

## PATIENT

Layla Sudol

## SPECIES

Canine

## BREED

Dachshund

## SEX

FS

## AGE

6

## WEIGHT

18

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Maniar

## INVOICE

10346

## DATE

11/13/25

## PRESENTING CLINICAL SIGNS

vomiting

Abnormal PE/Chem/CBC/UA Results: ALB 4.3

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

No evidence of pathology in the area of the aortic trifurcation.

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 4.8 cm in length. The right kidney measured 4.9 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 0.53 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 0.39 cm width.

### 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

The stomach was markedly distended with primarily anechoic fluid and a mild amount of echogenic chyme and mucus extending into the area of the pylorus and pyloric outflow. Visualized pylorus wall



<b>PATIENT</b>	measured 0.50 cm without overt evidence of visualized obstructive pyloric mural pathology or definitive pyloric or upper duodenal foreign material.
Layla Sudol	
<b>SPECIES</b>	The visualized segments of small intestine including the discernable mid-descending duodenum exhibited intact wall layering, normal wall layer ratio, and empty intestinal lumen to the level of the colon.
Canine	
<b>BREED</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Dachshund	
<b>SEX</b>	<b>Pancreas</b>
FS	The area of the pancreas was sonographically normal.
<b>AGE</b>	<b>Free Abdomen</b>
6	No overt lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
18	<ul style="list-style-type: none"><li>Markedly distended stomach with retained fluid / nonshadowing chyme</li><li>Generalized empty sonographically normal visualized small intestine</li><li>Normal area of pancreas</li></ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Severe metabolic vs mechanical gastric ileus with retained fluid and nonshadowing chyme is present. A definitive area of mechanical pyloric or upper intestinal obstruction was not overtly visualized, yet the degree of gastric distention combined with vomiting is primarily concerning for mechanical obstructive criteria, i.e., nonobvious foreign body, mural pathology, stricture, etc. There is no evidence of significant active pancreatitis as a primary clinical player. Low-grade pancreatitis at times may present as sonographically normal.
<b>IMAGING PERFORMED BY</b>	Given the degree of gastric distention combined with clinical signs, exploratory laparotomy with gross inspection of the pyloric outflow and upper small intestine is recommended. Gastric evacuation either via nasogastric or gastric tube, gastrointestinal support, documented 12-hour NPO, and sonographic monitoring would be a more conservative approach.
Jenn	
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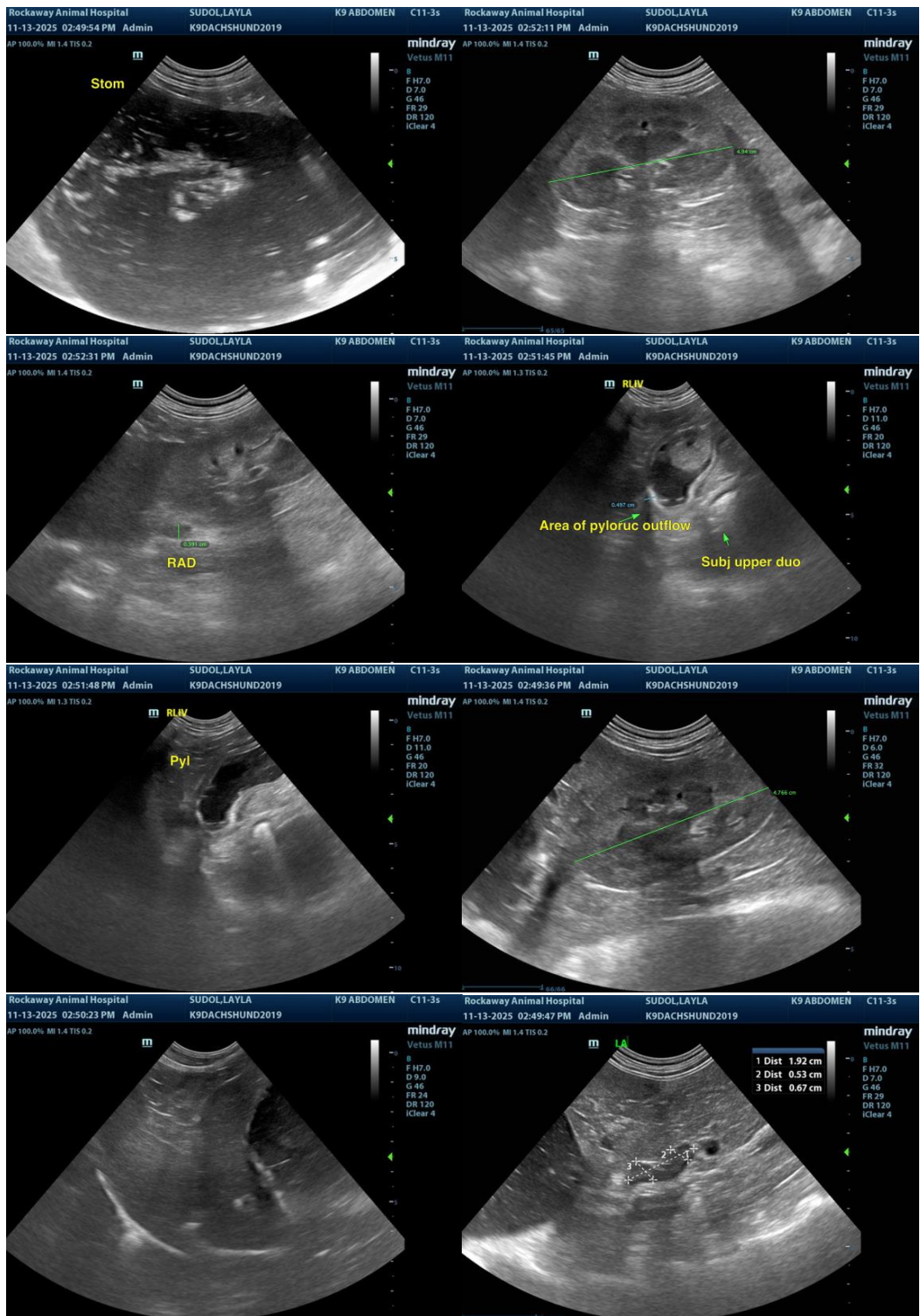
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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