



PATIENT

Bear Lohse

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

7yr

WEIGHT

67.0lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Camille Petrizzo

HOSPITAL NAME

Greater Staten Island
Veterinary Srerrvice

REFERRING VET

Dr. Camille Petrizzo

INVOICE

24980

DATE

06/01/2026

PRESENTING CLINICAL SIGNS

Presented on 5/31 for a 3 days history of vomiting.

Owner found string wrappers in the vomitus and since Thursday unable to hold down food or water

Abnormal PE/Chem/CBC/UA Results: Normal PE aside from mild dehydration. No apparent obstruction on radiographs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with primarily dependent lumen particulate sediment. 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 6.7 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of 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 0.59 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 minor non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented thickened wall layering exhibiting indistinct wall layer detail subjectively visualized in the ventral to caudoventral gastric body with thickened stomach wall measuring up to 1.2 cm. The stomach appeared mildly distended with lumen gas. No overt obstruction to pyloric outflow.

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.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mildly thickened gas distended stomach
- Sonographically unremarkable empty small intestine
- Normal area of pancreas

Secondary

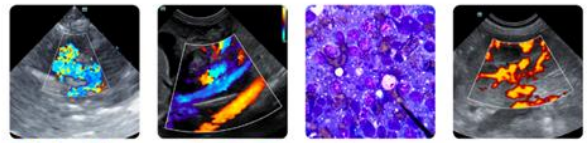
- Mild urine sediment
- Mild non-organized gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive evidence of mechanical gastrointestinal obstruction was not present. No overt evidence of gastrointestinal foreign material, although sonographic evaluation of the gastric interior was somewhat limited by lumen gas. The thickened stomach wall may indicate non-specific gastritis, i.e. dietary indiscretion, infectious disease, etc. with mild potential for emerging gastric neoplasia not definitively excluded. If available, upper gastrointestinal endoscopy for further evaluation of the gastric interior as well as potential for biopsies is recommended.

Gastrointestinal support including broad-spectrum gastroprotectants and as needed anti-emetics, smaller more frequent feedings of a bland or hydrolyzed diet with clinical and sonographic monitoring pending clinical response would be more conservative.

Although considered less likely given normal adrenal presentation a screening cortisol level to assess for occult Addison's disease is suggested.



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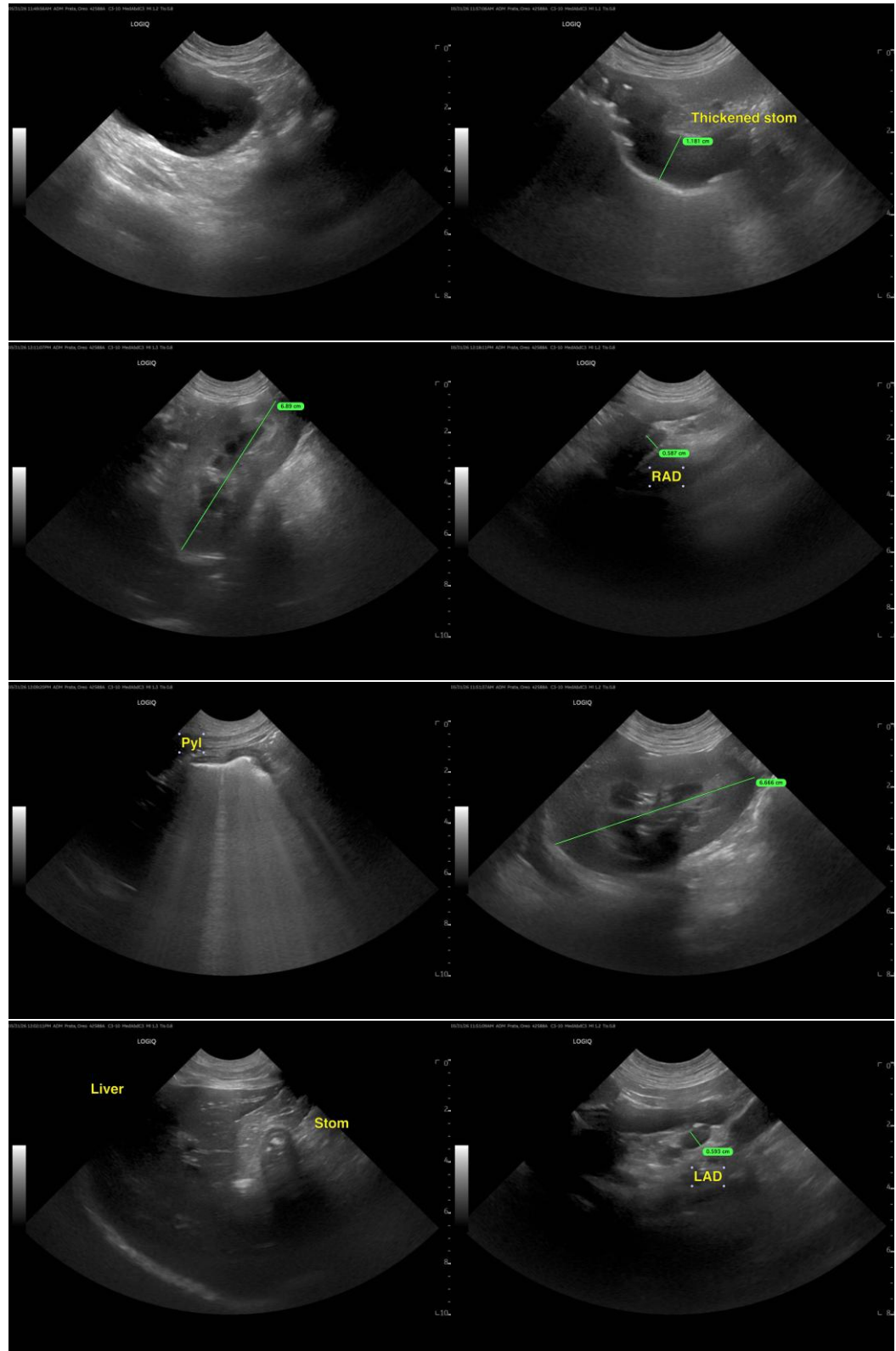
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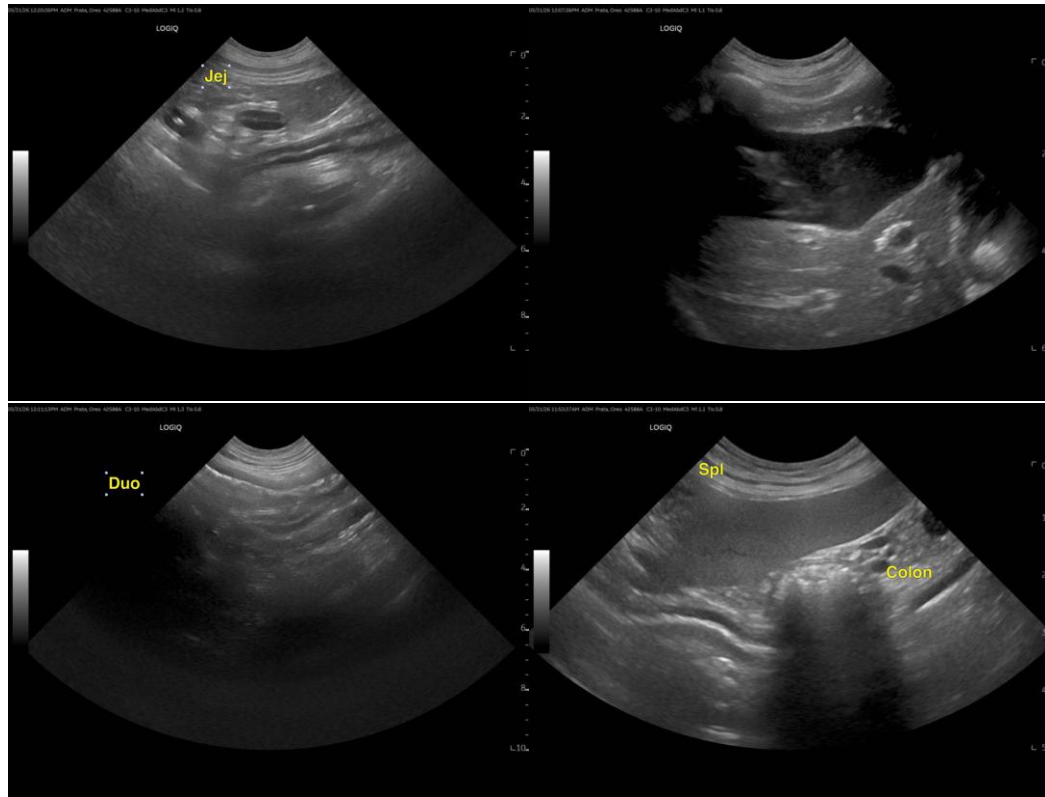
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com