



PATIENT

Mia Lengel

PRESENTING CLINICAL SIGNS

- Vomiting/Anorexic and not drinking since yesterday
- Vomited through Cerenia overnight

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: NSF on cbc/chem Rads yesterday no overt obstructive pattern appreciated Repeated rads today (attached) showed progressive dilation of SI, more suspicious of FB

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

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.

AGE

7yr

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 7.0 cm in length. The right kidney measured 7.5 cm in length.

WEIGHT

85lb

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 overtly normal in size, position and shape. The left adrenal gland measured 0.64 cm width at the caudal pole The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

IMAGING PERFORMED BY

Kelsey

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

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Veterinary Services

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

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The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid, non-shadowing chyme and lumen gas. No overt obstruction to pyloric outflow.

SPECIES

Canine

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Mild segmental gas was present.

BREED

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Normal visible colon wall layers were present with 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.

SEX

FS

Free Abdomen

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

AGE

7yr

Mild peri-intestinal hyperechoic reactive omentum was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Acute nonspecific gastroenteritis pattern exhibiting mild gastric and primarily generalized intestinal ileus
- Semi formed fecal matter in colon
- Normal area of pancreas

WEIGHT

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive area of mechanical gastrointestinal obstruction, i.e. foreign body, stricture, mass, etc. was not obvious. The generalized gastrointestinal ileus may suggest metabolic gastrointestinal ileus potentially secondary to dietary intolerance, infectious disease, dysbiosis, enterotoxin, acute inflammatory bowel, mild pancreatitis, occult parasitism, occult Addison's disease or less likely occult neoplasia.

IMAGING PERFORMED BY

Kelsey

Hospitalization with gastrointestinal support, including IV fluid / gastric protectants with clinical and as needed sonographic monitoring recommended over the next 24 to 48 hours. Recheck sonogram sooner if non-responsive gastrointestinal signs or evidence of progressive gastrointestinal ileus is recommended. A screening cortisol level to rule out occult Addison's disease is recommended.

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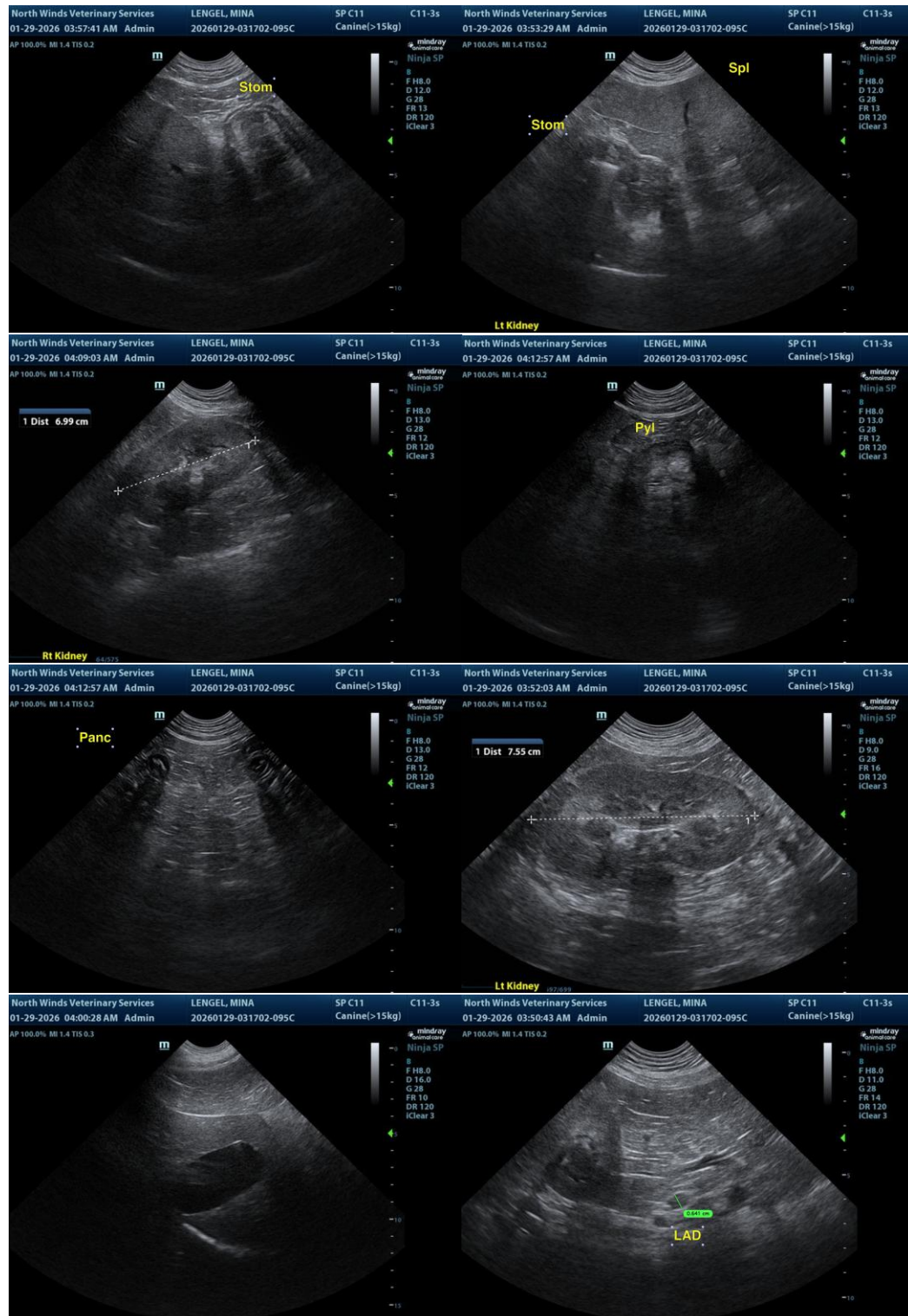
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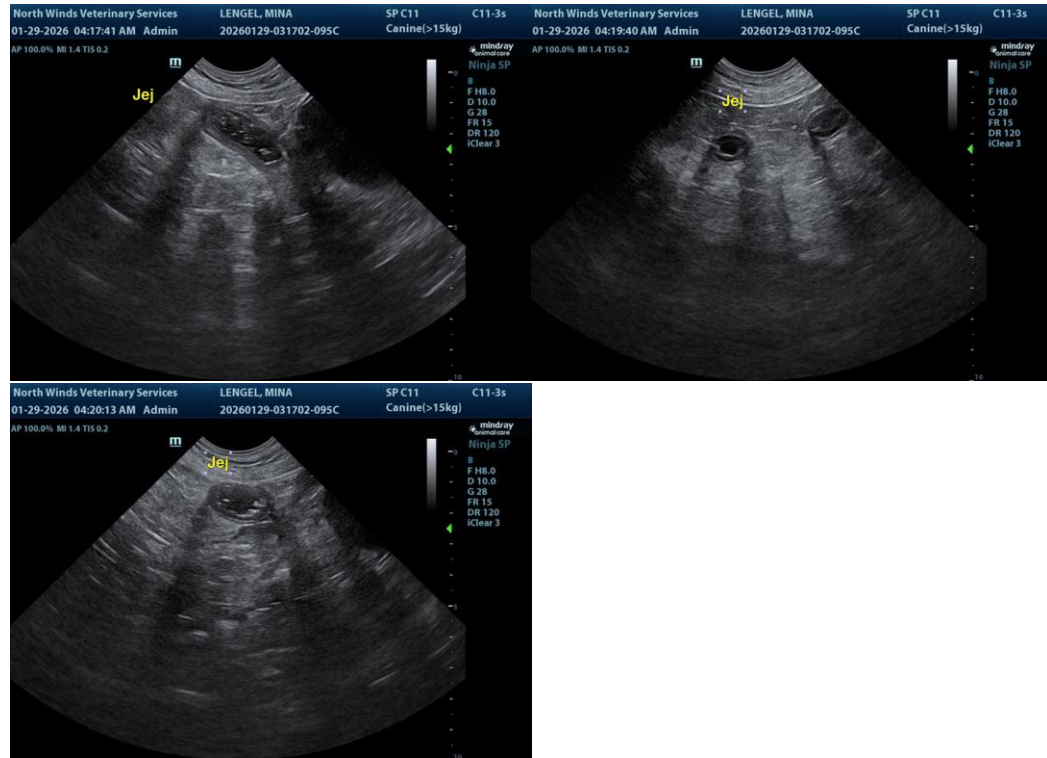
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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