



PATIENT

Snickers Barrier

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Female

AGE

5 Years

WEIGHT

6.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency
 Clinic og the High
 Country

REFERRING VET

Dr. Fitch

INVOICE

13142

DATE

01/14/26

PRESENTING CLINICAL SIGNS

P presented for pain in abdomen, fever and WBC 20,000. Rads showed fluid filled tubular structure concern for pyo- fast scan showed fluid and gas in colon

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

The uterus and bilateral ovaries were sonographically normal with no evidence of uterine fluid dilation.

Normal size and margination was 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. Areas of medullary mineral were present with no evidence of pyelectasia. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 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 0.35 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. 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 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.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty to the level of the ileocolic junction. Within the subjective area of the ileum,



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potentially at the level of ileocolic junction, a small amount of shadowing content was visible. No evidence of gastrointestinal obstructive pattern.

The colon walls presented intact generalized mild thickened colon wall. The descending colon was primarily empty with a small amount of segmental shadowing descending colon fecal matter. The proximal colon was dilated in appearance containing nonformed fecal matter with potential for indistinctly visualized concurrent cecal distention with nonformed content.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

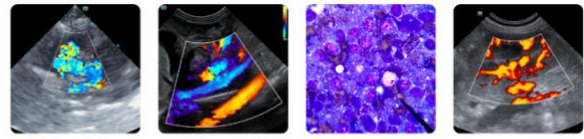
- Colitis pattern with variable colon distention containing nonformed fecal matter.
- Suspect possible typhlitis and mild ileitis with focal nonobstructive ileal and descending colon shadowing content.
- Sonographically normal empty stomach and small intestine.
- Normal area of the pancreas.
- Sonographically unremarkable uterus and bilateral ovaries- no evidence of pyometra.

Secondary Findings

- Bilateral mild renal medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrointestinal support, empirical therapy for ileocolitis and potential typhlitis with monitoring of fecal output is recommended. No evidence of significant abdominal inflammation. The possibility of a small amount of passing foreign material within the distal small intestine and descending colon cannot be excluded. No indication for immediate surgical intervention. Clinical and sonographic monitoring pending supportive care is recommended.



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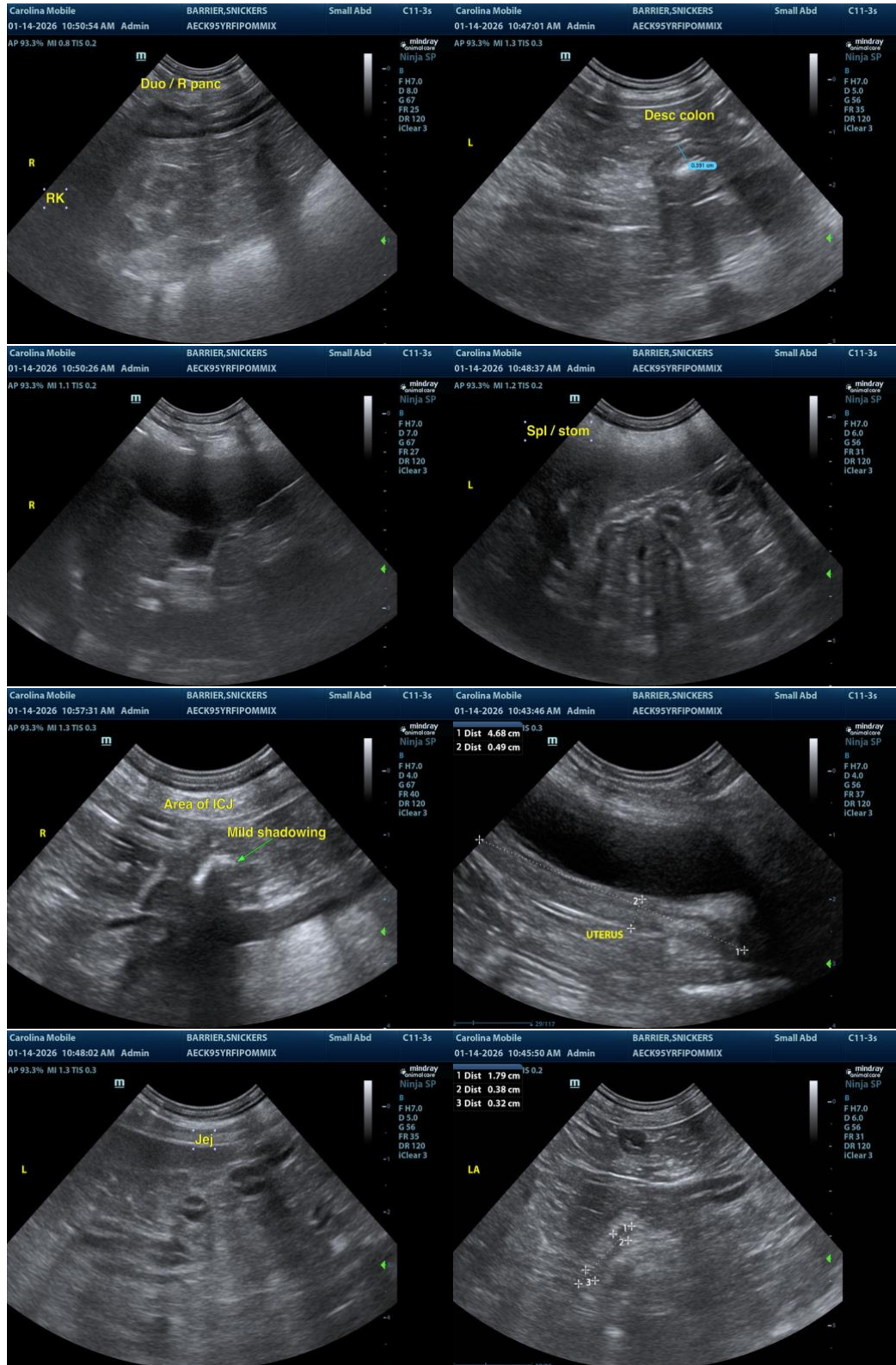
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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