



PATIENT PRESENTING CLINICAL SIGNS

Luna Murphy Ate part of leather glove (one peice of fabric missing) progressed to diarrhea and vomiting. Now straining for BM and not eating. No longer vomiting. Fecal PCR - Bloodwork WNL

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

BREED

Golden Retriever

SEX

FS

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 6.1 cm in length. The right kidney measured 6.6 cm in length.

AGE

3yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

53lb

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.59 cm width at the caudal pole The right adrenal gland measured 0.57 cm width at the caudal pole.

Spleen

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kerri Becker

Liver/Gallbladder

HOSPITAL NAME

Basking Ridge AH

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.

REFERRING VET

Dr Rotella

Gastrointestinal

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The stomach presented intact visible wall layering with a normal wall layer ratio. The stomach was non-distended containing a mild amount of progressive to mild strongly shadowing content appearing to extend into the area of the pyloric outflow. Definitive evidence of obstruction to pyloric outflow was not present.

DATE

01/05/2026



PATIENT

Luna Murphy

The small intestine presented intact wall layering with normal muscularis/mucosa ratio. Generalized empty intestinal lumen without obstructive pattern to the level of the colon.

Non-distended colon exhibited normal wall layers with apparent formed to shadowing feces in lumen.

SPECIES

Canine

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

BREED

Golden Retriever

ULTRASONOGRAPHIC FINDINGS

SEX

FS

Primary

- Non-distended stomach with retained mildly progressive to focally strongly shadowing content.
- Normal generalized empty small intestine.
- Non-distended colon containing formed fecal matter.

AGE

3yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

53lb

The progressive to focally strongly shadowing gastric content may indicate retained ingesta with potential for non-obstructive gastric foreign material given patient history. No evidence of small intestinal obstructive pattern or foreign material. Potential for passed material currently within the colon cannot be excluded. Rectal palpation suggested if not done. If available, upper gastrointestinal endoscopy for further assessment of the gastric content would be ideal.

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(Canine and Feline)

Without overt gastrointestinal obstructive pattern, gastrointestinal support, documented 12-hour NPO and sonographic reassessment of the gastrointestinal tract with monitoring of fecal output would be reasonable. If persistent clinical signs or progressive to focally shadowing gastric content, exploratory laparotomy may be indicated.

**IMAGING
PERFORMED BY**

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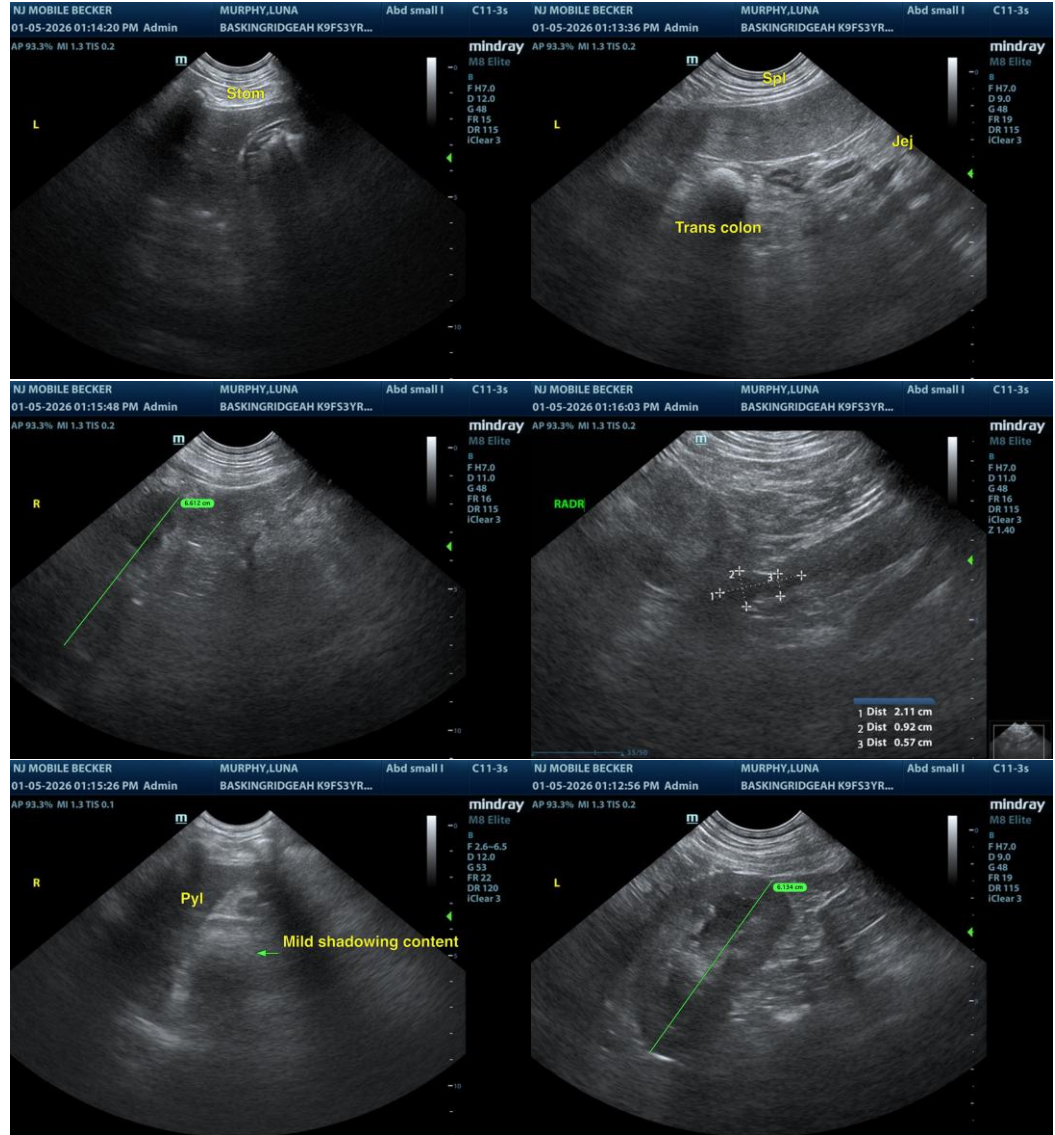
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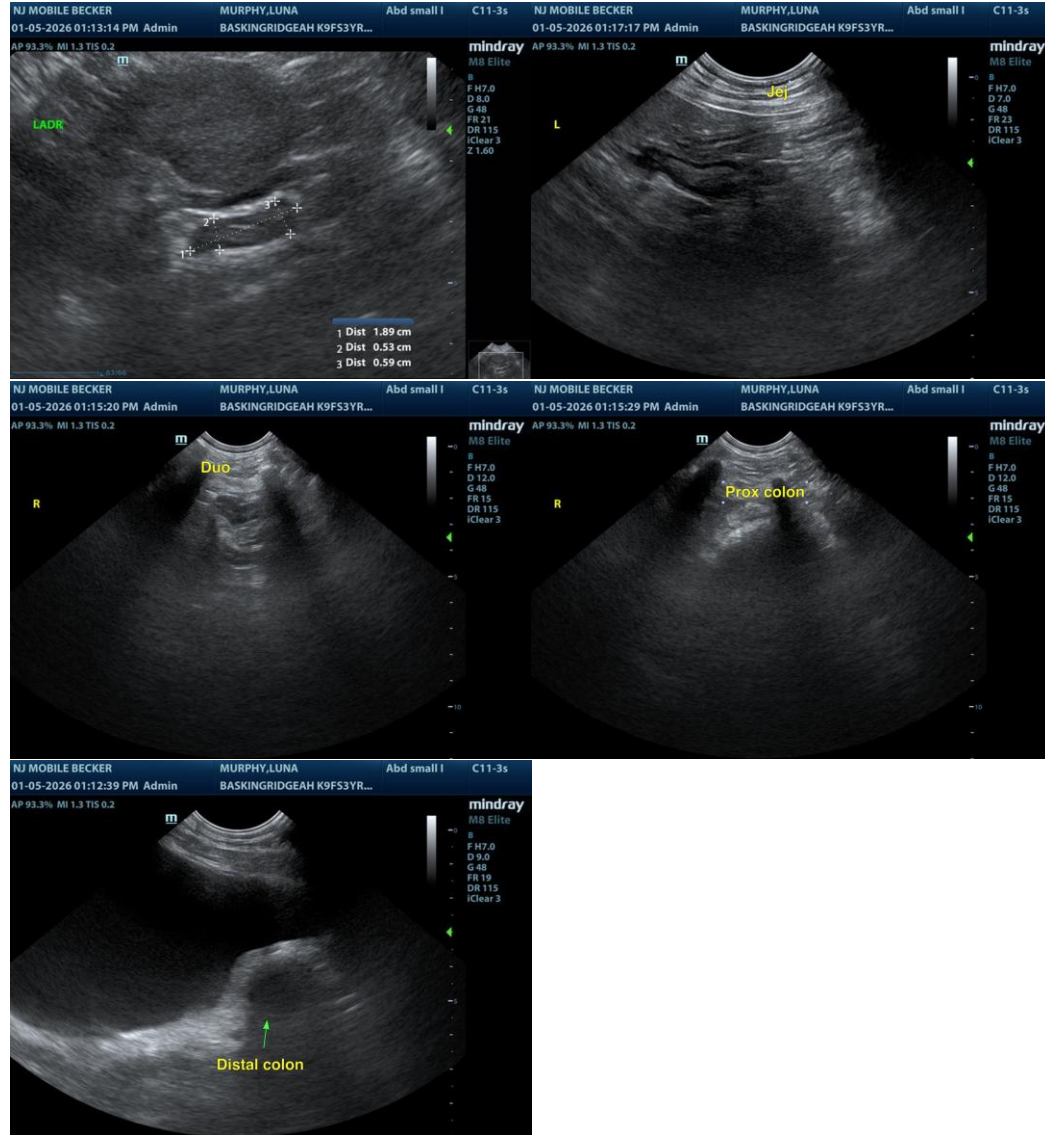
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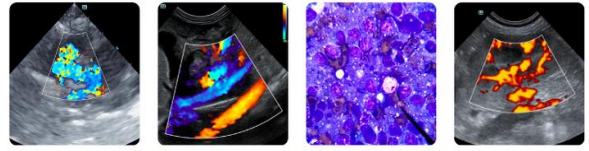
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com



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