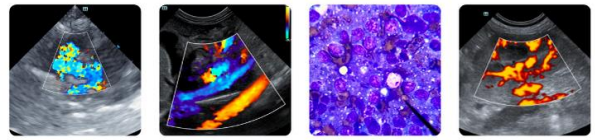




<p><b>PATIENT</b></p> <p>Kimba Layne</p> <p><b>SPECIES</b></p> <p>Canine</p> <p><b>BREED</b></p> <p>Australian Shepard</p> <p><b>SEX</b></p> <p>Female</p> <p><b>AGE</b></p> <p>9</p> <p><b>WEIGHT</b></p> <p>57 lbs.</p> <p><b>INTERPRETED BY</b></p> <p>R. McKenzie Daniel, DVM, DABVP (Canine and Feline)</p> <p><b>IMAGING PERFORMED BY</b></p> <p>Jenna</p> <p><b>HOSPITAL NAME</b></p> <p>Emergency Animal Hospital of Crystal Falls</p> <p><b>REFERRING VET</b></p> <p>Dr. Kleiman</p> <p><b>INVOICE</b></p> <p>10355</p> <p><b>DATE</b></p> <p>11/14/25</p>	<p><b>PRESENTING CLINICAL SIGNS</b></p> <p>Pt presented today for ADR. Hx diabetic. Per O, pt has been lethargic, wobbly, inappetant, having excessive thirst/urination and vomiting. Pt got BW and UA done at primary ~1 week ago and O states that values were high. Pt ate breakfast yesterday and received Insulin but vomited food up later. Last full meal that she kept down was Tues evening. Pt received anti-emetic yesterday (O unsure which) but pt proceeded to vomit a couple of hours later. Currently gets 6 units Novolin N BID (last given yesterday @ 11am). Has had two similar episodes before that seemed to be due to her last 2 heat cycles. She may be in heat now but not certain.</p> <p>Abnormal PE/Chem/CBC/UA Results: PCV 40% TP 8.2 EPOC: pH 7.079 HCO3 3.9 MTCO2 &lt;5.0 BE - 26.1 Na 130 K 3.3 Cl 119 BUN 24 Crea 0.91 Glu 455 Phos 2.9</p> <p><b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b></p> <p><b>Urinary System</b></p> <p>The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent, particulate, mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.</p> <p>Mild fluid-dilated visible segments of uterus cranial to the urinary bladder were present. The fluid within the uterus was primarily anechoic with mild echogenic fluid component. Uterine dilation measured 1.2 cm. The left and right ovaries were not definitively visualized.</p> <p>No evidence of pathology in the area of the aortic trifurcation.</p> <p>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. No evidence of pyelectasia was noted in either kidney.</p> <p><b>Adrenal Glands</b></p> <p>The left and right adrenal glands were not definitively visualized.</p> <p><b>Spleen</b></p> <p>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.</p>
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## ***Liver/ Gallbladder***

The liver presented generalized hepatomegaly with rounded, symmetrical contour and homogeneous, hyperechoic parenchyma compared to the spleen. The echotexture of the liver parenchyma was uniform 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 containing primarily anechoic content with mild, nonorganized gallbladder debris. No evidence of inflammation or wall edema. The common bile duct was not definitively visualized.

## ***Gastrointestinal***

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained anechoic fluid was present.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis/ mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Empty intestinal segments were noted with segmental mild nonobstructive ileus to the level of the colon.

Normal visible colon wall layers were present with semi-formed fecal matter and lumen gas.

## ***Pancreas***

The area of the pancreas was sonographically normal.

## ***Free Abdomen***

No significant omental lymphadenopathy or peritoneal effusion was visualized.

## **ULTRASONOGRAPHIC FINDINGS**

- Acute gastroenteritis pattern with mild nonobstructive gastric and segmental intestinal ileus
- Sonographically normal area of pancreas
- Hepatomegaly with parenchyma hyperechogenicity - diabetic, reactive, metabolic hepatopathy, lipidosis, inflammation, cholestasis, less likely occult neoplasia
- Mild gallbladder debris (non mucocele)
- Mild fluid dilated uterus cranial to urinary bladder - consistent with mild pyometra, hydrometra, or similar

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

Gastrointestinal support and assessment for potential diabetic ketoacidosis is recommended. Urinary workup and urine C/S are indicated if evidence of glucose urea. In conjunction with acute gastroenteritis, mild pancreatitis may present as sonographically normal. Correlation with a spec cPL is warranted. There is no evidence of mechanical gastrointestinal obstruction or foreign material. Once the patient is stabilized, ovariohysterectomy is strongly recommended.



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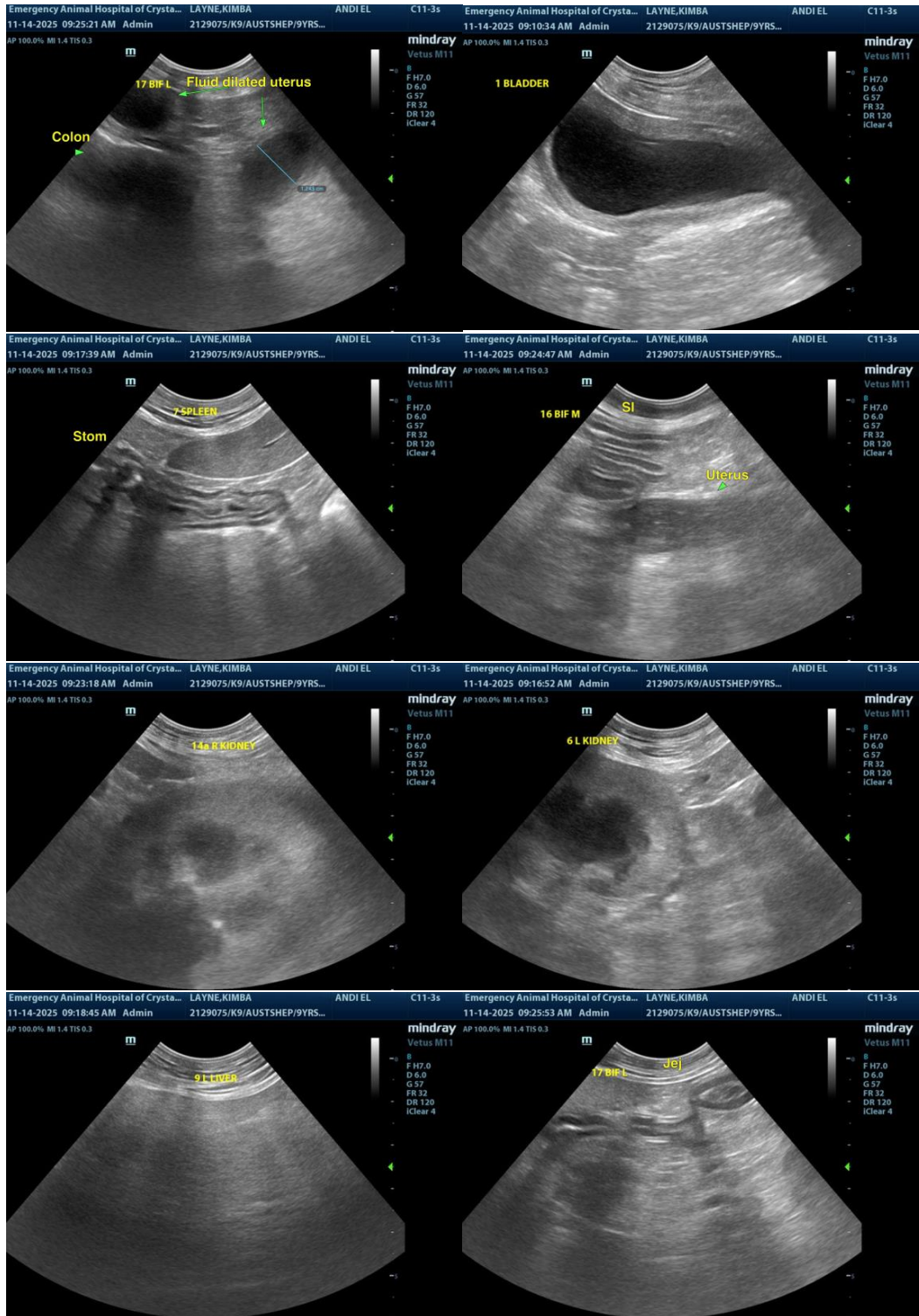
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)