



PATIENT

Rocco Madge

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

3 Years 6 Months

WEIGHT

37.2 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Fen Vet Airdrie

REFERRING VET

Dr. Meg Verbeek

INVOICE

13032

DATE

01/08/2026

PRESENTING CLINICAL SIGNS

Patient presents with a history of recurrent vomiting, diarrhea, and inappetence, complicated by a known tendency to ingest foreign materials. On December 28, 2020, the patient was seen at Trinity ER for vomiting and inappetence, where initial x-rays were unremarkable and he was treated with Cerenia. He subsequently developed intermittent diarrhea. The clinical signs acutely worsened on Sunday night into Monday morning, with approximately 10 episodes of vomiting. As of the latest report, the last episode of vomiting and diarrhea occurred on Monday morning, and he has been without diarrhea for roughly 36 hours, though inappetence continues. The patient has a history of eating things he shouldn't, having ingested items such as fabric and paper towels. Since the current illness began, he has vomited a baby face cloth and drinkable yogurt containers. Recent diagnostic imaging, including radiographs and a brief ultrasound, did not reveal an obvious foreign body. However, the interpretation was limited by the presence of residual barium in the stomach.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The residual prostate was sonographically normal.

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 6.8 cm in length. The right kidney measured 5.7 cm in length with probable mild underestimation of right kidney size.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole.

The right adrenal gland measured within normal limits at the caudal pole. The right adrenal gland measured 0.55 cm width at the caudal pole. A nonexpansive mildly hyperechoic nonmineralized cranial right adrenal nodule was visualized with mild nonhomogenous increased overall right adrenal parenchyma. The nodule measured 0.80 cm x 0.70 cm but without associated capsule distortion.

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



PATIENT	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.
Rocco Madge	
SPECIES	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Canine	
BREED	<i>Gastrointestinal</i>
Poodle	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact mildly prominent wall with gastric mucosa was present. The stomach contained a mild amount of retained anechoic fluid and lumen gas extending into the pyloric outflow. In several video clips, a small nonobstructive yet shadowing echo was visualized within the gastric fluid measuring approximately 1.8 cm in diameter. Definitive mechanical pyloric outflow obstruction was not obvious yet the pyloric lumen contained gas.
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Neutered Male	
AGE	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty without evidence of mechanical/metabolic ileus to the level of the colon with mild segmental intestinal gas pattern.
3 Years 6 Months	
WEIGHT	Normal visible colon wall layers were present with semi formed fecal matter in lumen.
37.2 kg	
INTERPRETED BY	<i>Pancreas</i>
R. McKenzie Daniel, DVM, DABVP	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.
IMAGING PERFORMED BY	<i>Free Abdomen</i>
Dr. Jill Rankin	Mildly prominent 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). No evidence of peritoneal effusion.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Fen Vet Airdrie	<ul style="list-style-type: none"> • Hypomotile gastritis pattern with retained fluid and lumen gas. • Indistinct yet small shadowing gastric lumen echo. • Generalized normal empty small intestine. • Semi formed fecal matter in colon. • Normal area of the pancreas. • Nonenlarged mildly nonhomogenous nodular right adrenal gland with normal left adrenal gland.
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Meg Verbeek	The indistinct yet shadowing gastric lumen echo is nonspecific and may indicate retained ingesta, treat or medication with potential for small non-obstructive gastric foreign body in conjunction with patient's clinical history is not excluded.
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13032	Likewise, non-structural generalized gastrointestinal disease, i.e. IBD, dietary intolerance, infectious disease, or other may present overall sonographically normal. A GI panel to include PLI, TLI, cobalamin
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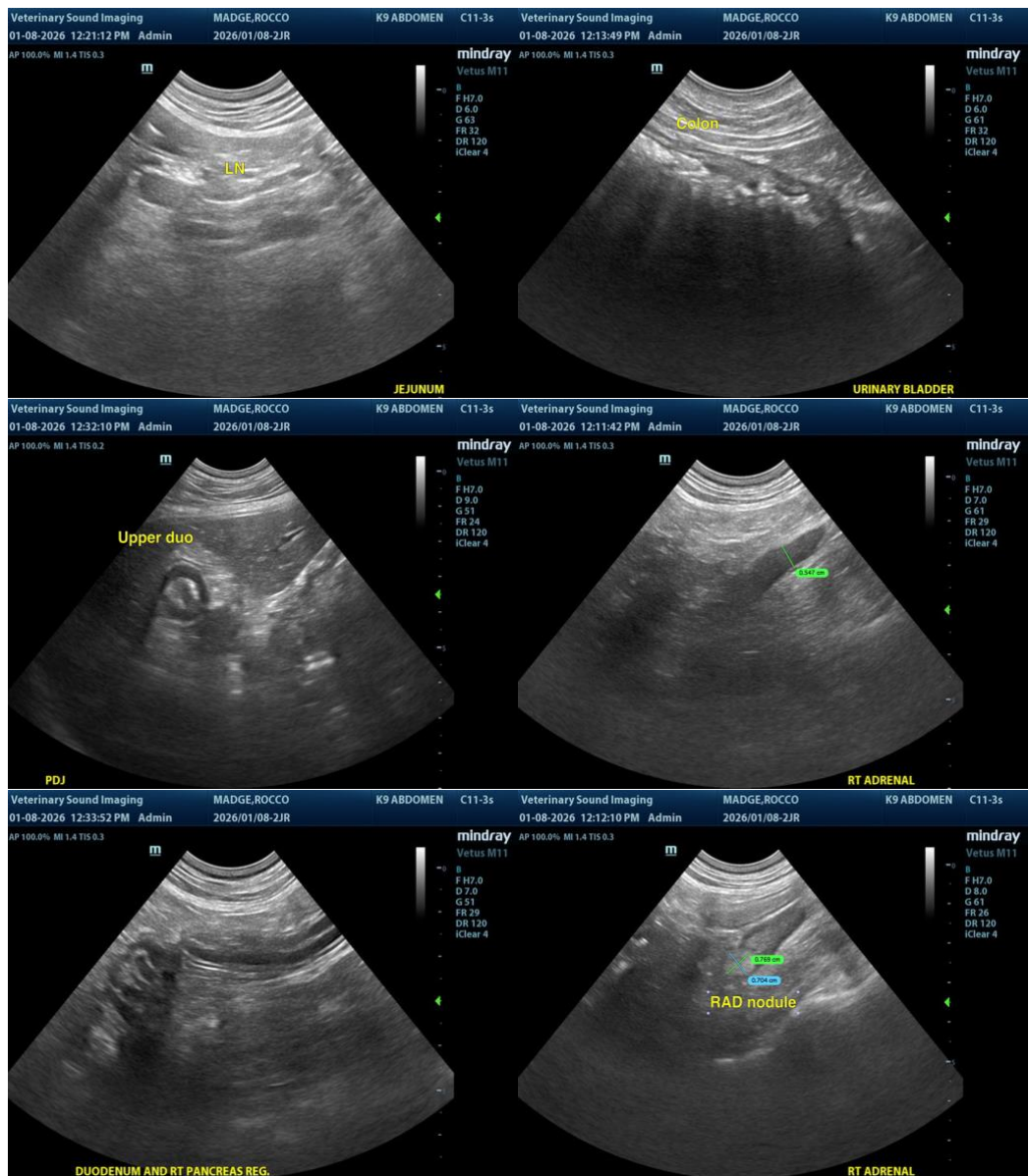
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and folate is warranted. Although considered less likely given adrenal presentation, screening cortisol level to rule out occult Addison's disease may be considered.

Given time frame between ultrasound study and interpretation and assuming documented fast, sonographic reassessment of the stomach to assess for persistent ileus or non-obstructive shadowing echo is recommended. Upper gastrointestinal endoscopy would be ideal for further clarification and potential for biopsies. Suspect small incidental right adrenal adenoma. Sonographic monitoring of the right adrenal gland for evidence of progressive parenchymal changes is recommended.





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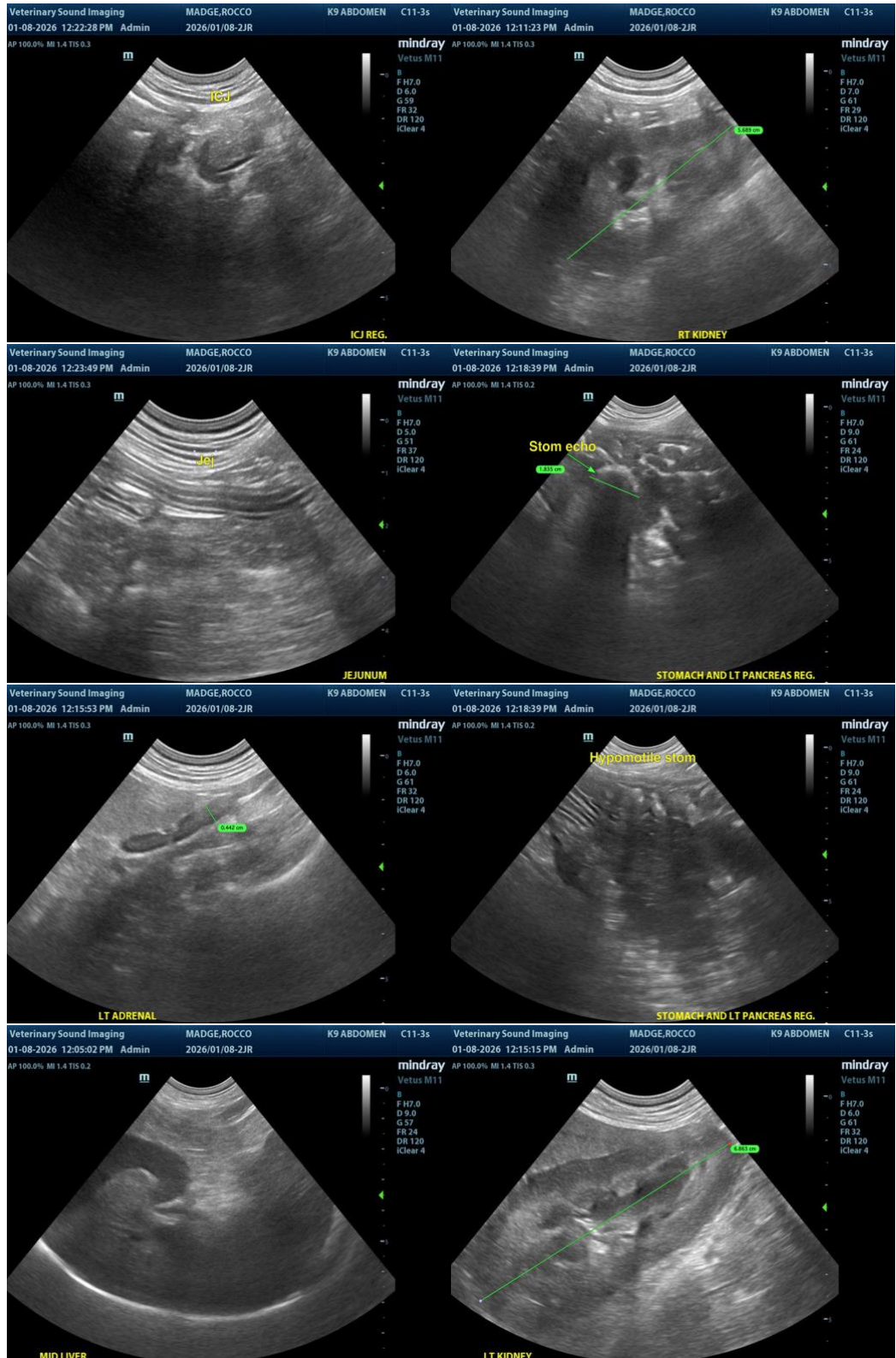
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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