



PATIENT

Olvier Jackson

SPECIES

Canine

BREED

Corgi

SEX

MN

AGE

4yr

WEIGHT

13.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Maria Lara

HOSPITAL NAME

Allure Veterinary
Hospital

REFERRING VET

Maria Lara

INVOICE

23604

DATE

01/18/2026

PRESENTING CLINICAL SIGNS

Patient presented for an acute onset of vomiting and a relapse of chronic diarrhea. The owner reports that Oliver has had irregular bowel movements since late November. While there was some initial improvement with dietary changes and medication, he relapsed over the weekend with 100% liquid stool. The primary concern for today's visit is the onset of vomiting starting around 2-3 am this morning, which was initially bile. This has since progressed to hematemesis with "chunks", starting around 5 am. He is now vomiting frequently. He reportedly ingested a portion of a pee pad on Wednesday or Thursday (1/14-1/15) of last week; pieces were seen in his stool.

Abnormal PE/Chem/CBC/UA Results: Tacky Mucous membranes (~5% dehydration), mild discomfort on cranial palpation. WBC 16.87 (5.05 - 16.76 K/ μ L) H Neutrophils 13.27 (2.95 - 11.64 K/ μ L) H

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 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 5.5 cm in length. The right kidney measured 5.2 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 0.35 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 0.51 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



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non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering. The stomach contained a mild amount of retained echogenic fluid and gas. Intact, mildly prominent yet non-obstructive pyloric wall. The pylorus wall measured 0.52 cm in width. The ventral gastric body wall measured 0.30 cm in width.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Primarily empty intestine lumen with mild non-obstructive upper to mid duodenal ileus. Small intestinal focal area of mild progressively shadowing non-obstructive jejunal content present.

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The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. Soft to non-formed fecal matter consistent with patient history was present in the colon lumen without lumen dilation.

Pancreas

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The area of the pancreas was sonographically normal.

Free Abdomen

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

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13.2kg

ULTRASONOGRAPHIC FINDINGS

Primary

- Hypomotile gastritis with retained primarily nonshadowing fluid / ingesta and gas
- Overall empty small intestine with suspect mild concurrent duodenitis and focal nonobstructive shadowing jejunal content
- Colitis, soft fecal matter
- Normal adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt mechanical gastrointestinal obstructive pattern. Structurally unremarkable IBD or other inflammatory disease, infectious disease, enterotoxin, in addition to potential dietary indiscretion, all potentials. Small pieces of nonobstructive or passing material given patient history within the stomach, intestine or colon possible.

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No overt indication for immediate surgical intervention with supportive care and clinical monitoring warranted. Recheck sonogram is nonresponsive or progressive gastrointestinal signs. A GI panel (PLI/TLI/B12/Folate) and screening cortisol level may be considered.

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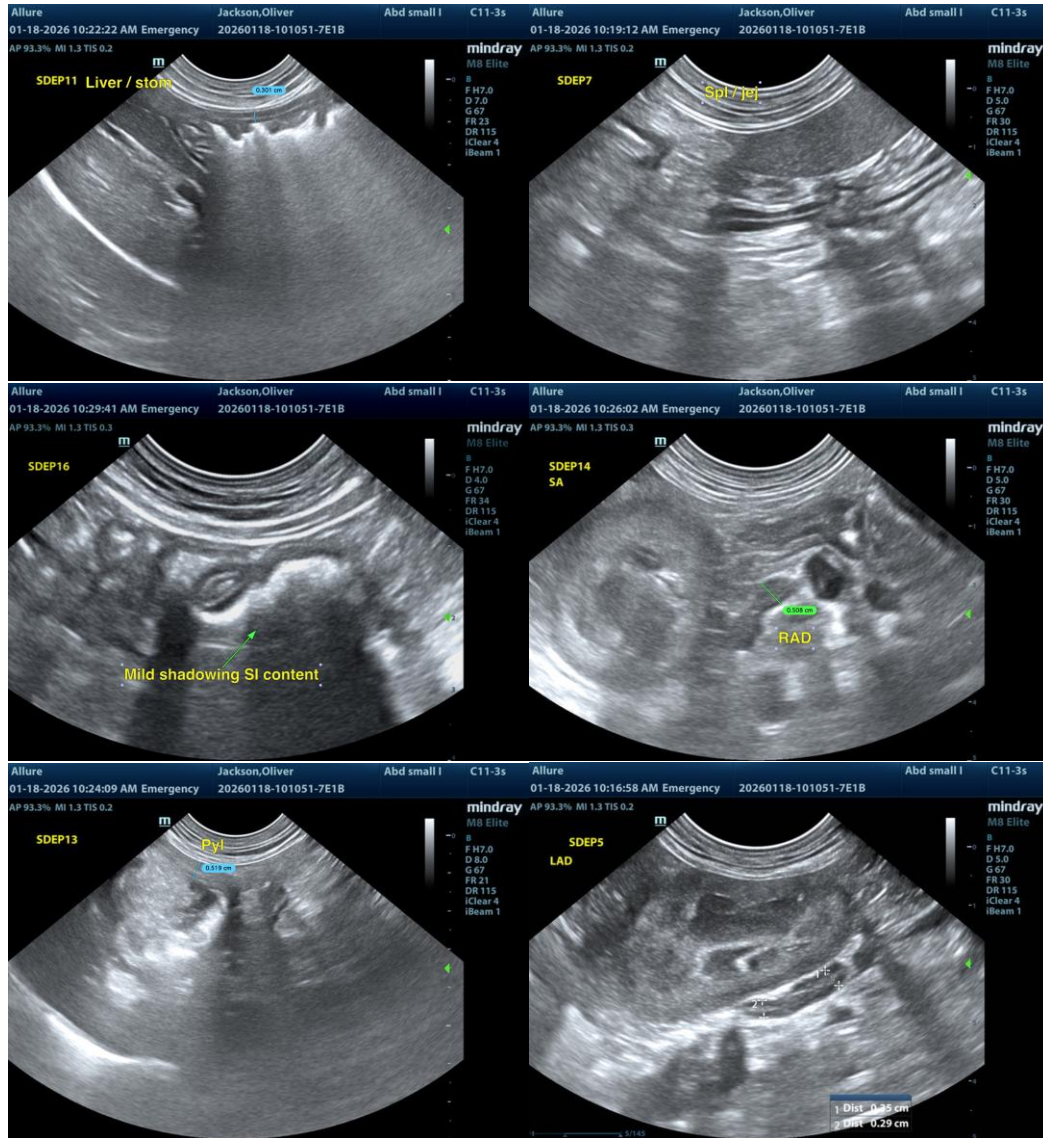
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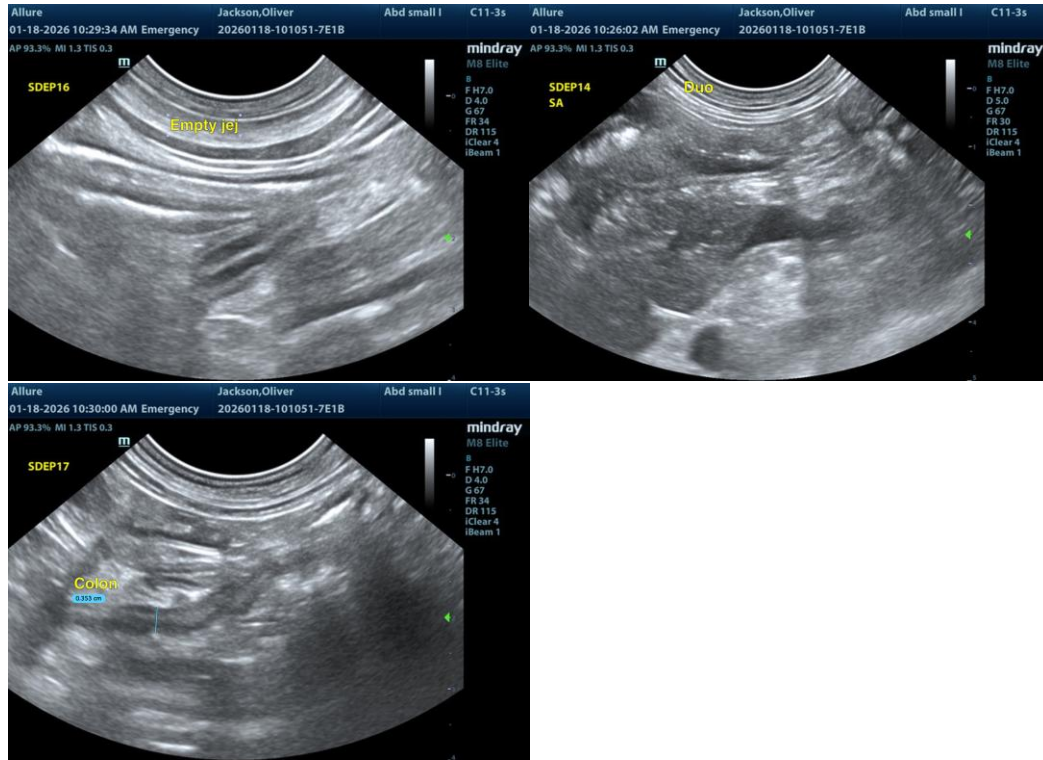
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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