



## PATIENT

Naomi Schreiber

## SPECIES

Canine

## BREED

Dachshund

## SEX

FS

## AGE

8.5mo

## WEIGHT

5kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Shally Gastelu

## INVOICE

22954

## DATE

11/13/2025

## PRESENTING CLINICAL SIGNS

Vomiting since Friday; episodes Friday, Monday, and three times today. Vomit contains yellow fluid; one episode contained possible bone or foreign material. Client concerned Naomi may have ingested a chew bone/dental treat (rawhide-like). Eating well; typical appetite (does not eat in morning, prefers afternoon/evening feedings). Seen previously (~1.5 months ago) for similar GI signs Oral Cavity: Mucous membranes pink/slightly tacky, CRT <2s, minimal tartar/gingival erythema, sublingual clear Abdominal: Soft and compliant, fluid filled intestines and uncomfortable on deep palpation

Abnormal PE/Chem/CBC/UA Results: The stomach contains a small amount of gas and there is no gastric distention. However, on the left lateral projection there is a soft tissue opacity in the region of the pyloric antrum that is unusual. The small intestine is mildly distended but all segments are still within normal limits. A few segments contain some heterogeneous soft tissue opaque material but this is not associated with abnormal dilation. There is no small intestine plication. Conclusions: 1.

Questionable gastric foreign material versus a fold in the gastric wall 2. Functional ileus PCV/TS: 56%/5.8/Clear Pancreatic lipase: 55 (WNL)

## 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 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.

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 4.4 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 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 0.40 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



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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.

### ***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was primarily empty and non-distended. A strongly shadowing non-obstructive primarily curvilinear echo was present in the pylorus lumen measuring 1.3 cm in diameter.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

### ***Pancreas***

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.

### ***Free Abdomen***

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Non-obstructive yet strongly shadowing pyloric echo
- Sonographically normal empty small intestine

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

The strongly shadowing non-obstructive pyloric echo is consistent with non-obstructive pyloric foreign body. Dense pyloric ingesta, treat or medication may potentially present in a similar sonographic manner. However, in conjunction with patient clinical signs and if available, gastric endoscopy with further assessment and potential retrieval is recommended.

Sonographic monitoring of the echo for evidence of persistence or movement into the small intestine with concurrent clinical monitoring for progressive gastrointestinal signs would be a more conservative approach. No evidence of current small intestine mechanical or metabolic ileus.



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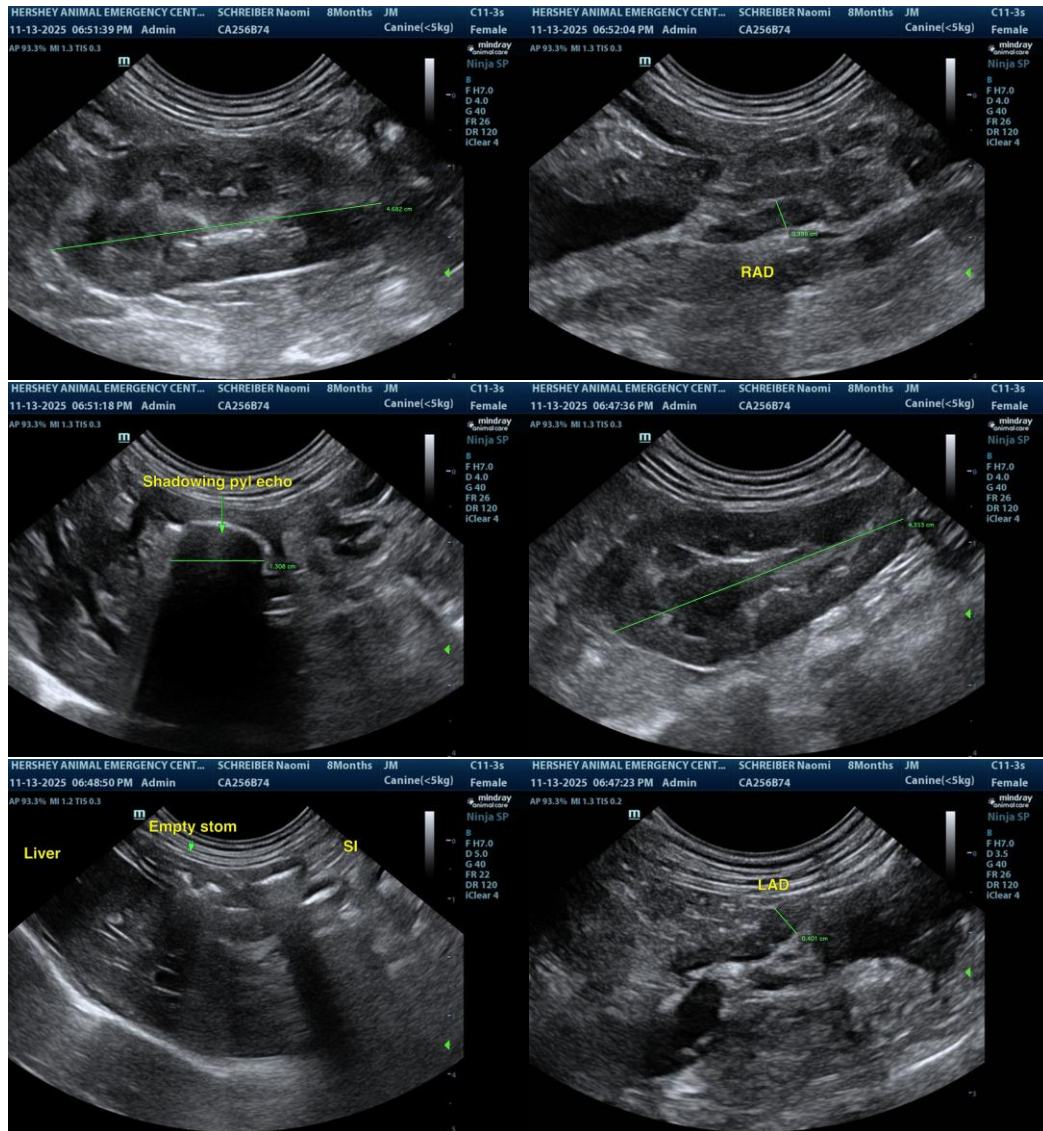
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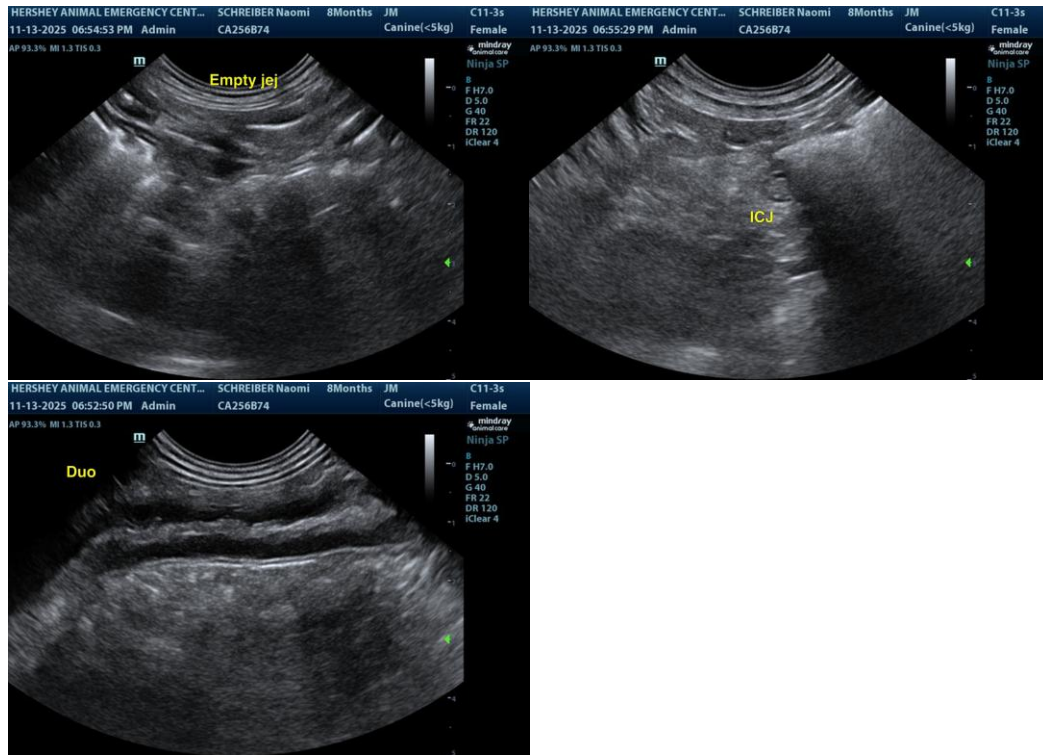
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)