



PATIENT	PRESENTING CLINICAL SIGNS
Taylor Myers	Vomited yesterday and had hematochezia. Treated at Referral hospital last night and still has anorexia and vomited again this am.
SPECIES	Abnormal PE/Chem/CBC/UA Results: 11/12/2025 ALK: 364, T4: 5.6.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Bichon Frise	Urinary System
SEX	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. Mild dependent lumen mineral was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
FS	
AGE	No evidence of pathology in the area of the aortic trifurcation.
12 yrs	
WEIGHT	Normal size and margination were 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. Mild medullary mineral was noted. The left kidney measured 4.7 cm in length. The right kidney measured 5.0 cm in length.
13 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.46 cm width in the caudal pole. The right adrenal gland measured 0.41 cm width in the caudal pole.
IMAGING PERFORMED BY	Spleen
Rodriguez	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.
HOSPITAL NAME	Liver/ Gallbladder
Foxfield VS	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Solitary, well-demarcated, mildly hyperechoic, intraparenchymal nodule was present in the deep mid-liver, measuring 1.3 cm diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris.
REFERRING VET	
Rodriguez	
INVOICE	
10339	
DATE	
11/13/25	



PATIENT	<i>Gastrointestinal</i>
Taylor Myers	The stomach presented thickened, mildly edematous wall with mild gastric hypomotility and retained mildly echogenic fluid. There was no obvious obstruction to pyloric outflow or shadowing gastric content. The stomach wall measured 0.61 cm width.
SPECIES	
Canine	The small intestine presented intact wall layering with an overall maintained 1:3 muscularis/mucosa ratio. Mild segmental intestinal corrugation / spasming was present with segmental nonobstructive duodenojejunal ileus. Mild jejunal hyperechoic mucosal speckling was also noted to the level of the ileum and colon.
BREED	
Bichon Frise	Normal visible colon wall layers were present with semi-formed to soft fecal matter.
SEX	
FS	<i>Pancreas</i>
AGE	The pancreas base and right pancreatic limb presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling. Regional peripancreatic to cranial abdomen hyperechoic omentum was noted. No overt evidence of neoplasia.
12 yrs	
WEIGHT	<i>Free Abdomen</i>
13 lbs.	No obvious significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Primary Findings</i>
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Hepatopathy with intraparenchymal nodule - most consistent with benign criteria, i.e., reactive / vacuolar hepatopathy and probable nodular hyperplasia or lipogranuloma • Nonorganized gallbladder debris (non-mucocele) • Acute gastroenteritis pattern exhibiting hypomotile, edematous stomach, mild nonobstructive intestinal ileus, and mucosal speckling • Mild right limb pancreatitis
Rodriguez	<i>Secondary Findings</i>
HOSPITAL NAME	<ul style="list-style-type: none"> • Bilateral chronic renal changes with mild medullary mineral • Mild urinary bladder lumen mineral
Foxfield VS	
REFERRING VET	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Rodriguez	No obvious evidence of gastrointestinal mechanical obstruction or foreign material. Dietary indiscretion, infectious disease, enterotoxin, acute inflammatory bowel / IBD, occult parasitism, and occult neoplasia (thought less likely), in conjunction with pancreatitis, are all potentials. Correlation with a spec cPL, a full GI panel to include PLI/TLI/Cobalamin/Folate, and a fresh fecal analysis is recommended.
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Taylor Myers

SPECIES

Canine

BREED

Bichon Frise

SEX

FS

AGE

12 yrs

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

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INVOICE

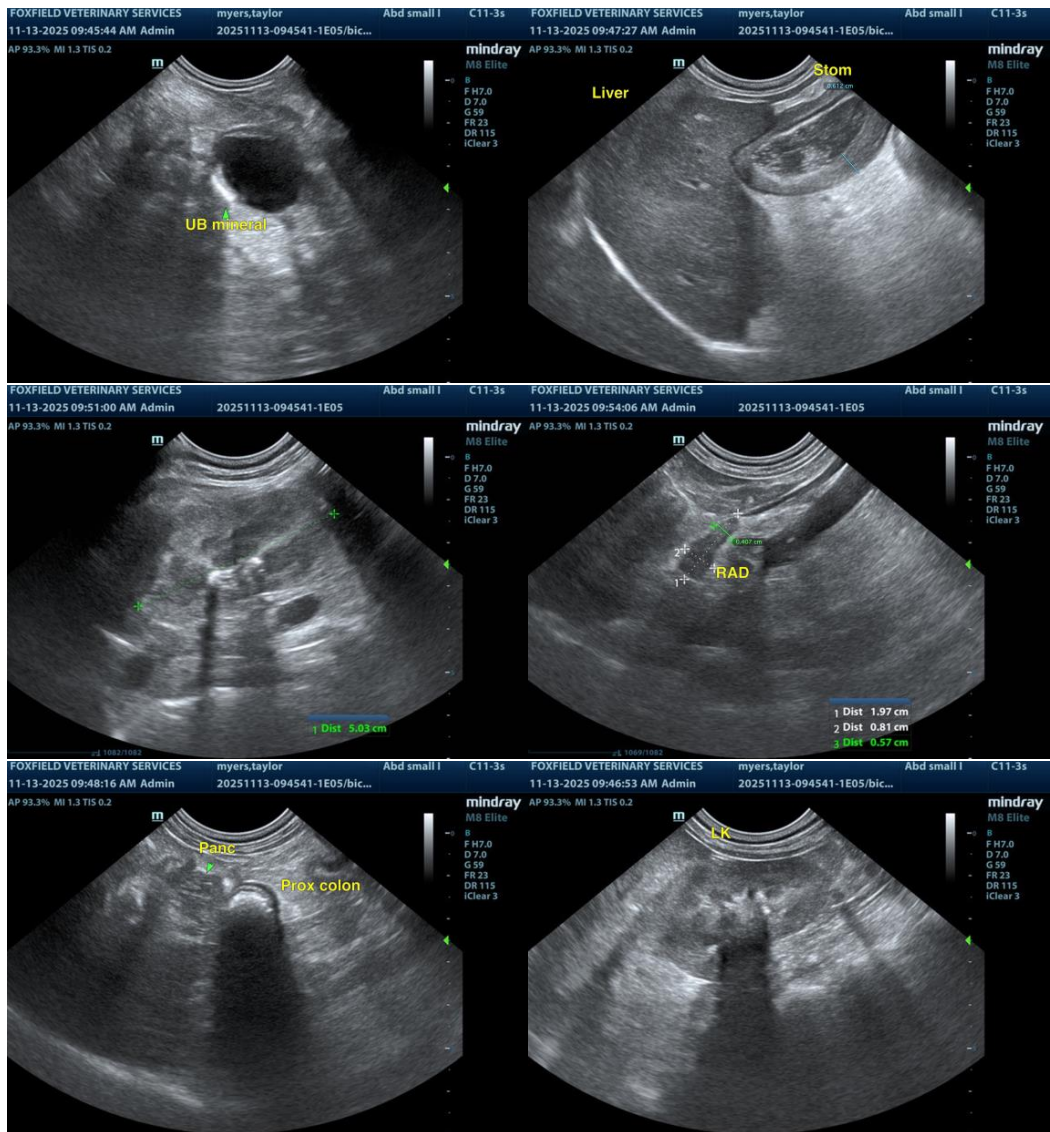
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Occult Addison's Disease is considered less likely, given the adrenal presentation, yet screening cortisol level is warranted.

Gastrointestinal support and empirical therapy for pancreatitis with clinical monitoring and sonographic reassessment, if nonresponsive or progressive gastrointestinal signs, are recommended.





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BREED

Bichon Frise

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FS

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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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