



## PATIENT

River Butler

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

FS

## AGE

9mo

## WEIGHT

30.1kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Sarah Barthelemy

## HOSPITAL NAME

Fish Creek Pet Hospital

## REFERRING VET

Dr Whale

## INVOICE

22984

## DATE

11/18/2025

## PRESENTING CLINICAL SIGNS

Vomiting despite outpatient supportive care. Now hospitalized on IVF and GI protectants

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 6.8 cm in length. The right kidney measured 7.1 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 0.45 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 0.54 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

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 borderline thickened wall. The stomach contained a mild amount of retained anechoic fluid with no evidence of shadowing content, foreign material, or obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenal and segmental jejunal non-obstructive ileus. and potential minor segmental intestinal spasming was present. No evidence of obstructive pattern to the level of the colon.



**PATIENT**

Normal visible colon wall layers were present with semi formed to soft feces in lumen.

River Butler

**Pancreas**

**SPECIES**

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.

Canine

**Free Abdomen**

**BREED**

No omental masses or peritoneal effusion was present.

Labrador Retriever

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

FS

**Primary**

**AGE**

- Non-specific potentially acute gastroenteritis pattern, exhibiting mild non-obstructive gastric and mild intestinal stasis
- Intermittent, mild benign mesenteric lymphadenopathy - mild hyperplasia or immunologic immaturity, favored potential for mild lymphadenitis owing to inflammatory bowel episode
- Semi formed to soft fecal matter in colon

9mo

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

No evidence of mechanical gastrointestinal obstruction or foreign material. Gastrointestinal support is indicated. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level to assess for occult disease may be considered. A recheck sonogram is indicated is persistent gastrointestinal signs.

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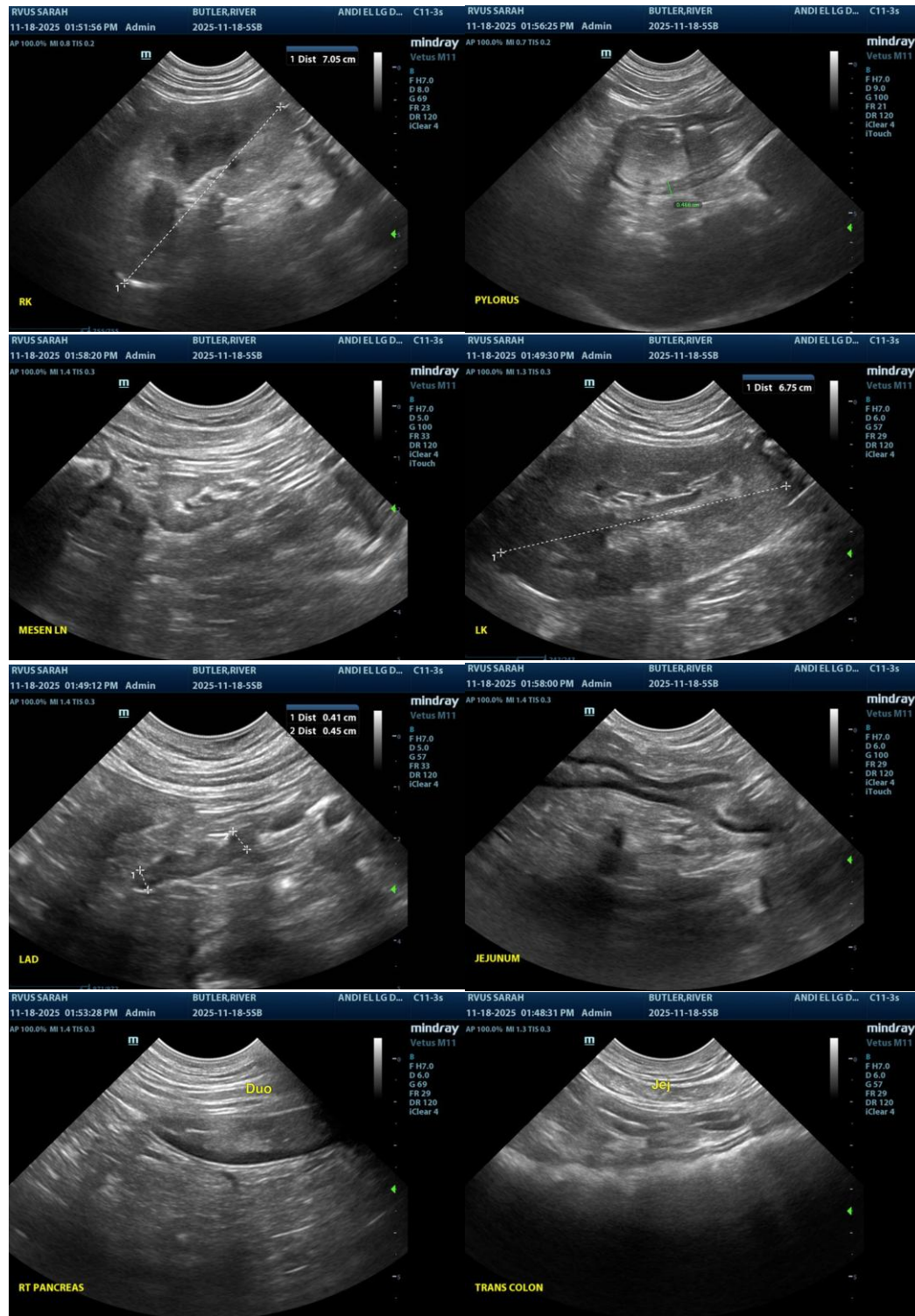
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

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[info@sonopath.com](mailto:info@sonopath.com)

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