



PATIENT

Maci McCormick

SPECIES

Canine

BREED

Blue Heeler

SEX

F

AGE

7mo

WEIGHT

28lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

23692

DATE

01/27/2026

PRESENTING CLINICAL SIGNS

- Acute onset vomiting; vomitus contained bright red blood, four episodes noted.
 - Gagging earlier this morning without emesis.
 - Chocolate ingestion approximately 4 days ago; client induced emesis with ≤ 2 tbsp hydrogen peroxide, resulting in vomiting of chocolate and a hard plastic toy.
 - Known history of ingesting foreign objects: toys, sticks, yard debris.
 - No known exposure to rodenticide.
 - Small cut on face previously treated with antiseptic/antibacterial.

Abnormal PE/Chem/CBC/UA Results: Less rambunctious than usual, mild gas in abdomen
Glucose 155, Potassium 3.3, Globulin 2

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 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 4.9 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was 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 0.47 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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. Prominent rugal folds. The stomach contained mild to moderate retained anechoic to mildly echogenic fluid and a small amount of hyperechoic, primarily non-shadowing ingesta and intermittent small hyperechoic linear like echoes. No evidence of mechanical obstruction to pyloric outflow. The gastric body wall measured 0.50 cm in width. the pylorus wall measured 0.62 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty without mechanical /metabolic ileus or shadowing content.

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

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

- Hypomotile gastritis with retained fluid and small non-specific non-obstructive areas of hyper-echoic ingesta to small linear like echoes
- Normal empty small intestine
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A small amount of hyperechoic non-obstructive foreign material which could indicate grass or focal stick artifact possible. Gastric mural inflammation likely without definitive evidence of significant ulceration although micro ulceration or irritation is suspected.

Without evidence of upper to generalized gastrointestinal mechanical obstruction, hospitalization with gastrointestinal support which may include IV fluids to promote gastric motility and broad spectrum gastric protectants with clinical monitoring and sonographic reassessment in 18 to 24 hours, sooner if evidence of progressive signs of gastritis or progressive gastric fluid retention is recommended. Alternatively, if available gastric endoscopy could be considered.



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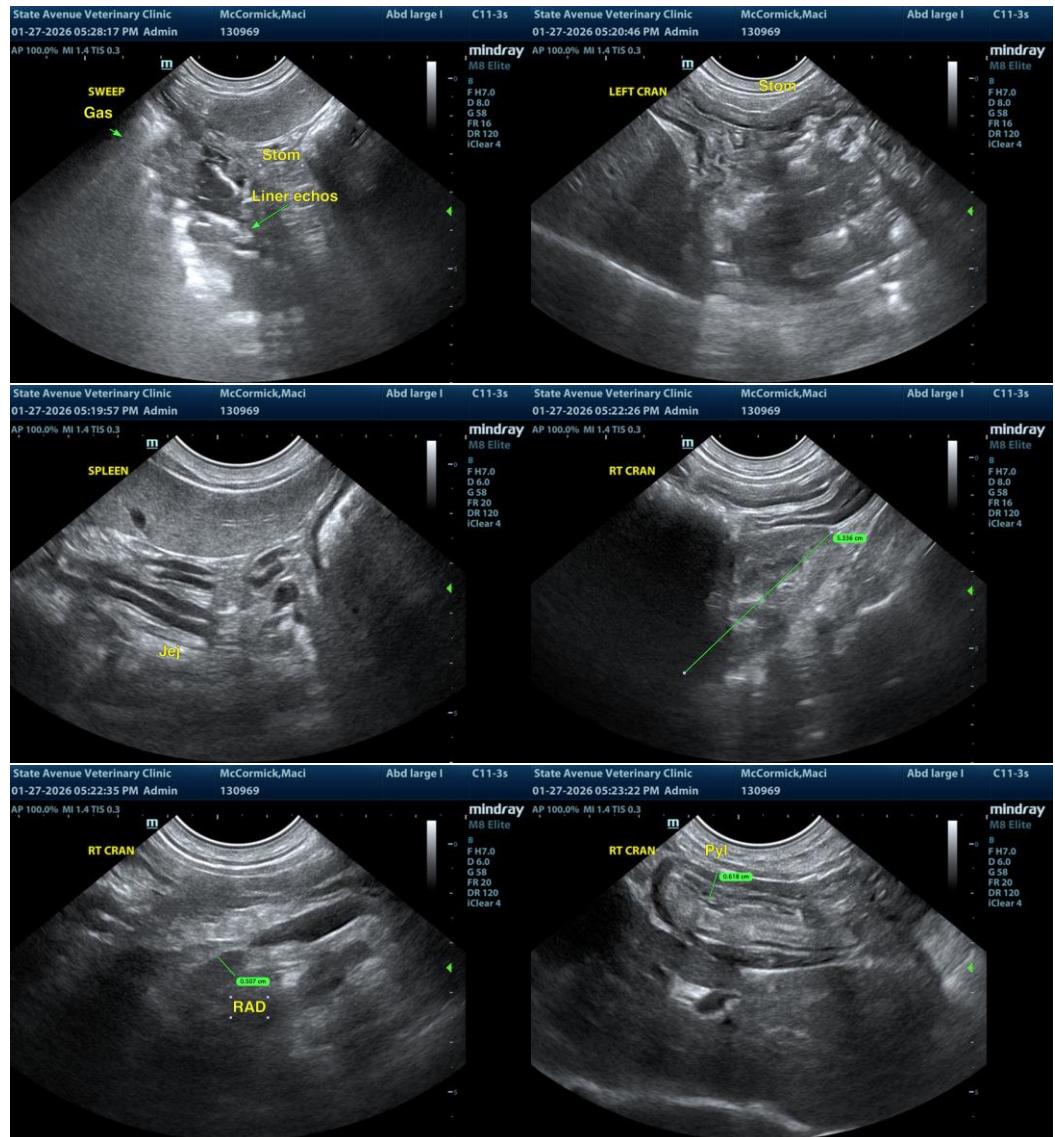
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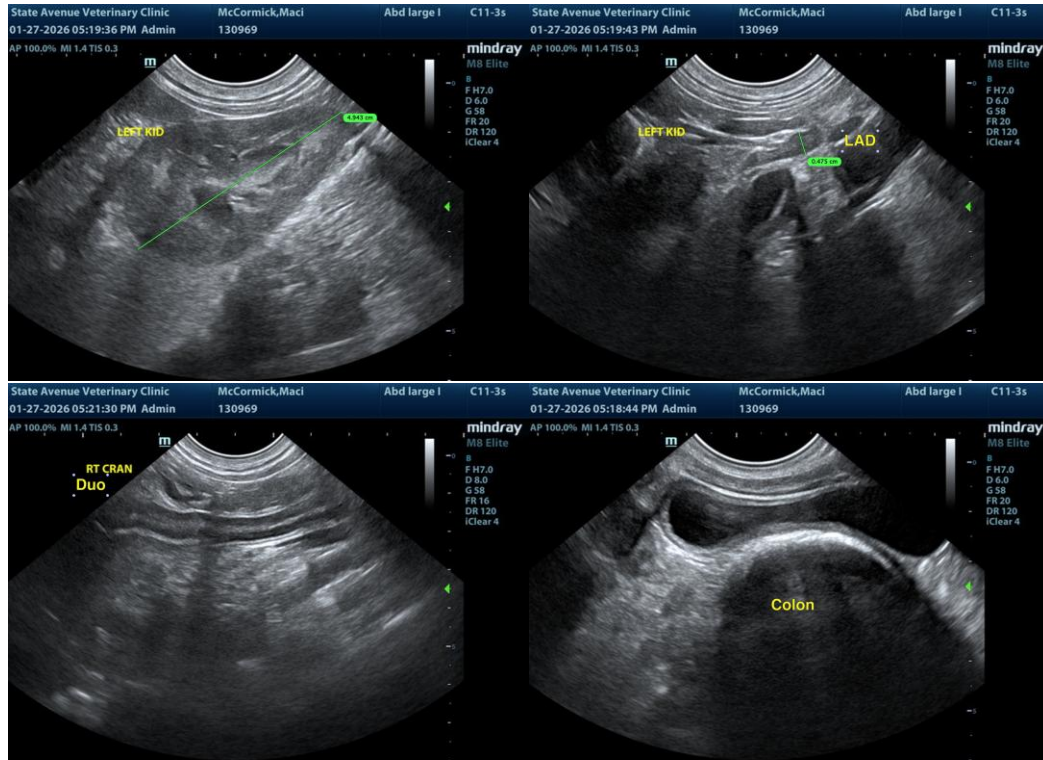
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com