



## PATIENT

Rocky Miller

## PRESENTING CLINICAL SIGNS

- vomiting, diarrhea and inappetence for about one week.

## SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: tachycardia and snappy pulses. Tense and uncomfortable on palpation. Lots of gas and liquid palpated in intestines. rDVM concerned for FBO on radiographs  
CBC: eosinophilia (1.68), otherwise WNL Chem: WNL EPOC: hyperlactatemia (3.5) cPL: WNL Cortisol: 6.47

## BREED

Pit Mix

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

## SEX

MN

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.

## AGE

1yr

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 5.7 cm in length. The right kidney measured 5.9 cm in length.

## WEIGHT

25.2kg

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

## INTERPRETED BY

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

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 0.40 cm width at the caudal pole.

## IMAGING PERFORMED BY

Lindsay Powell, CVT

### 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.

## HOSPITAL NAME

Hershey Animal  
Emergency Center

### Liver/Gallbladder

## REFERRING VET

Dr. Kimberly Davidson

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.

## INVOICE

23689

### Gastrointestinal

## DATE

01/27/2026



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The stomach presented moderate thickened wall. Intact wall layering was maintained and distinct. The pylorus wall measured 0.77 cm width. The stomach contained a moderate amount of anechoic fluid. No visualized evidence of mechanical pyloric outflow obstruction.

## SPECIES

Canine

The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Generalized propensity for mildly prominent hyperechoic duodenojejunal submucosal layer. Empty intestinal lumen was present without evidence of mechanical / metabolic ileus to the level of the colon.

## BREED

Pit Mix

Normal visible colon wall layers were present with semi formed to soft feces in lumen and lumen gas.

### *Pancreas*

## SEX

MN

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*

## AGE

1yr

No omental masses or peritoneal effusion was present.

Intermittent enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 3.0 cm x 1.1 cm.

## WEIGHT

25.2kg

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Moderate hypomotile gastritis.
- Generalized empty small intestine exhibiting intact wall layering and subjective mildly prominent hyperechoic submucosal layer.
- Semi-formed to soft fecal matter and gas in colon.
- Intermittent mild mesenteric lymphadenopathy-suggestive of reactive hyperplasia or lymphadenitis owing to inflammatory bowel.

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## REFERRING VET

Dr. Kimberly Davidson

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive gastric or gastrointestinal foreign body or area of mechanical obstruction was not visualized. Moderate metabolic or functional gastric stasis is favored. The prominent intestinal submucosal layer was nonspecific yet at times may be associated with nonspecific inflammatory intestinal disease such as IBD or other. Dietary indiscretion, infectious disease, dysbiosis, enterotoxin, non-obvious pancreatitis, occult parasitism, occult Addison's disease, less likely non-visualized gastrointestinal foreign body, all potentials.

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## DATE

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Hospitalization with gastrointestinal support including IV fluids to promote gastrointestinal motility with clinical and sonographic monitoring of gastrointestinal motility and degree of gastric ileus is recommended initially. A GI panel to include PLI/TLI, cobalamin and folate along with monitoring of fecal output for evidence of possible passed foreign material is suggested.



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**SPECIES**

Canine

**BREED**

Pit Mix

**SEX**

MN

**AGE**

1yr

**WEIGHT**

25.2kg

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**REFERRING VET**

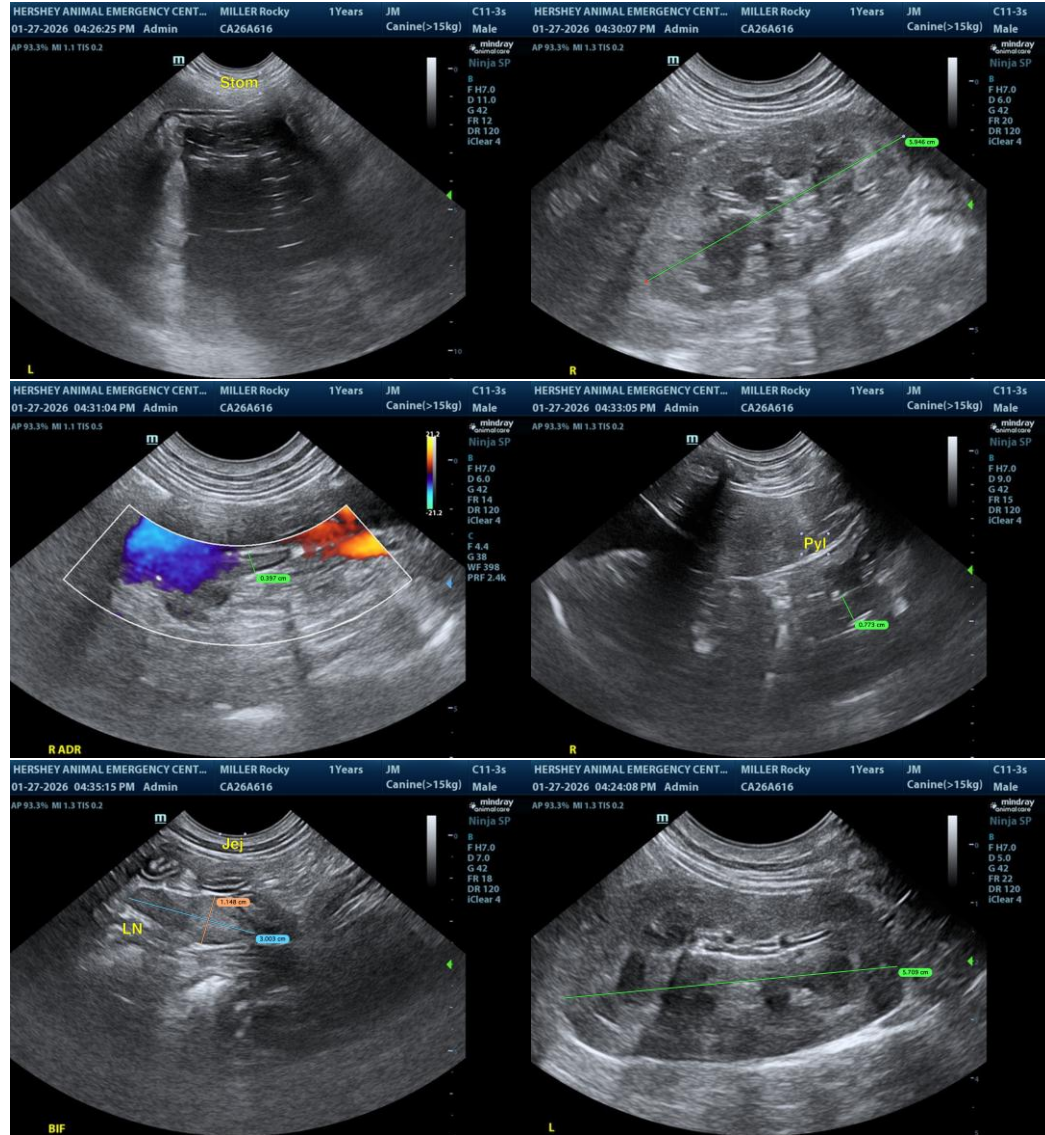
Dr. Kimberly Davidson

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**PATIENT**

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**SPECIES**

Canine

**BREED**

Pit Mix

**SEX**

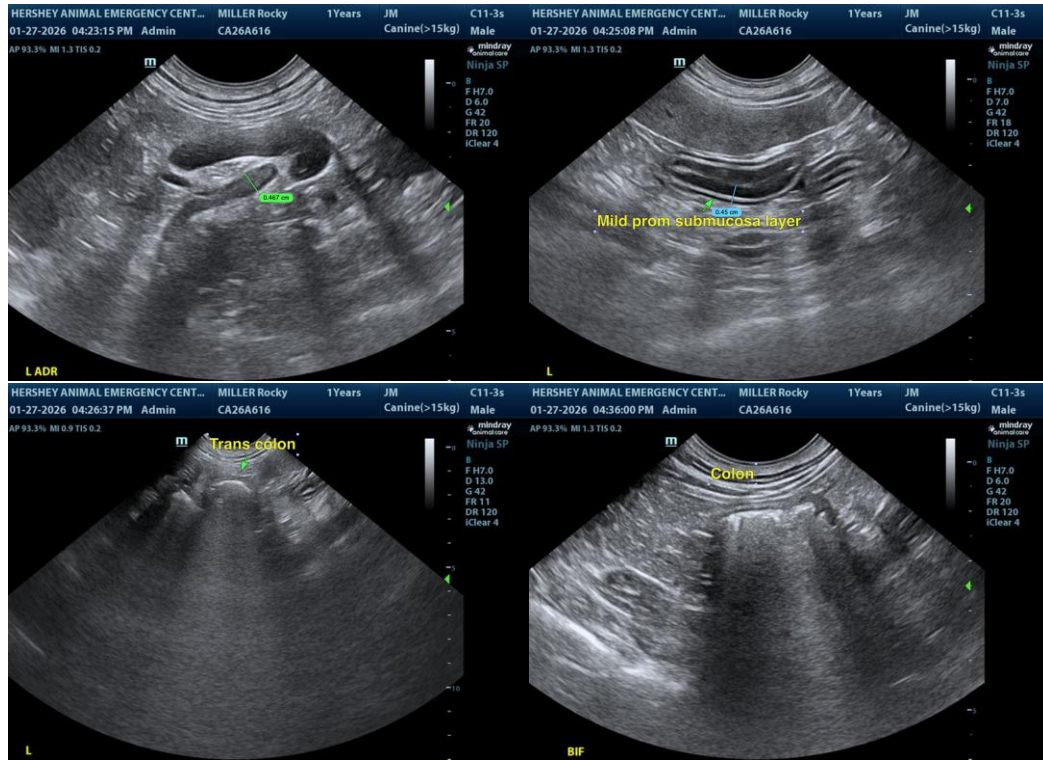
MN

**AGE**

1yr

**WEIGHT**

25.2kg



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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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