

PATIENT

Myah Stoetzer

PRESENTING CLINICAL SIGNS

****P is SPAYED and is 4 yrs old**** P presented for vomiting last night with a little blood and plastic. P is still eating and drinking.

SPECIES

Canine

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.

BREED

Doodle

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 7.9 cm in length. The right kidney measured 7.6 cm in length.

SEX

FS

AGE

4yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

92.4lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 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 0.62 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kathleen Byrnes

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.

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

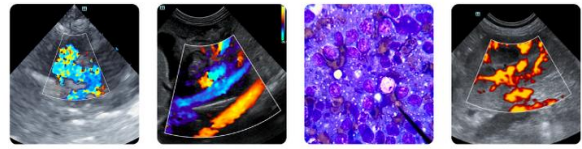
Dr Watson

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a moderate amount of retained mildly echogenic fluid and a mild amount of hyperechoic, primarily non-shadowing to focally shadowing ingesta. No obvious evidence of obstructive pyloric mural pathology.

INVOICE
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The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. The small intestine exhibited primarily empty intestinal lumen with mild segmental gas.

The colon exhibited proximal distension with soft and non-formed fecal matter with variably formed to shadowing fecal matter in the descending colon.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

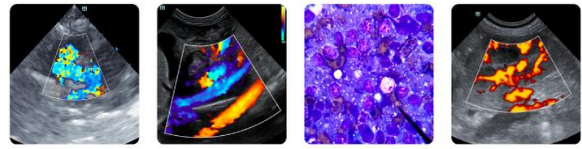
Primary

- Moderate retained gastric fluid and non-shadowing to focally shadowing ingesta.
- Normal empty small intestine with mild segmental gas.
- Normal area of pancreas.
- Variable distended colon containing variable shadowing to non-formed fecal matter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Non-obstructive gastric ileus with a small amount of retained focally shadowing foreign material is of concern yet not definitive given reported continued food and water intake. No evidence of small intestinal obstructive pattern or mural pathology.

Given the time frame between ultrasound study and interpretation, correlation with current clinical signs is recommended. Documented 12-hour fast with sonographic monitoring for gastric emptying vs persistent gastric stasis and retained ingesta may be considered if continued gastrointestinal signs. A small amount of non-obstructive to passed foreign material in the colon cannot be excluded. Monitoring of fecal output is recommended.



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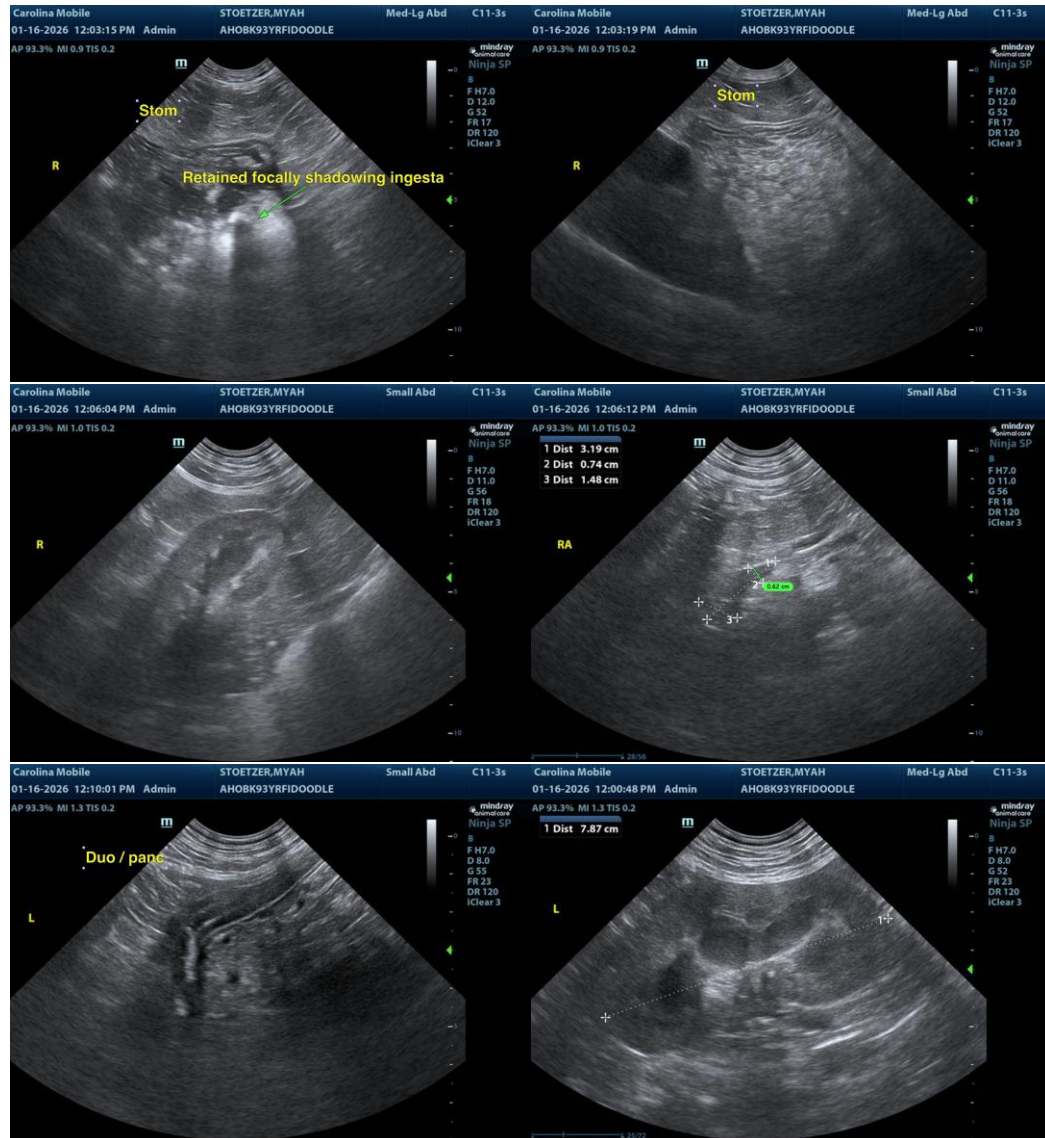
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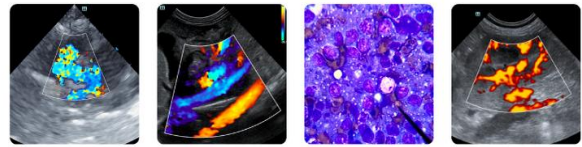
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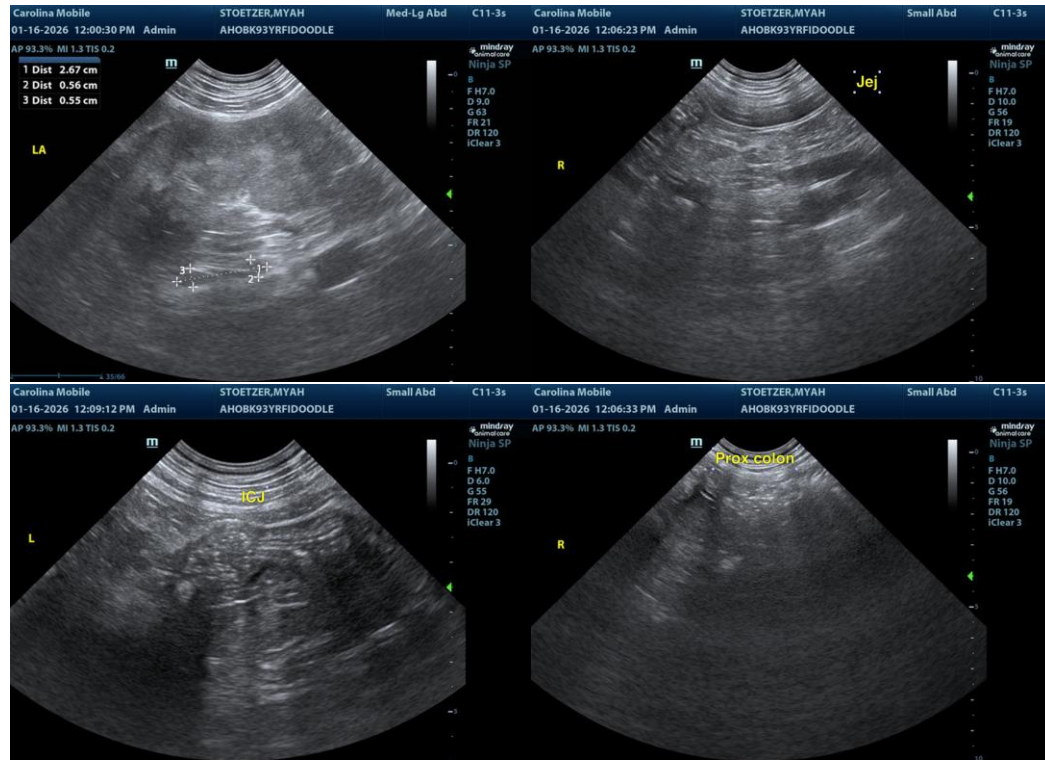
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com