



PATIENT

Duke Burchard

SPECIES

Canine

BREED

Grand Basset Griffon
Vendéen

SEX

Male

AGE

1yr

WEIGHT

27.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Maria Lara, DVM

HOSPITAL NAME

Allure Veterinary
Hospital & Urgent Care

REFERRING VET

Shekinah Morris, DVM

INVOICE

24933

DATE

5/25/2026

PRESENTING CLINICAL SIGNS

Presented on 5/23 for a 3-day history of inappetence, vomiting, and diarrhea. The owner is also concerned about the presence of blood in the urine or stool and potential toxin ingestion. The clinical signs have persisted despite treatment with Cerenia at another veterinary clinic.

There is continued concern for foreign body obstruction after initial and follow up radiographs with patient receiving supportive care.

Abnormal PE/Chem/CBC/UA Results: 5/24 Sodium 162 144 - 160 mmol/L H Chloride 123 109 - 122 mmol/L H

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 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 6.5 cm in length. The right kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate exhibited expected presentation for a young intact male canine without pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 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 0.59 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 mild non-organized debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic chyme and fluid with no signs of obstruction or shadowing foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental ileus pattern is present without obstruction or foreign material.

Normal visible colon wall layers were present with soft feces and gas 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 was evident.

Free Abdomen

No omental masses or peritoneal effusion was present.

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 3.4 cm x 0.96 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild nonshadowing gastric chyme / fluid
- Nonspecific acute / subacute enteritis
- Soft fecal matter / gas in colon
- Mild jejunal lymphadenopathy

Secondary

- Nonorganized gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical obstructive pattern or foreign material. Dietary indiscretion, infectious disease, enterotoxin, inflammatory bowel disease, mild pancreatitis, occult parasitism, occult Addison's Disease all potentials with mild metabolic and segmental intestinal stasis, suspect mild colitis and mild reactive lymph node hyperplasia / lymphadenitis. No indication for immediate surgical intervention. Continued GI support and clinical monitoring over next 24-48 hours is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis and cortisol level are warranted. Recheck sonogram sooner if persistent or progressive clinical signs.



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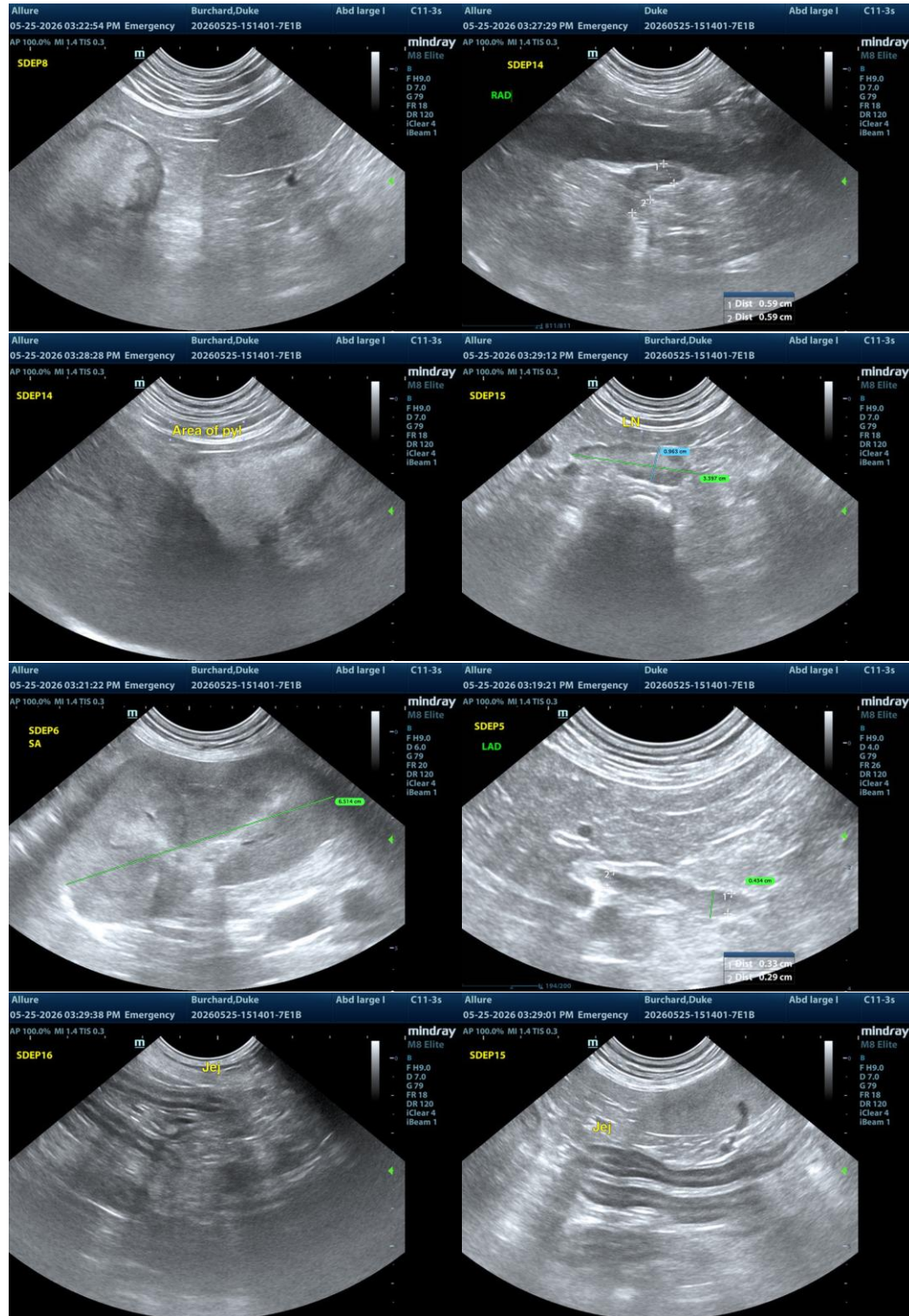
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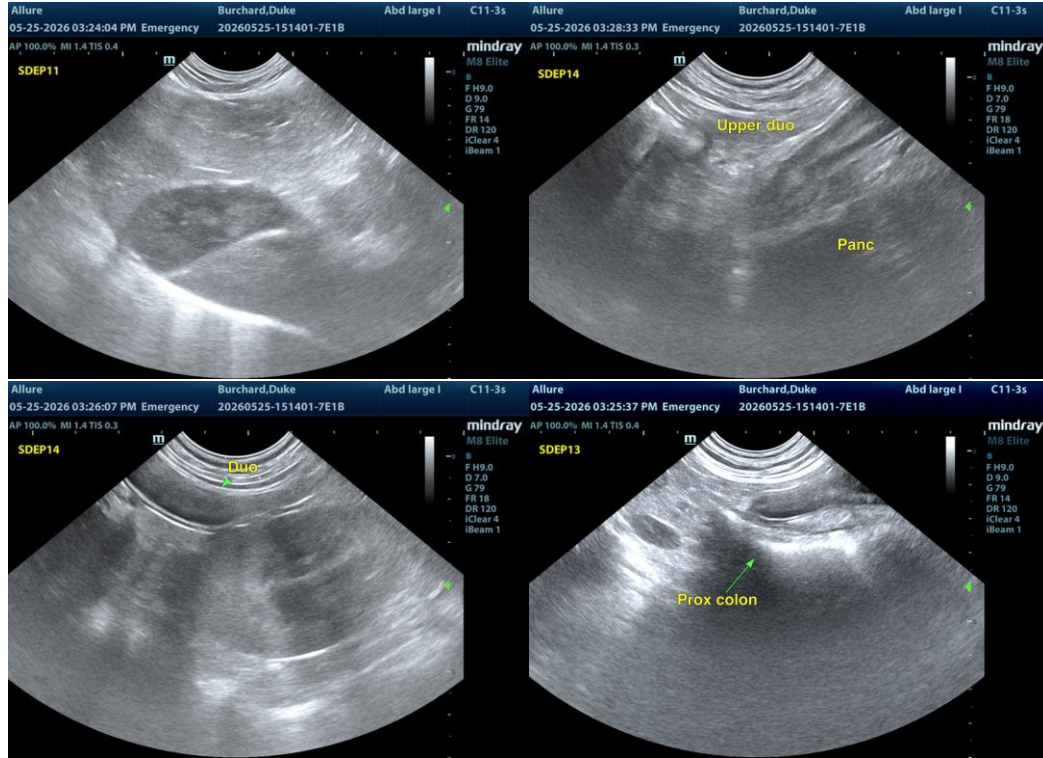
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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