



PATIENT

Dottie Rimer

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

15yr

WEIGHT

11.90lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr Anne Todd

INVOICE
23632

DATE
01/20/2026

PRESENTING CLINICAL SIGNS

History:

- Clinical & PE History:
- -Pt started vomiting every time she eats for the past 2 days.
- -Heart murmur
- -IVDD
- Current Medications
- -Gabapentin
- -Selegiline

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): -CBC: lymphopenia -Chem: ALKP elevated -Pancreatic lipase: elevated no rads at this time

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 was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Left kidney areas of medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length.

The right kidney was indistinctly visualized owing to overlaying proximal colon gas.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The right adrenal gland was mildly enlarged at the caudal pole; the left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.54 cm width. The right adrenal gland measured 0.65 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent small non-capsule deforming well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder



PATIENT

Dottie Rimer

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

15yr

WEIGHT

11.90lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr Anne Todd

INVOICE

23632

DATE

01/20/2026

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with dependent to non-dependent congealed to potentially adhered peripheral lumen debris and non-obstructive mineral. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented primarily intact non-thickened wall. The stomach contained a mild amount of retained, primarily non-shadowing ingesta. Within the gastric lumen and also visualized in the area of the pyloric outflow, a solitary strongly shadowing lumen echo was present, potentially measuring 2.5 cm length by 1.7 cm in diameter. Concurrent possible subjective non-obstructive gastric lumen polyploid lesion exhibiting similar echogenicity to gastric ingesta potentially measuring 1.7 cm x 1.0 cm.

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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Retained gastric ingesta with strongly shadowing gastric pyloric lumen echo and possible subjective non-obstructive gastric lumen polyploid lesion.
- Normal empty small intestine.
- Mildly heterogeneous remodeled pancreas.
- Benign hepatopathy pattern.
- Gallbladder peripheral lumen congealed mildly mineralized to potentially adhered debris, not consistent with mature mucocele criteria.

Secondary

- Chronic renal changes.
- Mild caudal right adrenomegaly.
- Small hyperechoic splenic nodules-most suggestive of benign myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The strongly shadowing gastric echo is highly suggestive of potential intermittent partially obstructive gastric foreign body with potential for retained dense ingesta, treat or medication. Further assessment may include documented 12 hour NPO and sonographic recheck or if available upper gastrointestinal



PATIENT

endoscopy.

Dottie Rimer

No evidence of active or significant pancreatitis while mild to chronic pancreatitis possible. If persistent shadowing gastric echo in conjunction with patient clinical signs without access to endoscopy, laparotomy with gastrotomy and gross inspection of the gallbladder should be considered.

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

15yr

WEIGHT

11.90lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

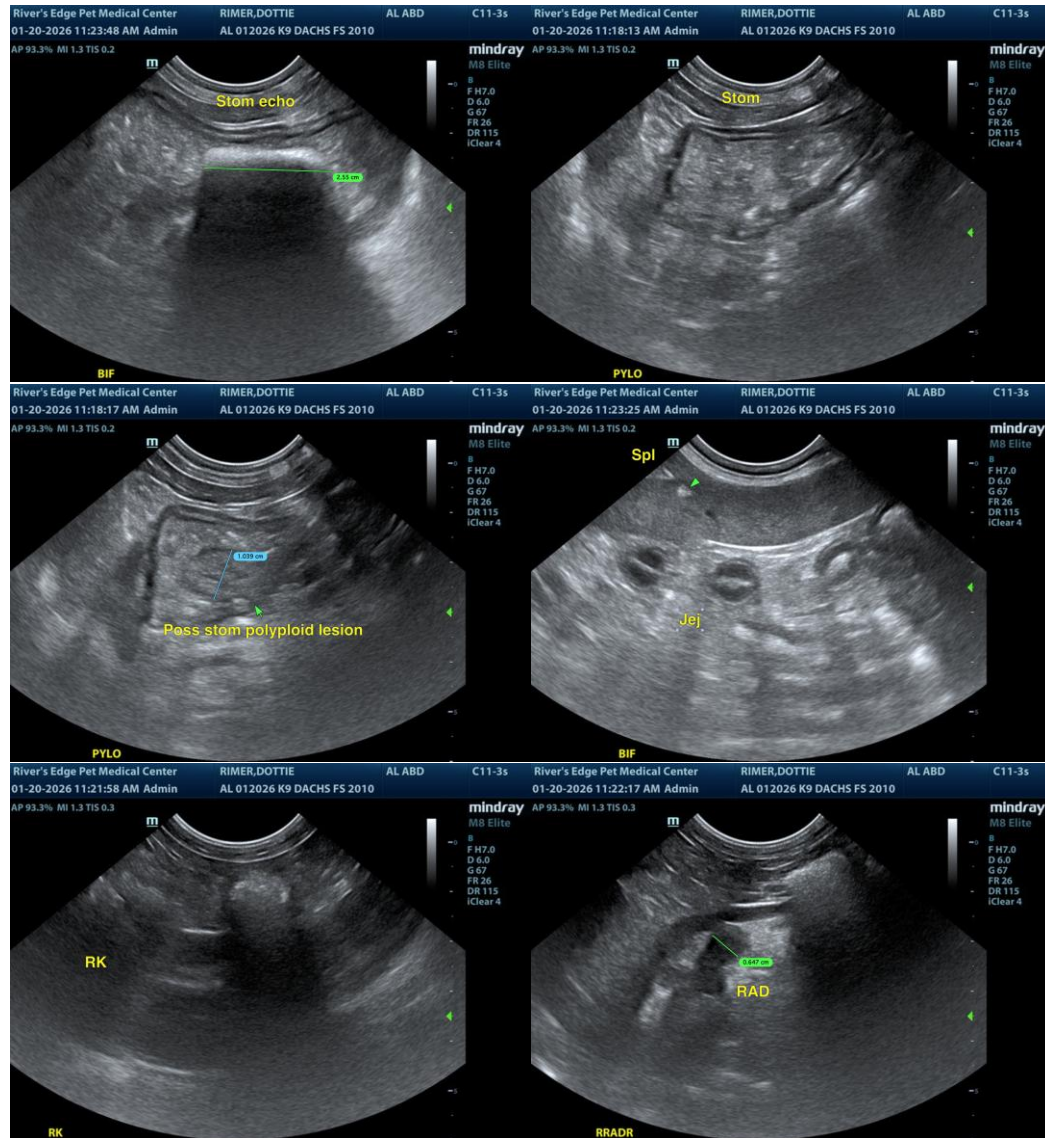
Dr Anne Todd

INVOICE

23632

DATE

01/20/2026





PATIENT

Dottie Rimer

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

15yr

WEIGHT

11.90lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

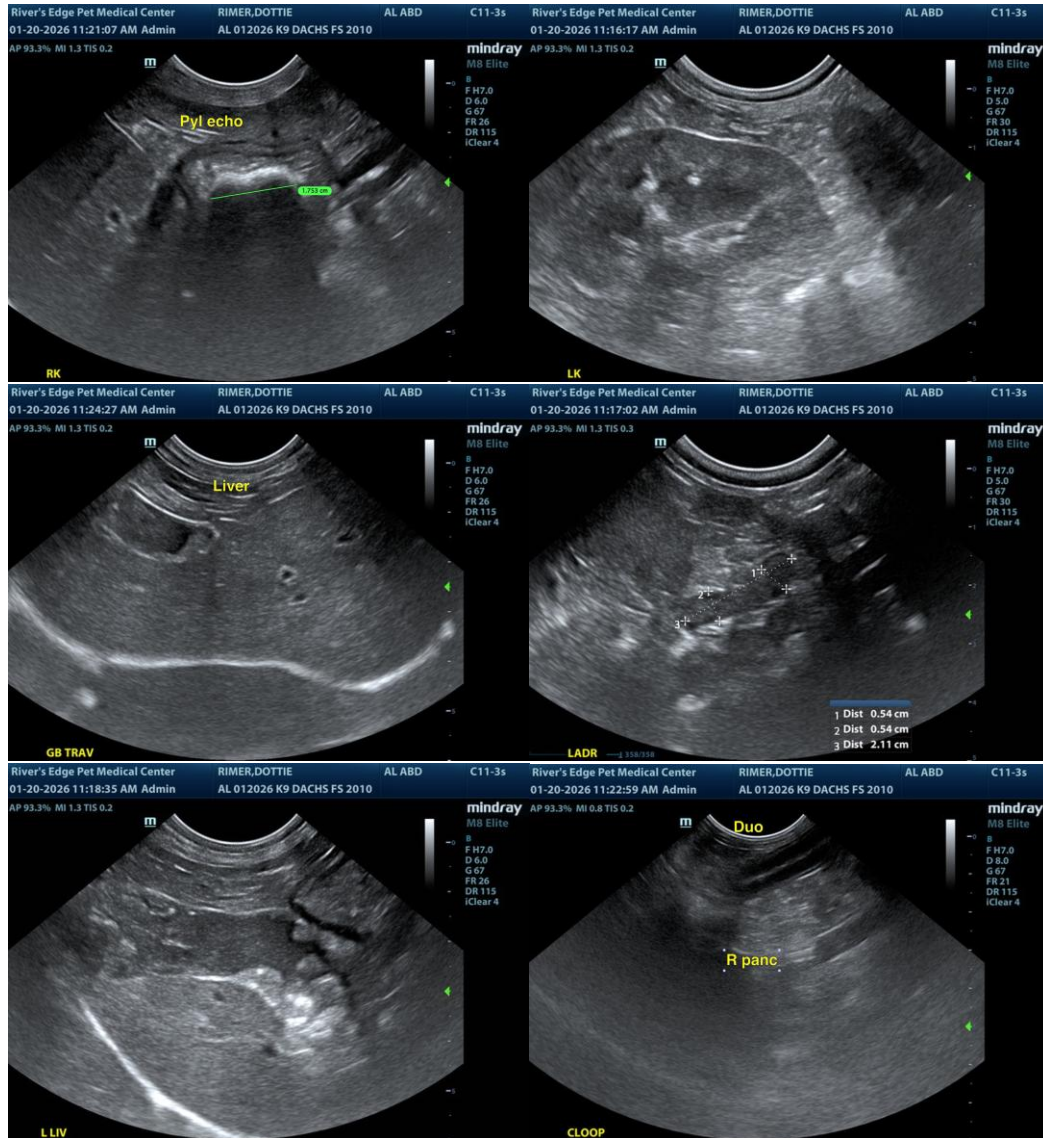
Rivers Edge Pet
Medical Center

REFERRING VET

Dr Anne Todd

INVOICE
23632

DATE
01/20/2026



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 Practise)
info@sonopath.com