



## PATIENT

Molly Chavez

## SPECIES

Canine

## BREED

Labradoodle

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

6.6 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency  
Veterinarians of Idaho  
LLC

## REFERRING VET

Dr. Martha Affifi

## INVOICE

12218

## DATE

11/12/25

## PRESENTING CLINICAL SIGNS

Vomiting and diarrhea over last week.

Abnormal PE/Chem/CBC/UA Results: amylase mildly elevated

## 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.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 cm in length.

### Adrenal Glands

Both adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.53 cm width at the caudal pole. The right adrenal gland measured 0.57 cm width at the caudal pole.

### Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small, perihilar hyperechoic nodules were present. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

### Liver

The liver revealed generalized mild to moderate hepatomegaly with symmetrical to mildly rounded hepatic capsule contour and homogenous normal to mildly hypoechoic parenchyma compared to the spleen. Normal vascular volume was maintained.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without evidence of obstruction to pyloric outflow.

The small intestine presented with variably thickened wall layering exhibiting overall hypoechoic mural echogenicity including hypoechoic mucosa. Segmental intact to indistinct intestinal wall layer detail



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with primarily generalized mild intestinal ileus to the level of the colon. The duodenum wall measured 0.57 cm width. The jejunum wall measured up to 0.59 cm width.

The colon presented with intact mildly thickened wall. The colon exhibited generalized mild distention with diffuse nonformed fecal matter in lumen.

### **Pancreas**

The pancreas was normal in size and contour with isoechoic mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### **Free Abdomen**

Generalized primarily peri-intestinal mild hyperechoic omentum and mild volume of peritoneal effusion.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Diffuse enteropathy exhibiting variably thickened wall exhibiting segmental intact to indistinct wall layer detail and primarily generalized mild intestinal ileus.
- Primarily peri-intestinal mild hyperechoic omentum and mild volume of effusion.
- Diffuse nonformed fecal matter in colon.
- Variably echogenic gastric ingesta- most consistent with retained food echogenicity.
- Enlarged mildly hypoechoic liver.

### **Secondary Findings**

- Age-related renal changes.
- Benign splenic nodules- consistent with myelolipomas.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Diffuse significant nonspecific inflammatory bowel, infectious disease, enterotoxin/dietary indiscretion, protein losing enteropathy with primary concern for intestinal neoplastic criteria, less likely occult Addison's disease given normal adrenal presentation are all potentials. No sonographic evidence of mechanical gastrointestinal obstruction, foreign material or significant active pancreatitis. Mild pancreatitis may present sonographically normal yet if present, not overtly considered a primary clinical issue. A GI panel to include PLI, TLI, cobalamin and folate, screening cortisol level and fresh fecal analysis are recommended. Intestinal biopsies are likely required for a definitive diagnosis. Correlation with most recent meal ingestion is indicated with suspect metabolic gastric stasis and monitoring of serum albumin levels is recommended. Broad spectrum gastrointestinal support including coverage for infectious disease with clinical and as needed sonographic monitoring would be reasonable. Guarded prognosis.



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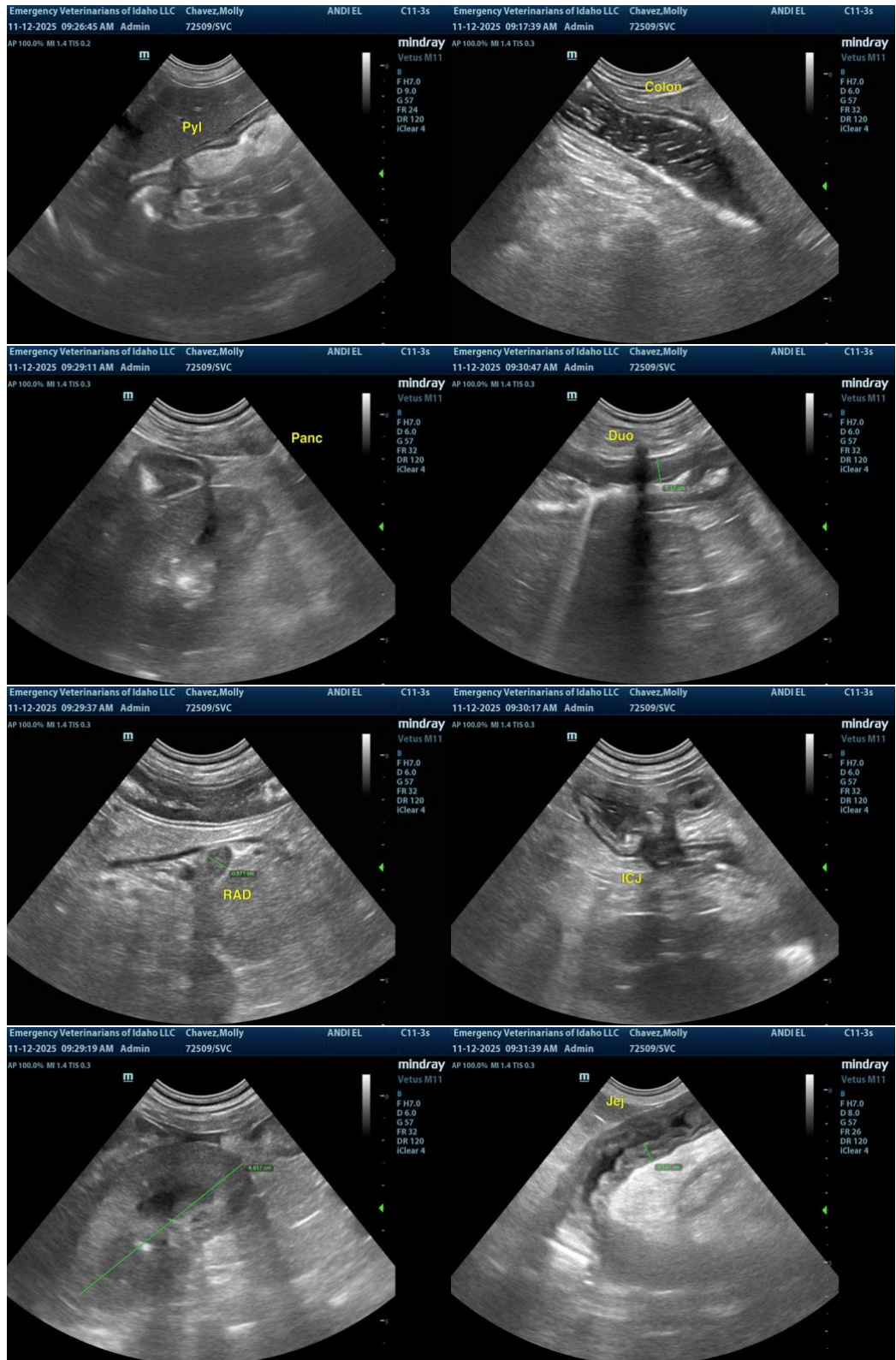
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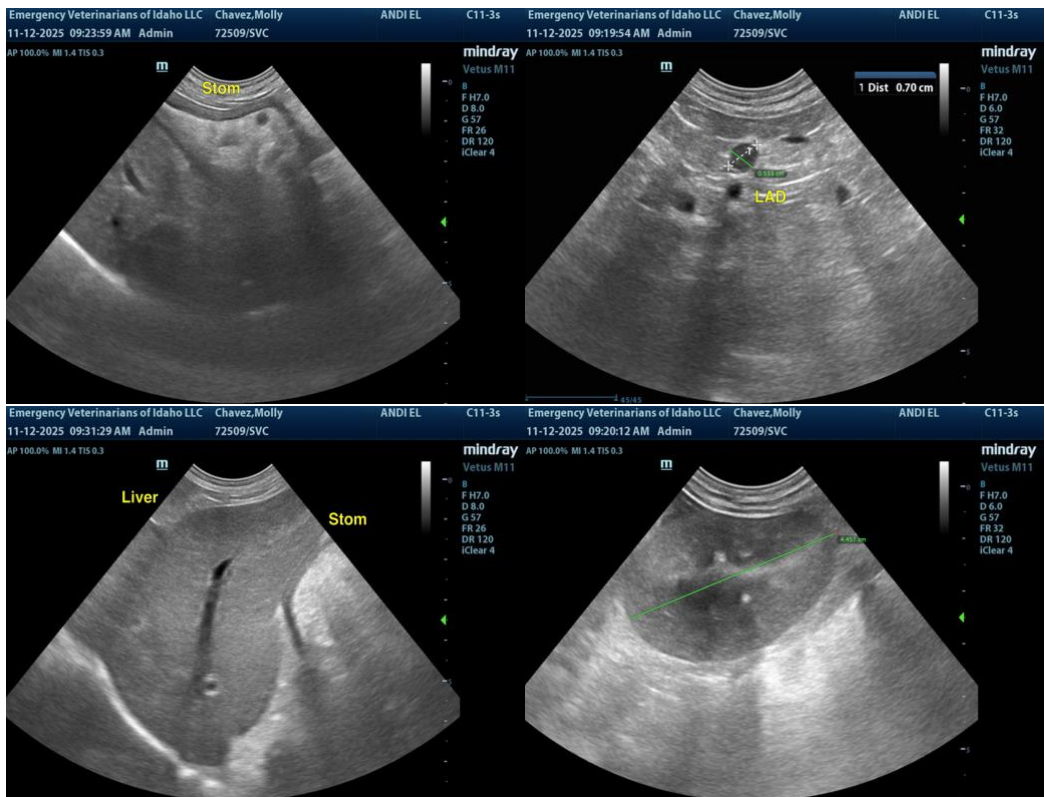
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)