



PATIENT	PRESENTING CLINICAL SIGNS
Buddy Derby	Emergency Exam Patient is generally lethargic and weak. Noted stumbling when walking in and when walking reluctantly around the exam room. Moderate to severe ptialism. Heart is bounding. Pulses are moderately poor. Mild dehydration suspected. No other significant physical exam findings.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Chem 17 - Unremarkable CBC - Unremarkable Pancreatic lipase - Unremarkable Lepto-witness test - NEG
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Maltese	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nondependent particulate urine sediment without mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.
Neutered Male	
AGE	The residual prostate was sonographically normal.
4 Years	The area of the aortic trifurcation was free of pathology.
WEIGHT	Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and mild increased corticomedullary echogenicity with indistinct corticomedullary border demarcation were observed. Nonobstructive medullary renoliths were visualized bilaterally with no evidence of pyelectasia. The left kidney measured 5.1 cm in length. The right kidney measured 5.6 cm in length.
6.3 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left and right adrenal glands were not definitively visualized.
IMAGING PERFORMED BY	Spleen
Dr. Wayland	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
Wilvet South	The liver was indistinctly visualized potentially owing to mild subnormal size with mild heterogeneous hepatic parenchyma.
REFERRING VET	The gallbladder was non distended in size with moderate nonorganized nondependent mobile biliary sludge. The common bile duct was not visualized.
Dr. Wayland	
INVOICE	Gastrointestinal
12353	The stomach presented with moderate distention containing variable echogenic to shadowing irregular appearing ingesta.
DATE	
11/21/25	



PATIENT	The visualized segments of small intestine exhibited intact wall layering with normal wall layer ratio. Primarily empty lumen with mild segmental ingesta and focal small nonobstructive subjective duodenal lumen echo. The echo measured approximately 0.50 cm in diameter.
Buddy Derby	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	The pancreas exhibited subjective mild prominent size and capsule asymmetrical contour with mild heterogeneous hypoechoic parenchyma compared to adjacent omentum.
Maltese	Free Abdomen
SEX	No visualized significant omental lymphadenopathy was present. Minor volume of peritoneal effusion was evident.
Neutered Male	Rapid view of the heart revealed no evidence of definitive left or right heart chamber enlargement, pericardial effusion or cardiac tumors.
AGE	
4 Years	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none">• Variable to strongly shadowing irregular gastric ingesta.• Primarily empty small intestine with solitary small nonobstructive duodenal lumen echo.• Possible mild subnormal liver size.• Nonorganized gallbladder debris (non-mucocele).• Mildly prominent nonhomogenous hypoechoic pancreas.• Bilateral nonobstructive renolithiasis.• Minor volume peritoneal effusion.• Subjective sonographically unremarkable heart.
6.3 kg	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	
Dr. Wayland	
HOSPITAL NAME	
Wilvet South	
REFERRING VET	
Dr. Wayland	
INVOICE	
12353	
DATE	
11/21/25	

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric ingesta is concerning for foreign material although variably dense food echogenicity and metabolic gastric stasis are also possible. Hospitalization with rehydration, documented 12-hour fast and sonographic reassessment of the stomach versus direct exploratory laparotomy and gastrotomy may be considered. The possible subnormal liver size is nonspecific. Bile acid profile if clinically indicated or neurological signs in conjunction with bilateral renoliths may be considered. A definitive cause of the minor volume of peritoneal effusion is unclear. Concurrent effusion analysis +/- cytology would be ideal for further assessment. Correlation with radiographs and neurological exam is recommended.



PATIENT

Buddy Derby

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

4 Years

WEIGHT

6.3 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Wayland

HOSPITAL NAME

Wilvet South

REFERRING VET

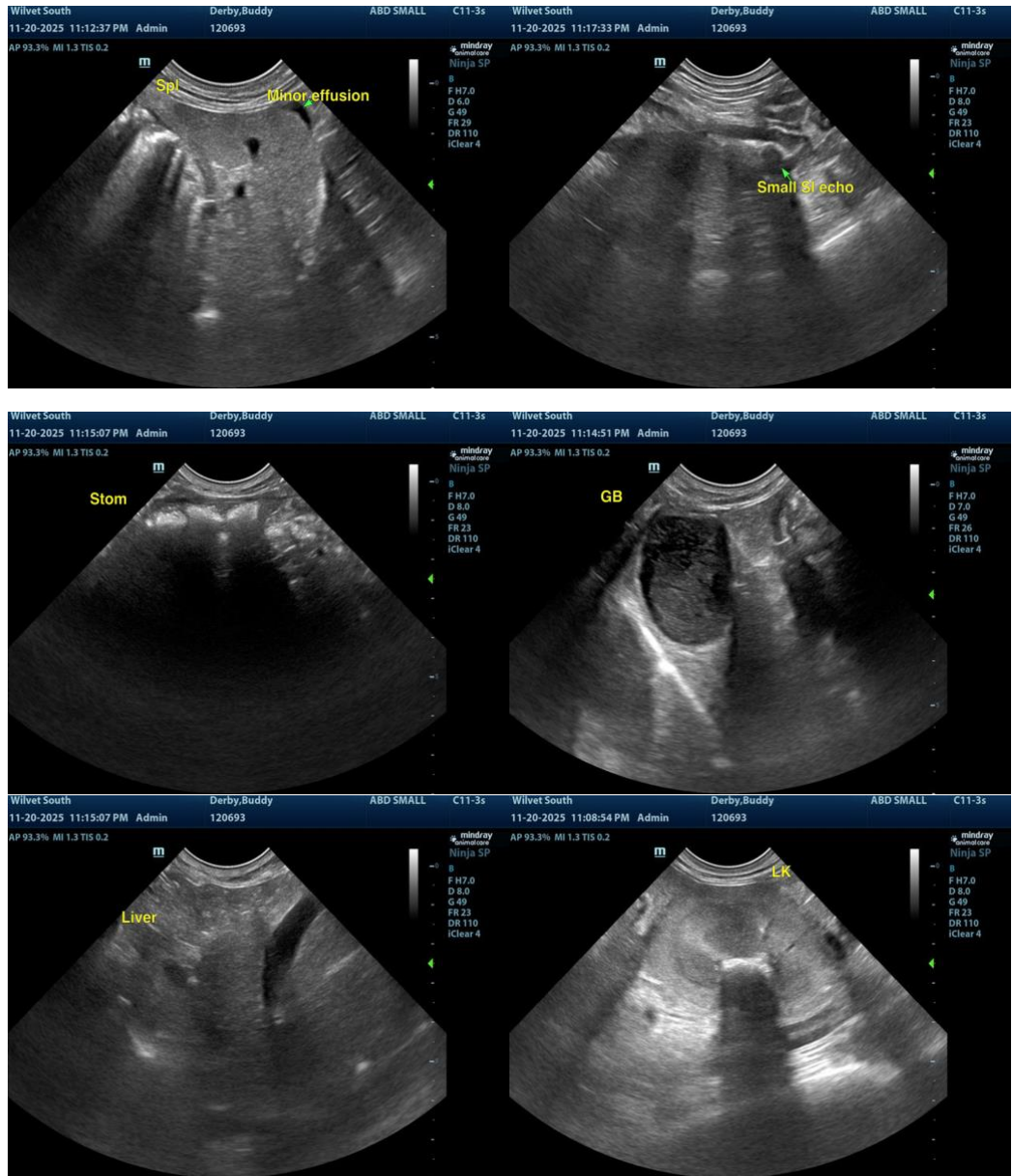
Dr. Wayland

INVOICE

12353

DATE

11/21/25





PATIENT

Buddy Derby

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

4 Years

WEIGHT

6.3 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Wayland

HOSPITAL NAME

Wilvet South

REFERRING VET

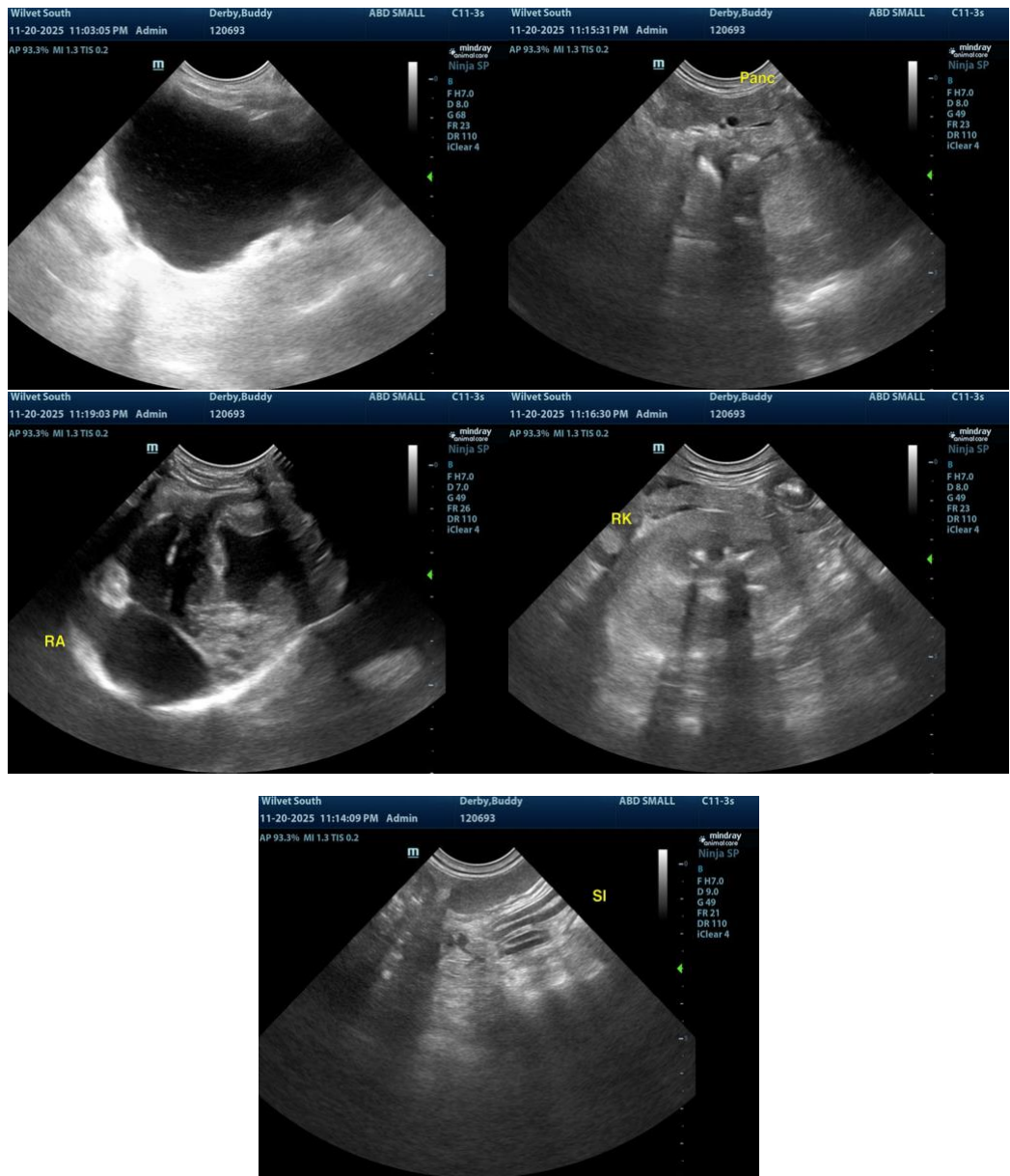
Dr. Wayland

INVOICE

12353

DATE

11/21/25



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