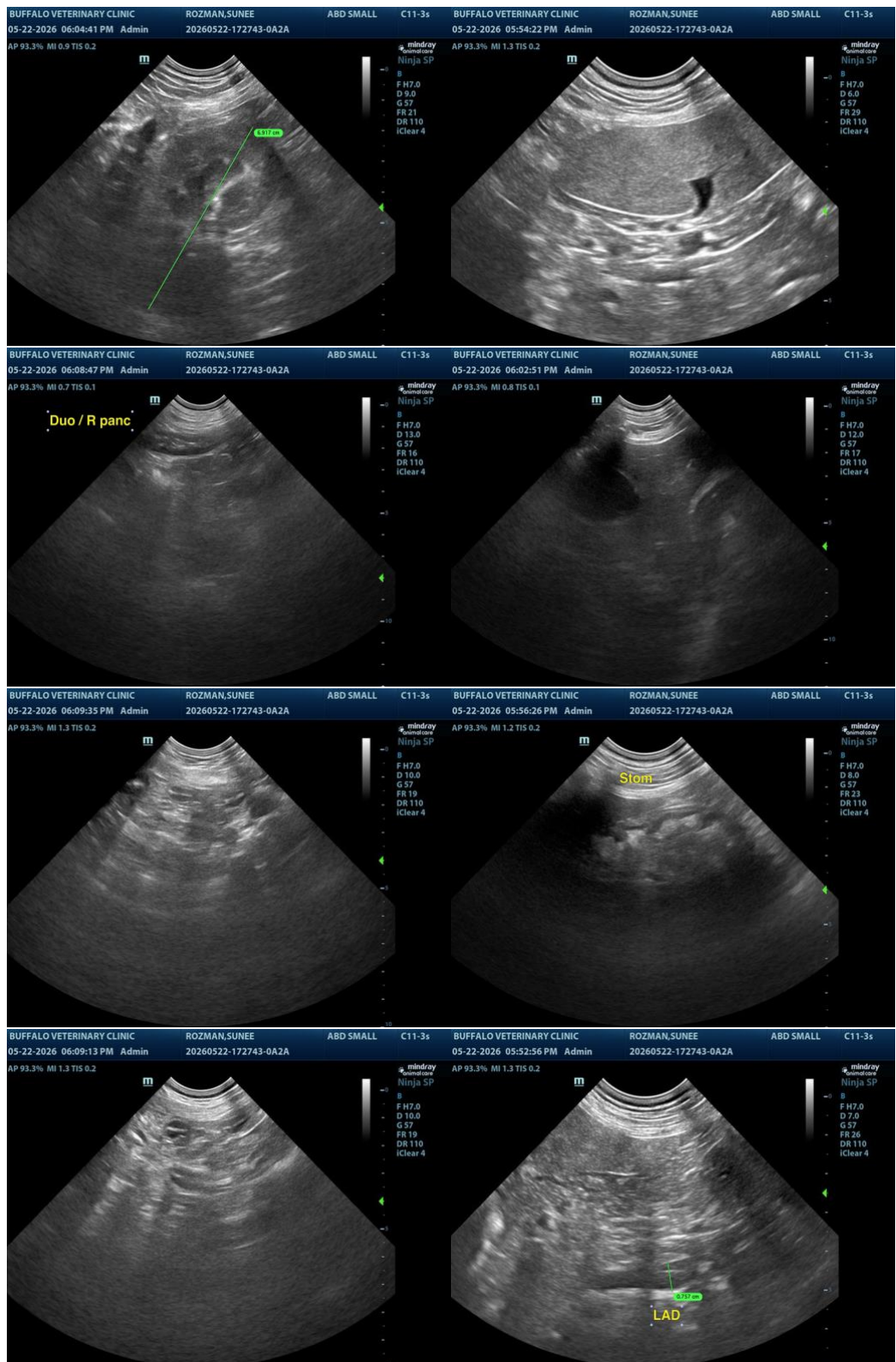
Dr. Crocker

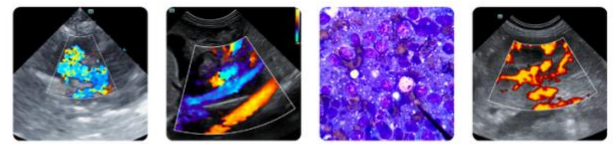
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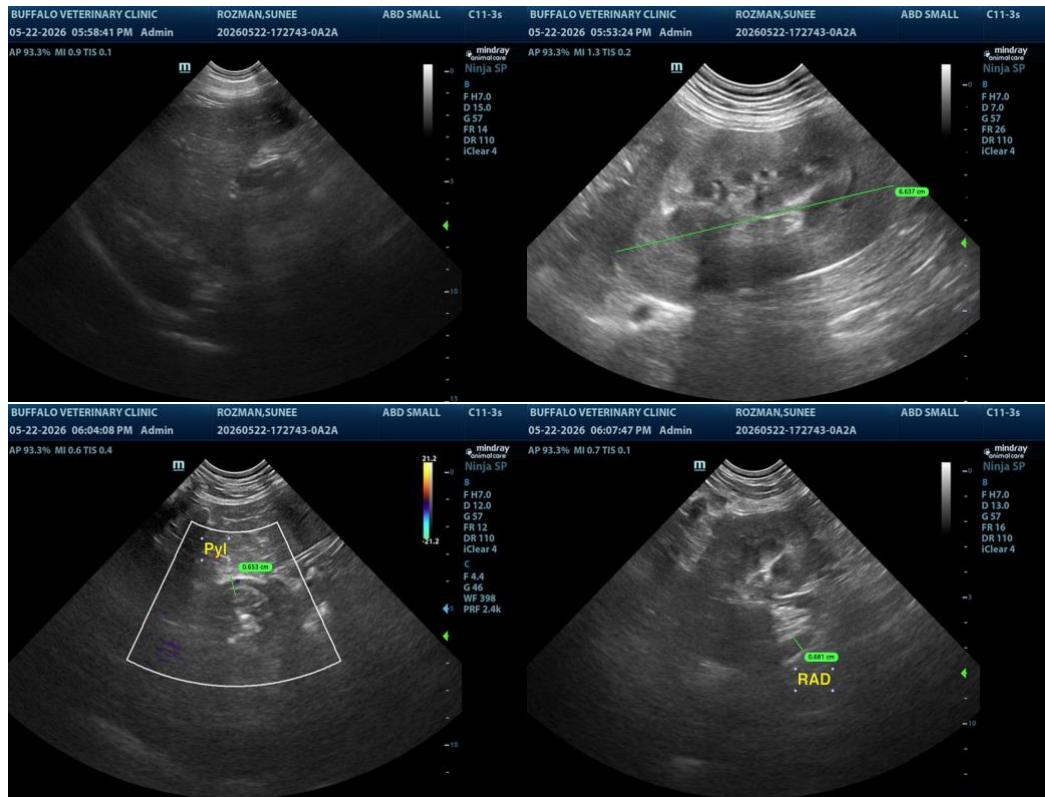
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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