



PATIENT

Lambo Cloutier

SPECIES

Canine

BREED

Doberman

SEX

Intact Male

AGE

4 Years

WEIGHT

47 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Petzoic Emergency

REFERRING VET

Dr. Poffenroth

INVOICE

75553

DATE

5/30/26

PRESENTING CLINICAL SIGNS

Owner reports stomach area is hot to touch. He had a history of bloating and gastric dilation for three days. Owner noticed he was very lethargic. He is not drinking. Period. ADR he's currently on pork potato kibble. Has not been eating well for a couple of months

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 aortic trifurcation was free of pathology.

The prostate was enlarged in size (5.0 cm) with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization.

The left and right testicles were sonographically normal.

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. Left kidney measured 7.0 cm. Right kidney measured 7.2 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.51 cm at the caudal pole. Right measured 0.68 cm.

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

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. 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 visible stomach was presented intact wall layering with a normal wall layer ratio. Wall measured 0.37 cm in width. The lumen of the stomach contained variably echogenic, nonshadowing ingesta and luminal gas most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No evidence of obstruction to pyloric outflow. Pylorus wall measured 0.35 cm.



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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 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.

PRIMARY FINDINGS

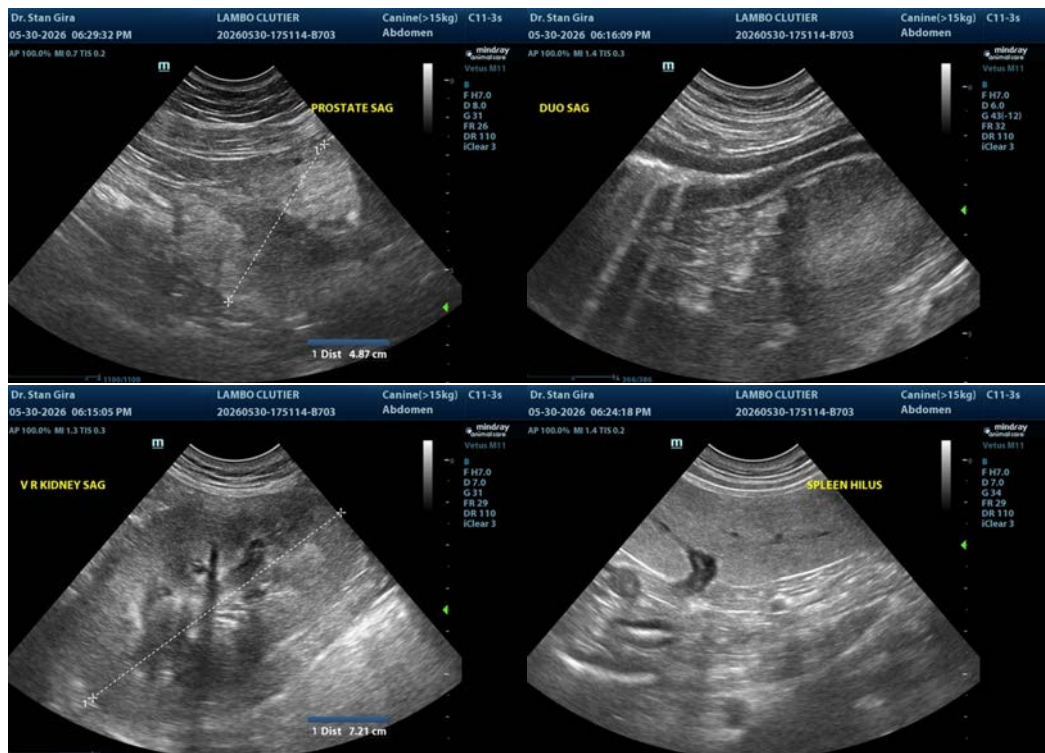
- Normal gastrointestinal tract with mild to moderate gastric ingesta / gas
- Normal pancreas

SECONDARY FINDINGS

- Benign prostatic hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of pathology. If NPO and given patient history, nonobstructive delayed gastric emptying or gastric ileus may be an issue. Smaller more frequent feeding of a canned bland or hydrolyzed diet and gastroprotectants may be beneficial. A GI panel and screening cortisol are suggested.





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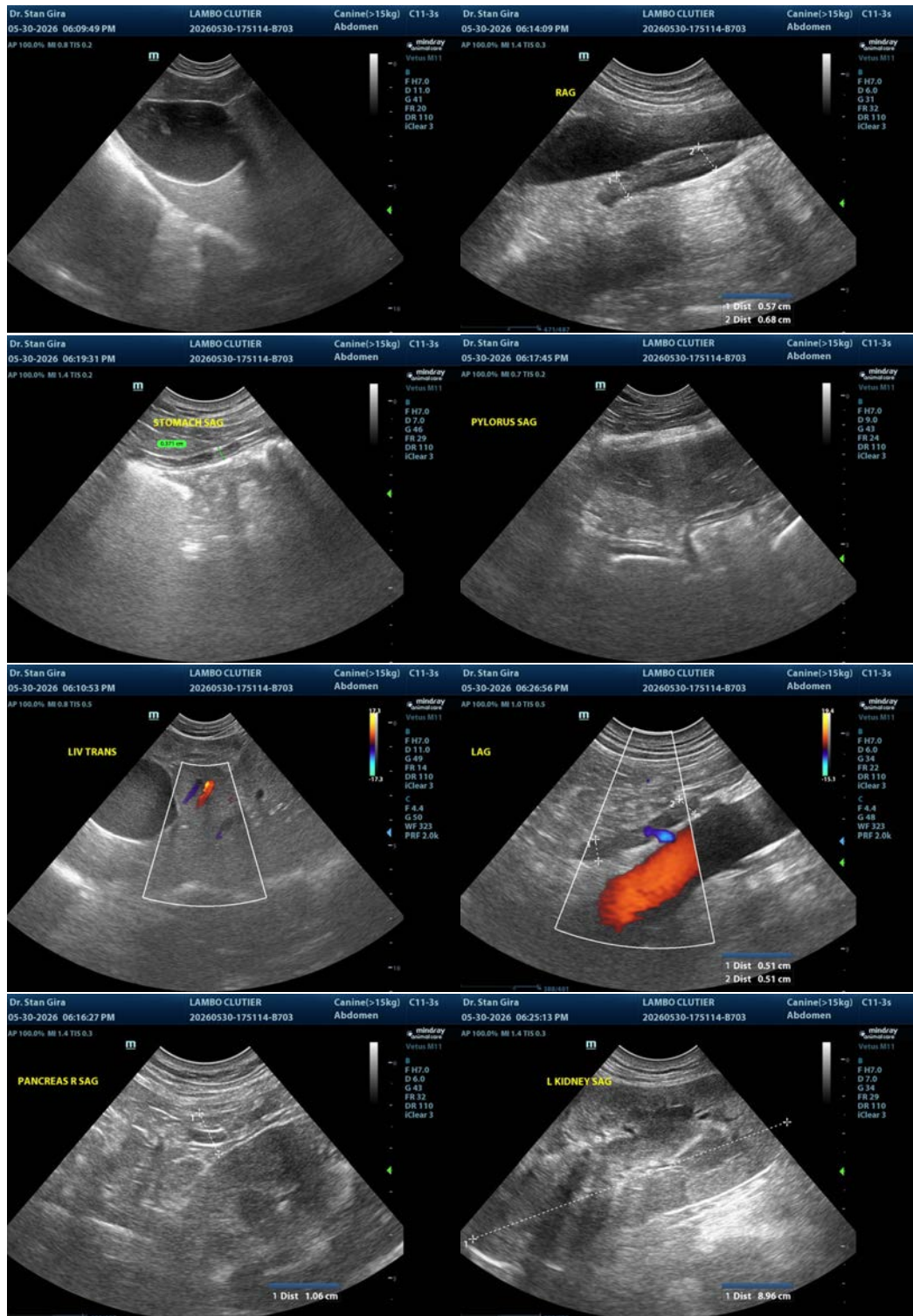
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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