



PATIENT

Remmington Dalke

SPECIES

Canine

BREED

German Shorthaired
Pointer

SEX

Intact Female

AGE

12 Months

WEIGHT

41 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. David Gray

INVOICE

13430

DATE

01/29/26

PRESENTING CLINICAL SIGNS

- 4 days vomiting and diarrhea, dug into a foam bed, unsure if ate any of the foam. Cerenia and SQF last night. BW ok , CBC ok tonight, severe HGE on presentation

Abnormal PE/Chem/CBC/UA Results: Rads performed at ER vet: Loss of serosal detail fluid accumulation in the abdomen potentially empty stomach gas-filled x-rays taken at the clinic 24 hours ago Labs showed dehydration

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 change were noted.

No obvious pathology in the area of the uterus. The bilateral ovaries were not definitely visualized.

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 7.4 cm in length. The right kidney measured 6.5 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 0.56 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 0.65 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 stomach was moderately distended with retained anechoic fluid. No obvious evidence of obstruction to pyloric outflow.

The intestinal walls demonstrated overall intact wall layering and maintained 1:3 muscularis / mucosa ratio. Propensity for mildly prominent to hyperechoic intestinal submucosal layer. The small intestine exhibited primarily generalized mild ileus and segmental gas along with intermittent segmental nonshadowing hyperechoic ingesta. No evidence of intestinal plication.

The colon presented with generalized distention and contained nonformed fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Mild to variably enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Minor peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate hypomotile stomach containing retained anechoic fluid.
- Acute to subacute enteritis pattern exhibiting primarily generalized mild intestinal ileus, segmental gas and minor segmental hyperechoic nonshadowing ingesta.
- Distended colon with generalized nonformed fecal matter.
- Normal area of the pancreas.
- Mild to variable mesenteric lymphadenopathy and mild peritoneal effusion- suggestive of reactive hyperplasia or lymphadenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive evidence of mechanical gastrointestinal obstruction or plication. Acute inflammatory bowel episode secondary to dietary indiscretion, infectious disease, enterotoxin, mild pancreatitis, are possible. Small amounts of non-visualized non-obstructive to passing foreign material given patient's history is not definitive excluded. Hospitalization with gastrointestinal support including IV fluids and consideration for coverage for possible sepsis given severe neutropenia with clinical monitoring is warranted. Sonographic reassessment and monitoring are indicated to assess gastrointestinal ileus.



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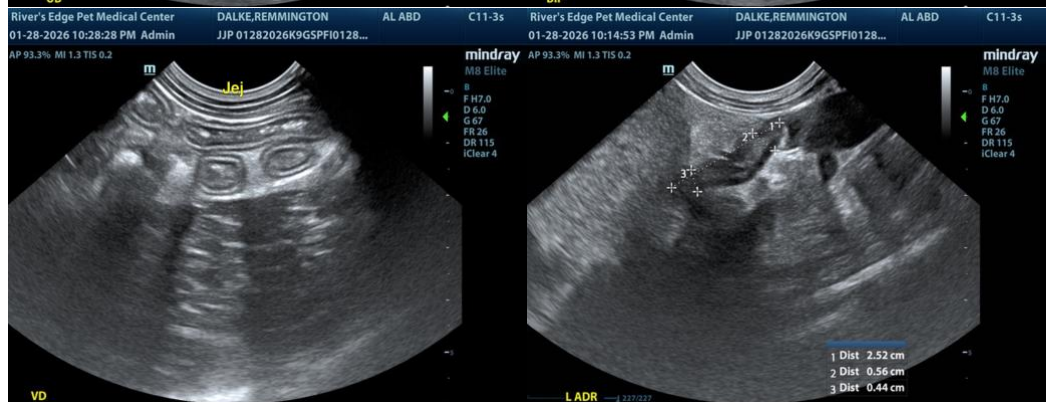
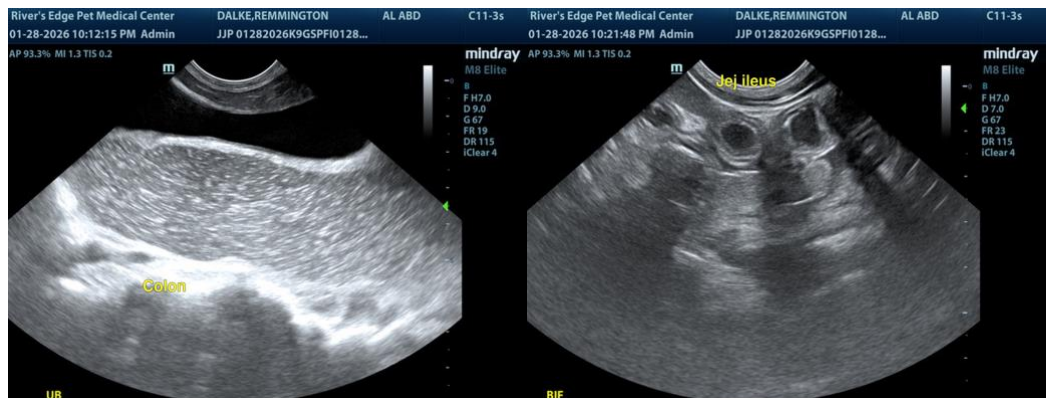
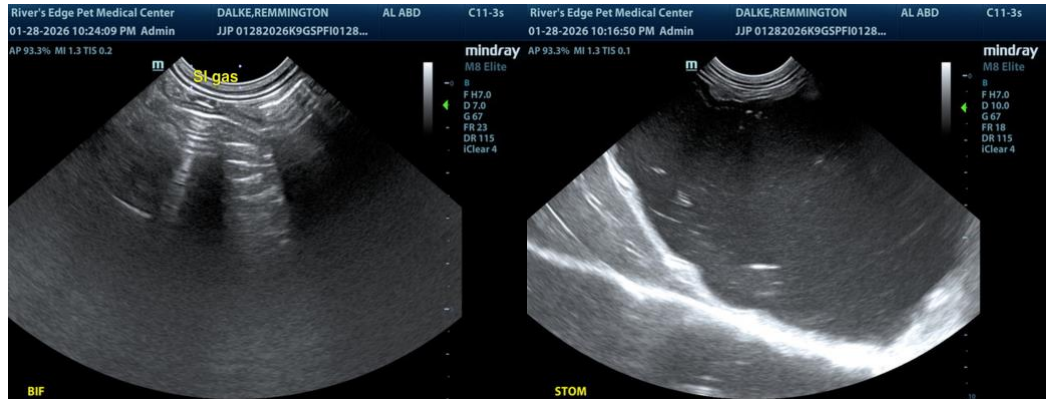
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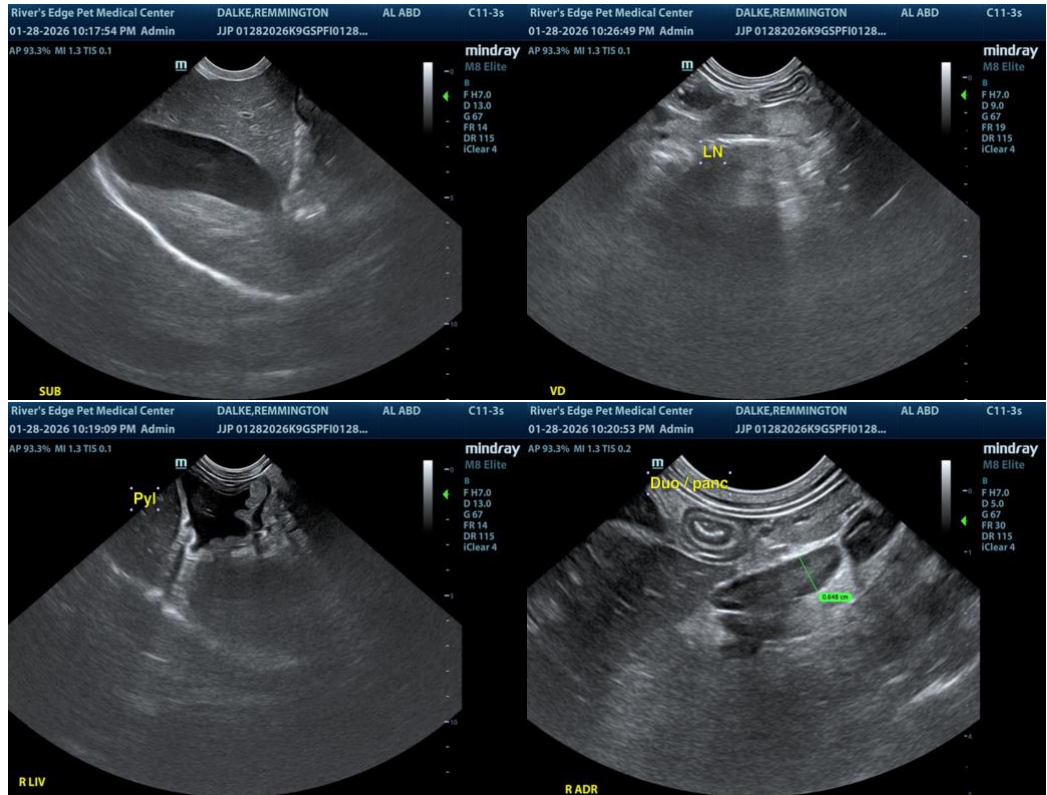
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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