



PATIENT

Cedar Reeder

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

9 Years 9 Months

WEIGHT

44.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

13366

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- Ingested a silicone can cover in late November 2025. Small fragments recovered in vomitus in early December. No further vomiting since, no fragments found in stool. Radiographs obtained 12/5/25 showed "frothy soft tissue opaque material in the gastric lumen" and focal loss of peritoneal detail in the mid caudal abdomen. Concern for retained foreign material in the stomach or elsewhere in the digestive tract despite absence of clinical signs.

Abnormal PE/Chem/CBC/UA Results: No significant abnormalities

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 with no evidence of pelvic dilation. The left kidney measured 5.1 cm in length. The right kidney measured 5.8 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 0.57 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 0.60 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing to progressively shadowing ingesta extending into the pyloric outflow with no evidence of obstructive pyloric mural pathology.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The small intestine exhibited segmental empty segments with concurrent mild similar appearing variably echogenic nonshadowing intestinal ingesta and lumen gas to the level of the colon.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Normal gastrointestinal tract with nonshadowing to mild progressively shadowing gastric ingesta and segmental nonshadowing intestinal ingesta.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern. The non-shadowing to focally shadowing primarily gastric ingesta is suggestive of food echogenicity. Potential for persistent to retained intermixed areas of progressively shadowing gastric foreign material cannot be definitively excluded. Correlation with most recent meal ingestion is recommended.

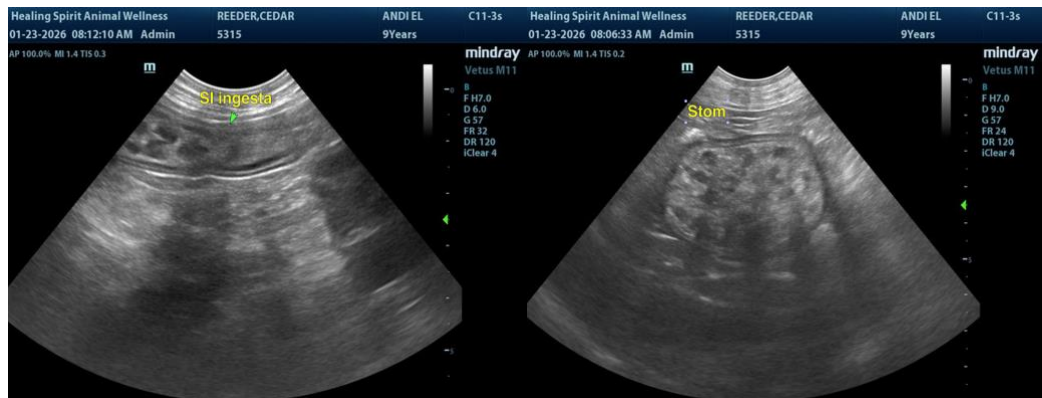
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Documented 12-hour fast and sonographic reassessment of the gastrointestinal tract is warranted. If persistent progressively shadowing gastric content, upper gastrointestinal endoscopy is recommended. No evidence of peritoneal pathology, lymphadenopathy or sonographic evidence of pancreatitis.

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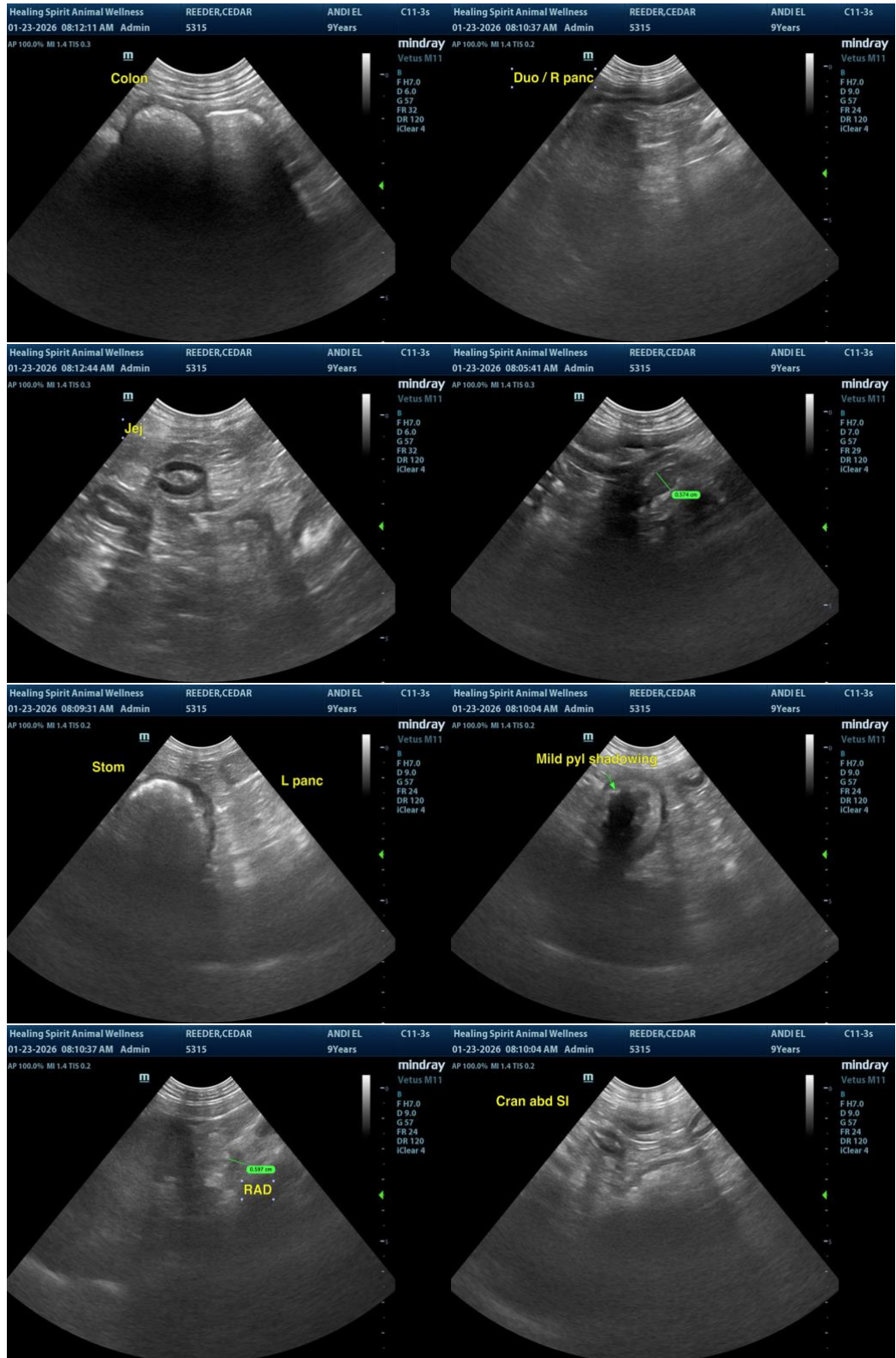
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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