



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Kai Hernandez	Reason for Visit: Vomiting History: Vomiting clear foamy liquid, vomited 1 week ago undigested food with yellow bile gave omeprazole for a few days and p was fine C/S/V/D: V+ E/D/U/D: wnl Diet: Purina pro plan puppy FAS Score: 0 Current Medications (dose and frequency): omeprazole 20mg Heartworm Prevention / Flea Prevention: Simparica trio over due 8 days ago Known Allergies and Medical Conditions: none Microchip ID: 981020043803782
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Rottweiler x	Abnormal PE/Chem/CBC/UA Results: Vital Signs Weight: 62lbs Temp: 100.2 HR: 128bpm RR: 28rpm MM/CRT: slightly tacky, slightly pale <2 Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: 7-9% dehydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; clean no debris AU; No cough on tracheal palpation. Oral Cavity: No dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, slightly tachycardic. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no palpable organomegaly or abnormalities Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. BCS 5/9 Neurological: Appropriate Fecal: Diagnostic Testing Needed: none today Declined
<b>SEX</b>	
Neutered Male	Diagnosics/Treatments: Findings: Assessment: vomiting r/o food change (different formula), dietary indiscretion, FB, intestinal parasites, other Treatment Plan: 500 mL SQ here and 500 mL SQ at home Treatment Declined: Testing Performed: senior/4dx Results: CBC: Lymphs 5.26 (1.06-4.95) Chem: Phos 7.1 (2.5-6.1), CK 306 (10-200) UA: SG 1.063, WNL T4: 2.2 WNL 4dx: negative Recommendations: continue symptomatic tx, consider AUS Retesting Needed?
<b>AGE</b>	
1 Year 4 Months	
<b>WEIGHT</b>	
62 Pounds	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Urinary System</b>
	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 changes were noted.
<b>IMAGING PERFORMED BY</b>	
Michaleen	The prostate gland was free of overt pathology.
<b>HOSPITAL NAME</b>	
DPC Vet Hospital	The area of the aortic trifurcation was free of pathology.
<b>REFERRING VET</b>	
Dr. White	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. The right kidney measured 6.2 cm.
<b>INVOICE</b>	<b>Adrenal Glands</b>
44494	The adrenal glands were not definitively visualized. No overt pathology in the area of the left or right adrenal gland. The left adrenal gland potentially measured 0.42 cm at the caudal pole in width.
<b>DATE</b>	<b>Spleen</b>
7/30/23	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.



**PATIENT** *Liver*

Kai Hernandez

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.

**SPECIES**

Canine

**Gastrointestinal**

**BREED**

Rottweiler x

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

**SEX**

Neutered Male

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.

**AGE**

1 Year 4 Months

**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.

**WEIGHT**

62 Pounds

**Free Abdomen**

No evidence of significant omental lymphadenopathy. No peritoneal effusion.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen
- Structurally unremarkable gastrointestinal tract – no evidence of mechanical/metabolic gastrointestinal ileus.

**IMAGING PERFORMED BY**

Michaleen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

DPC Vet Hospital

No sonographic evidence of significant visceral, specifically gastrointestinal, pathology. Dietary intolerance/food hypersensitivity, occult parasitism, structurally insignificant gastroenteritis or other inflammatory gastroenteropathy, less likely low-grade pancreatitis, which may present sonographically normal, are all potentials. No evidence of gastrointestinal foreign body or mechanical obstruction.

**REFERRING VET**

Dr. White

Further assessment may include a GI panel to include PLI, TLI, cobalamin and folate as well as screening resting cortisol level to assess for occult disease. Empirically, novel protein or hydrolyzed diet with potential for long-term dietary therapy, as needed gastroprotectants, continued Omeprazole at 1 mg/kg PO SID over the next 3 weeks with assessment of clinical response is suggested. Empirical deworming with Panacur 50 mg/kg PO SID over the next 5 days with potential repeat protocol in 3 weeks (even if fecal testing is negative) is recommended.

**INVOICE**

44494

**DATE**

7/30/23



**PATIENT**

Kai Hernandez

**SPECIES**

Canine

**BREED**

Rottweiler x

**SEX**

Neutered Male

**AGE**

1 Year 4 Months

**WEIGHT**

62 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC Vet Hospital

**REFERRING VET**

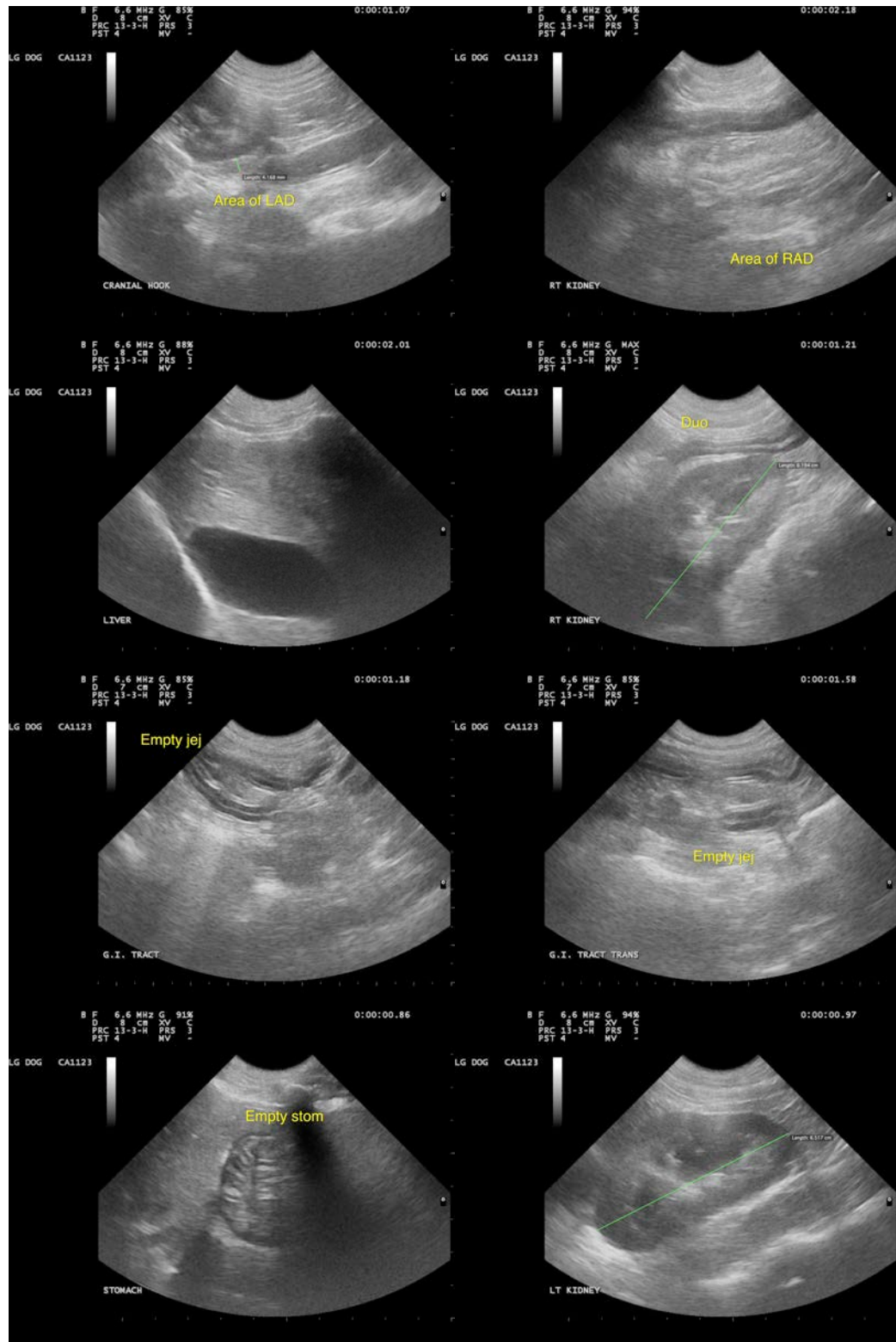
Dr. White

**INVOICE**

44494

**DATE**

7/30/23





**PATIENT**

Kai Hernandez

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.

**SPECIES**

Canine

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.

**BREED**

Rottweiler x

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

info@SonoPath.com

**SEX**

Neutered Male

**AGE**

1 Year 4 Months

**WEIGHT**

62 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC Vet Hospital

**REFERRING VET**

Dr. White

**INVOICE**

44494

**DATE**

7/30/23