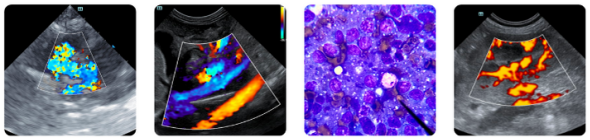


PATIENT

Lola Treece

SPECIES

Canine

BREED

Mixed

SEX

Female

AGE

2y

WEIGHT

7.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Byron Cabrera

HOSPITAL NAME

ACGS Denville

REFERRING VET

Silas Ashmore

INVOICE

13146

DATE

1/29/26

PRESENTING CLINICAL SIGNS

History:

- Vomiting
- Lethargic
- Anorexia (not eating for 2 days)
- Ate a piece of meat (3 inches) 2 days ago

Abnormal PE/Chem/CBC/UA Results: Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 changes were noted.

The area of the aortic trifurcation was free of pathology.

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 3.6 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

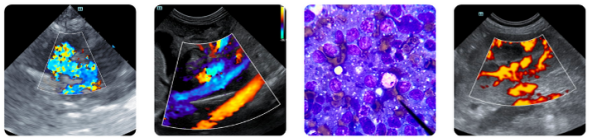
The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.3 cm width at the caudal pole. The right adrenal gland measured 0.33 cm width at the caudal pole.

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

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.



SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Lola Treece

SPECIES

Canine

BREED

Mixed

SEX

Female

AGE

2y

WEIGHT

7.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Byron Cabrera

HOSPITAL NAME

ACGS Denville

REFERRING VET

Silas Ashmore

INVOICE

13146

DATE

1/29/26

Gastrointestinal

The stomach presented intact mildly thickened wall. Intact wall layering was maintained and distinct. The stomach contained moderate retained amount of anechoic fluid and mild echogenic ingesta as well as mild lumen gas.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Segmental mild ileus and hyperechoic ingesta without overt obstructive pattern to the level of the colon.

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

Pancreas

The left pancreas was normal in size with mild non-homogeneous hypoechoic parenchyma compared to adjacent non-reactive omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific acute gastroenteritis pattern accentuated by moderate hypomotile stomach and segmental non-obstructive hyperechoic intestinal ingesta
- Mild non-homogeneous hypoechoic left pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive area of gastrointestinal mechanical obstruction, i.e. definitive obstructive foreign material was not obvious. Moderate metabolic gastric stasis secondary to generalized nonspecific gastroenteritis secondary to dietary indiscretion, infectious disease, enterotoxin, occult parasitism, occult Addison's disease possible. Small amounts of potential non-obstructive or passing intestinal foreign material not definitively excluded.

Hospitalization with gastrointestinal support including IV fluids which may promote gastrointestinal motility with clinical and sonographic monitoring over the next 24 hours is recommended. If non-responsive or progressive gastrointestinal signs combined with persistent or progressive gastric or gastrointestinal ileus, exploratory laparotomy with gastrointestinal biopsies considered essential despite exploratory findings may be considered.

PATIENT

Lola Treece

SPECIES

Canine

BREED

Mixed

SEX

Female

AGE

2y

WEIGHT

7.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Byron Cabrera

HOSPITAL NAME

ACGS Denville

REFERRING VET

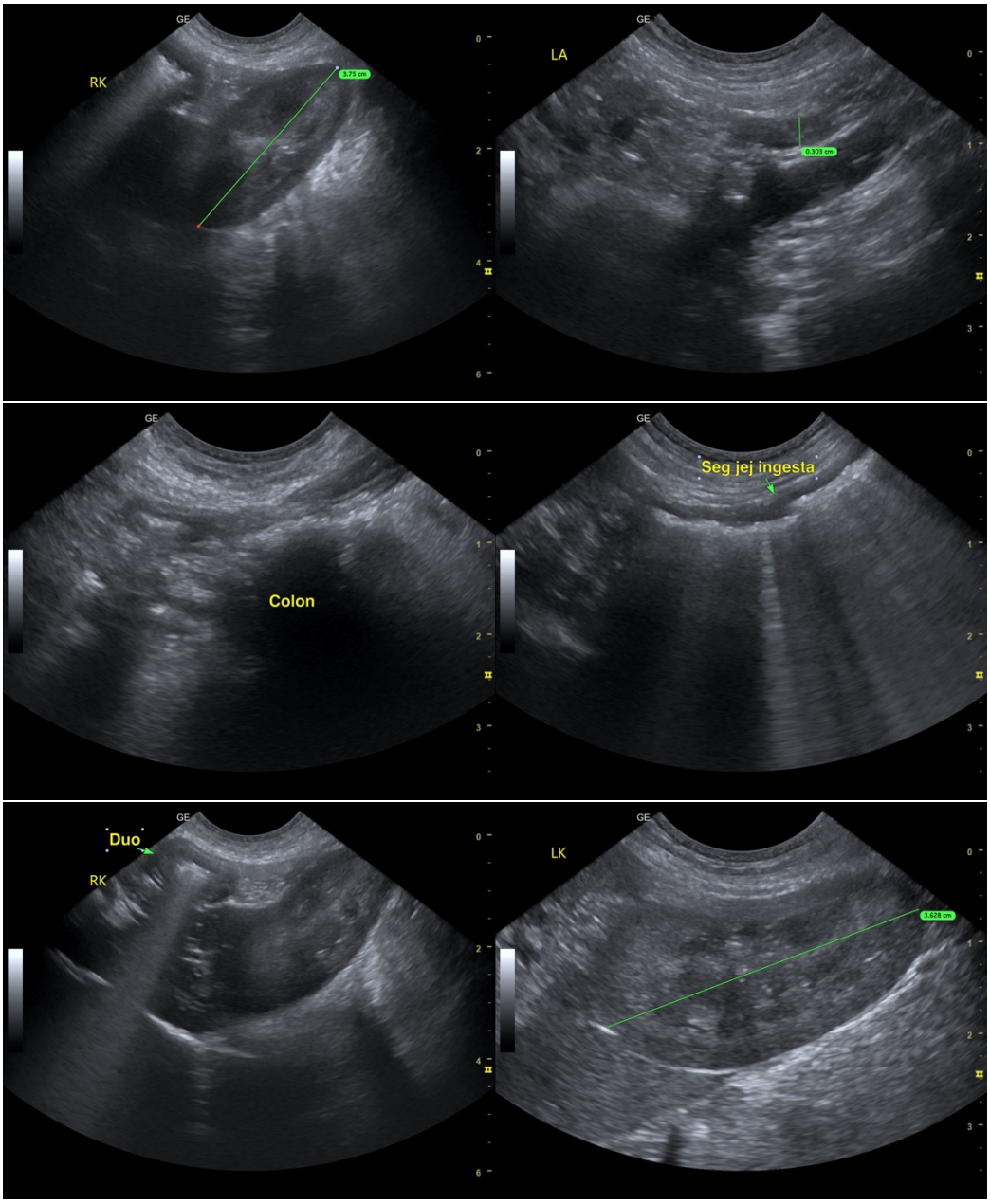
Silas Ashmore

INVOICE

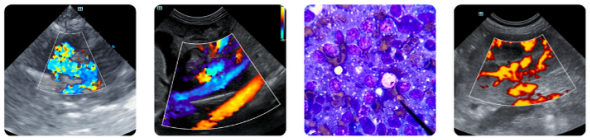
13146

DATE

1/29/26



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Lola Treece

SPECIES

Canine

BREED

Mixed

SEX

Female

AGE

2y

WEIGHT

7.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Byron Cabrera

HOSPITAL NAME

ACGS Denville

REFERRING VET

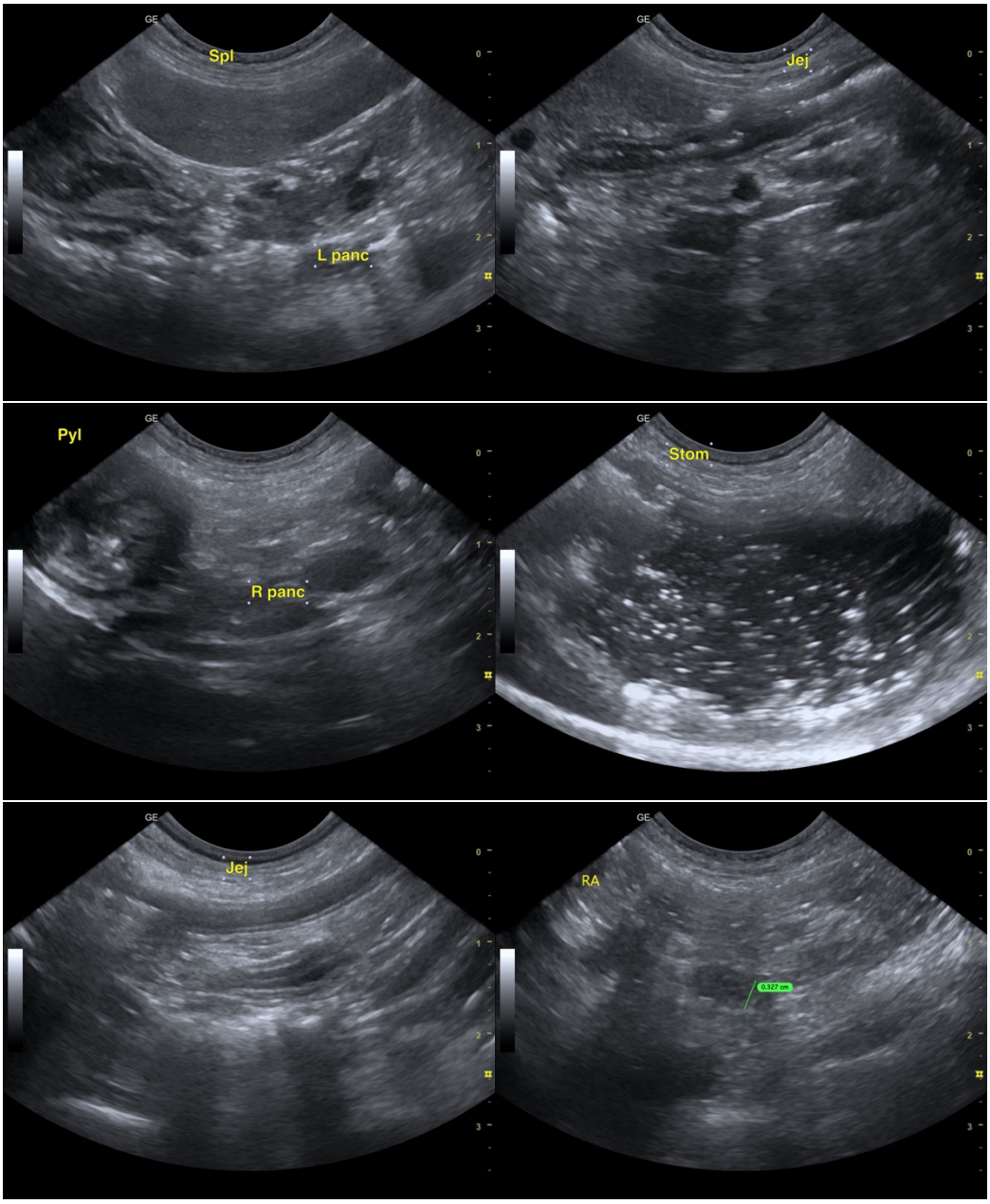
Silas Ashmore

INVOICE

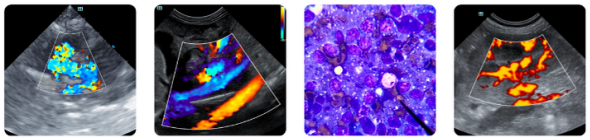
13146

DATE

1/29/26



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Lola Treece

SPECIES

Canine

BREED

Mixed

SEX

Female

AGE

2y

WEIGHT

7.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Byron Cabrera

HOSPITAL NAME

ACGS Denville

REFERRING VET

Silas Ashmore

INVOICE

13146

DATE

1/29/26

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