



## PATIENT

Koda Insko

## SPECIES

Canine

## BREED

German Shepherd

## SEX

MN

## AGE

8yr

## WEIGHT

115lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rodriguez

## HOSPITAL NAME

Foxfield Veterinary  
Services

## REFERRING VET

Rodriguez

## INVOICE

25039

## DATE

06/08/2026

## PRESENTING CLINICAL SIGNS

Intermit vomiting. Bloodwork WNL. Vomiting began after a few doses of NSAIDS/Gabapentin

Abnormal PE/Chem/CBC/UA Results: WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 7.8 cm in length. The right kidney measured 8.1 cm in length.

The area of the aortic trifurcation was free of pathology.

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 0.73 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 0.97 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented mild to variably thickened wall exhibiting intact to mild indistinct wall layer detail. The stomach contained lumen gas and a mild amount of retained anechoic fluid. The gastric body wall measured 0.73 cm width. No obstruction to pyloric outflow.



## PATIENT

Koda Insko

The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Borderline prominent to thickened intestinal wall. The small intestine exhibited mild segmental non-obstructive intestinal ileus and non-shadowing chyme to the level of the colon. The duodenum wall measured 0.64 cm width. The jejunum wall measured 0.5 cm width.

## SPECIES

Canine

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

### ***Pancreas***

The area of the pancreas was sonographically normal.

## BREED

German Shepherd

### ***Free Abdomen***

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

## SEX

MN

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Mildly thickened hypomotile stomach
- Mild non-obstructive intestinal ileus /chyme
- Semi-formed to soft fecal matter in colon
- Normal area of pancreas

## AGE

8yr

## WEIGHT

115lb

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach suggests hypomotile gastritis criteria with potential for more generalized non-specific gastroenteropathy. No evidence of mechanical gastrointestinal obstruction, overt ulceration, active pancreatitis or definitive neoplastic criteria which is thought less likely.

## INTERPRETED BY

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

Gastrointestinal support indicated which may include dietary trial, broad-spectrum gastroprotectants, +/- empirical deworming with clinical monitoring. Sonographic reassessment indicated if non-responsive or continued gastrointestinal signs or evidence of weight loss. Upper gastrointestinal endoscopy may be considered if persistent clinical signs. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol may be considered.

## IMAGING PERFORMED BY

Rodriguez

## HOSPITAL NAME

Foxfield Veterinary  
Services

## REFERRING VET

Rodriguez

## INVOICE

25039

## DATE

06/08/2026



**PATIENT**

Koda Insko

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

MN

**AGE**

8yr

**WEIGHT**

115lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rodriguez

**HOSPITAL NAME**

Foxfield Veterinary  
Services

**REFERRING VET**

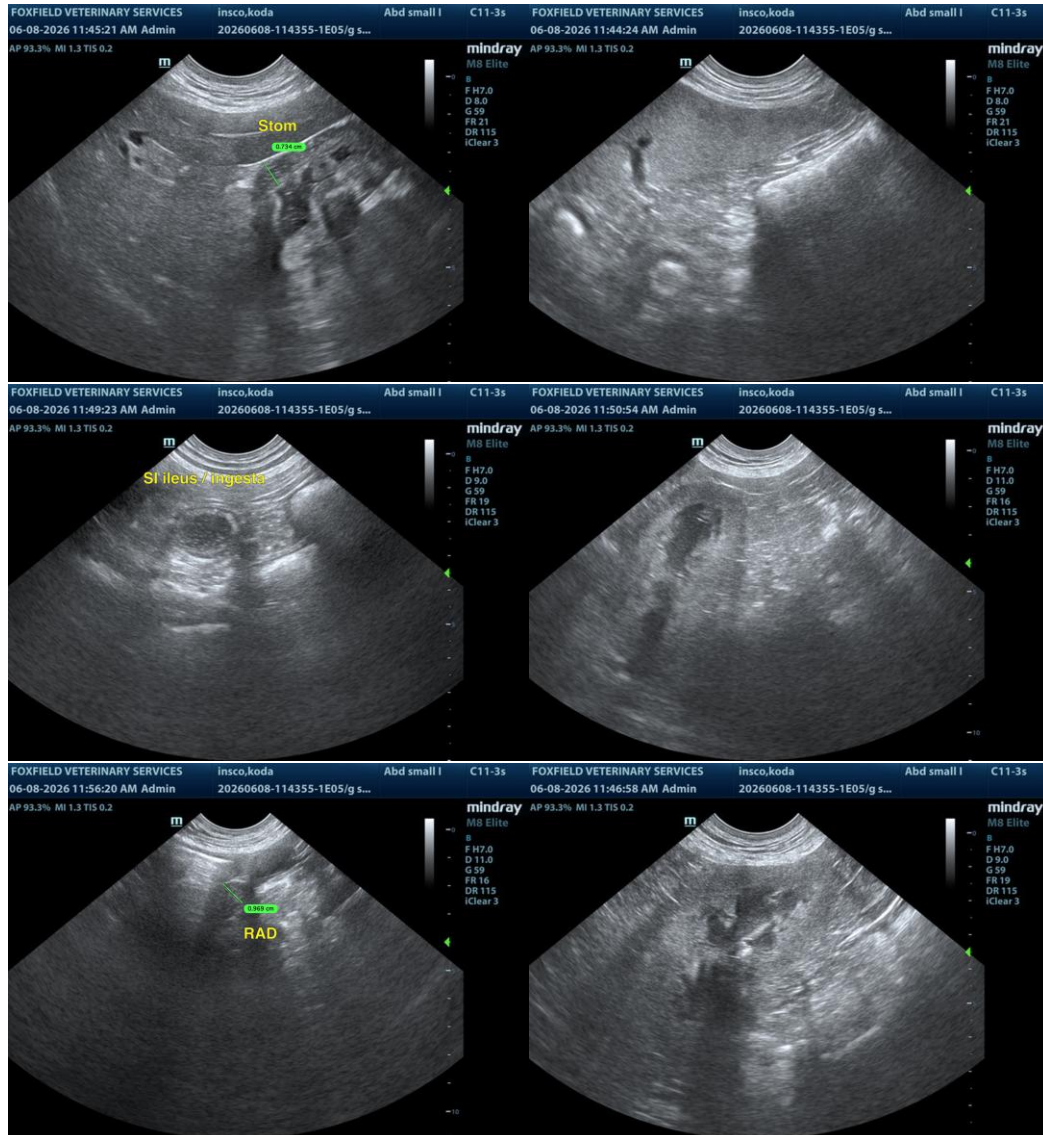
Rodriguez

**INVOICE**

25039

**DATE**

06/08/2026





**PATIENT**

Koda Insko

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

MN

**AGE**

8yr

**WEIGHT**

115lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rodriguez

**HOSPITAL NAME**

Foxfield Veterinary  
Services

**REFERRING VET**

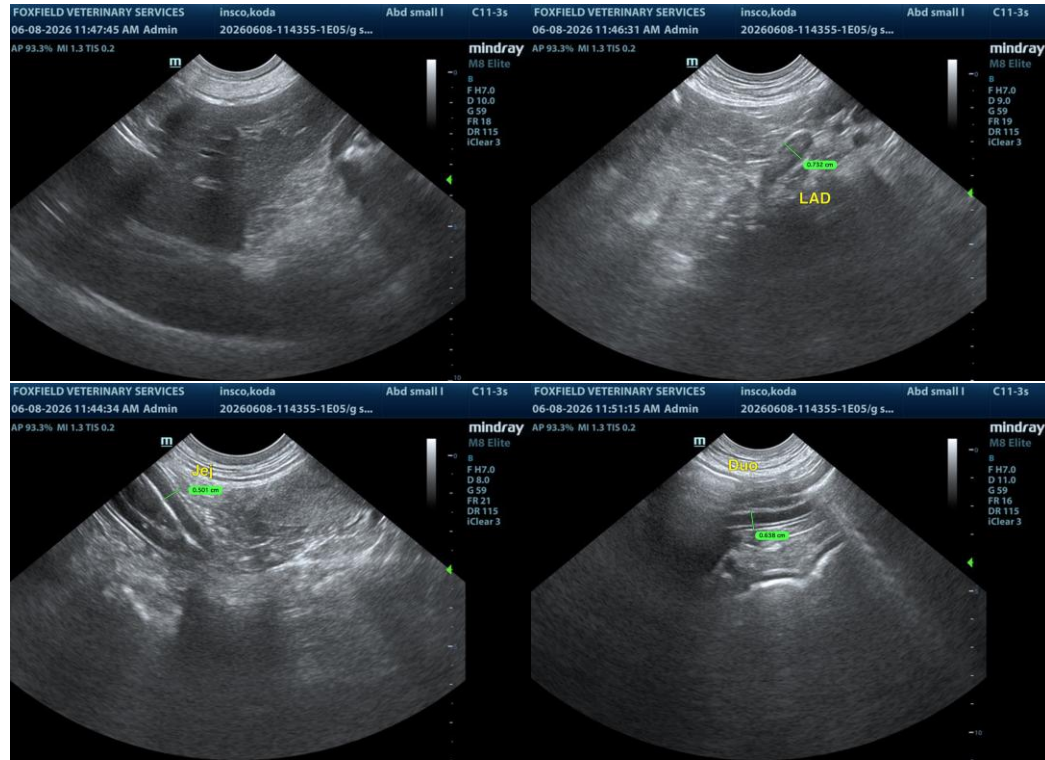
Rodriguez

**INVOICE**

25039

**DATE**

06/08/2026



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)