



**PATIENT**

Molly Reams

**SPECIES**

Canine

**BREED**

Brittany Spaniel

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

39 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Dr. Beth Coe

**HOSPITAL NAME**

Riverside Animal Clinic

**REFERRING VET**

Dr. Beth Coe

**INVOICE**

12369

**DATE**

11/21/25

**PRESENTING CLINICAL SIGNS**

Vomiting starting 11/19/25. Not eat since 11/18/25. Soft BM and diarrhea last night/this am. On Simp Trio monthly, Soloxine 0.3mg BID. Exam and medical treatment with SQF/Cerenia 11/20/25. Still won't eat today, and lethargic.

Abnormal PE/Chem/CBC/UA Results: PE: Decreased GI sounds abdomen. No abdominal pain/organomegaly. Tacky mucous membranes. NSF otherwise. BCS 7/9 CBC: NSF Chem: NSF cPL: WRI HW-4DX = Negative

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 5.5 cm in length. The right kidney measured 5.0 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

**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**

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor congealed nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**



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The stomach presented with intact normal wall layering in the fundus and gastric body with empty fundus and gastric body lumen. Mildly prominent wall layering noted in the antrum and pylorus with mild antrum and pyloric fluid. No evidence of obstruction to pyloric outflow. Pylorus wall measured 0.60 cm wall width.

The small intestine presented with intact wall layering and normal wall layer ratio. Overall empty intestine lumen to the level of the colon. Minor segmental gas was present with no evidence of mechanical obstructive intestinal criteria to the level of the colon.

The colon presented with overtly normal intact visible wall. The colon exhibited mild to moderate primarily generalized distention with nonformed fecal matter consistent with patient's history, extending to the level of the urinary bladder and colorectum.

### **Pancreas**

The area of the pancreas was sonographically normal.

### **Free Abdomen**

Mid abdomen mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 4.5 cm x 0.87 cm. No evidence of peritoneal effusion and generalized normal omental echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

- Hypomotile gastritis.
- Sonographically unremarkable generalized empty visualized small intestine.
- Mild to moderate distended colon containing nonformed fecal matter.
- Mild mesenteric lymphadenopathy- suspect mild mesenteric lymphadenitis secondary to inflammatory bowel episode.
- Normal area of pancreas.

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

Dietary intolerance/indiscretion, infectious disease, enterotoxin, nonstructural inflammatory bowel or emerging IBD, occult parasitism, occult Addison's disease, less likely occult neoplasia or nonvisualized foreign body are all potentials. Given no evidence of definitive gastrointestinal obstructive pattern, gastrointestinal support, empirical therapy for nonspecific gastroenterocolitis which may include 24-48 hour hospitalization, IV fluid and gastroprotectants with clinical monitoring is recommended. Screening cortisol level, fresh fecal analysis and a GI panel to include PLI, TLI, cobalamin and folate may be considered. Sonographic reassessment if nonresponsive or persistent gastrointestinal signs.



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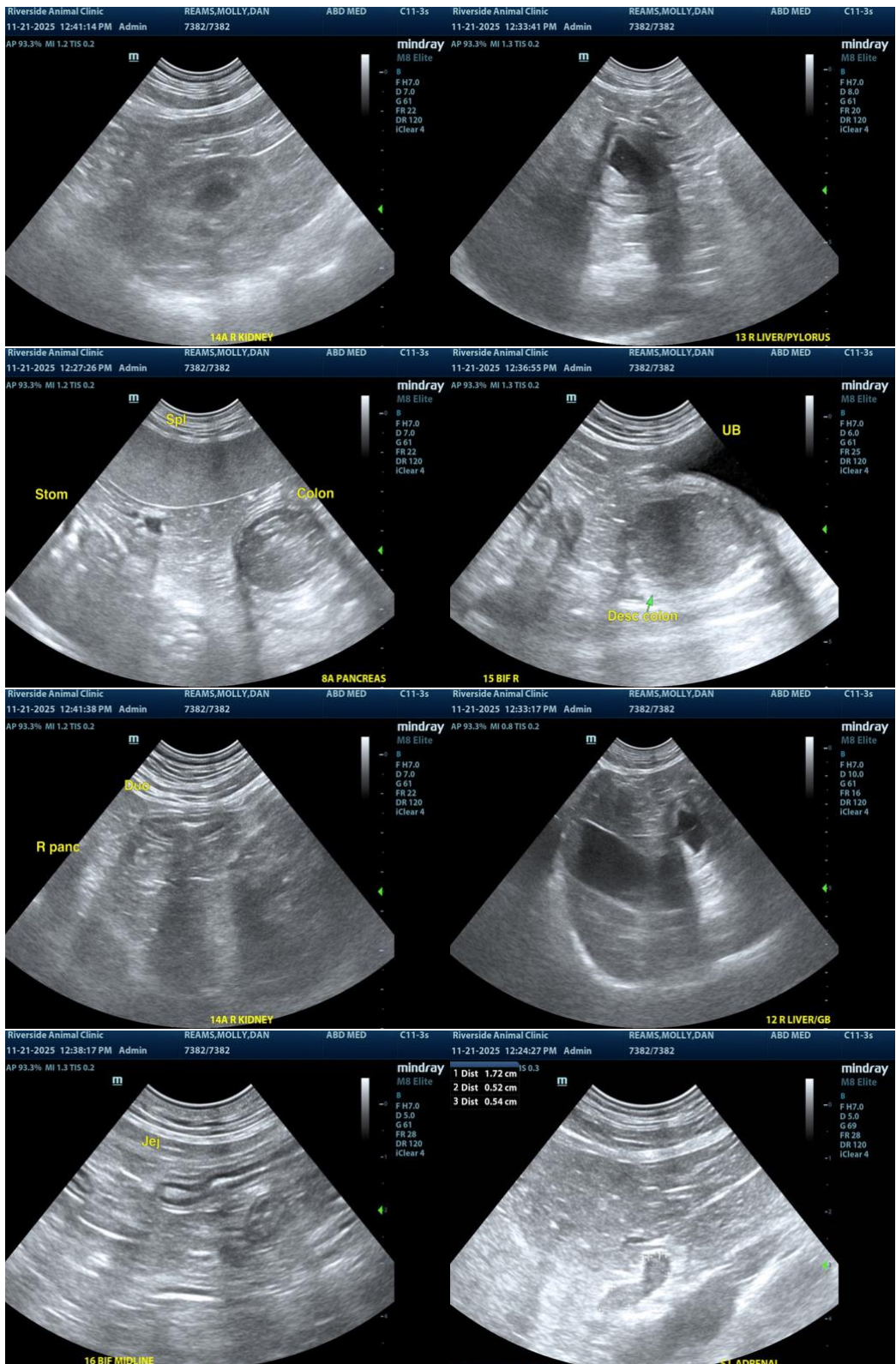
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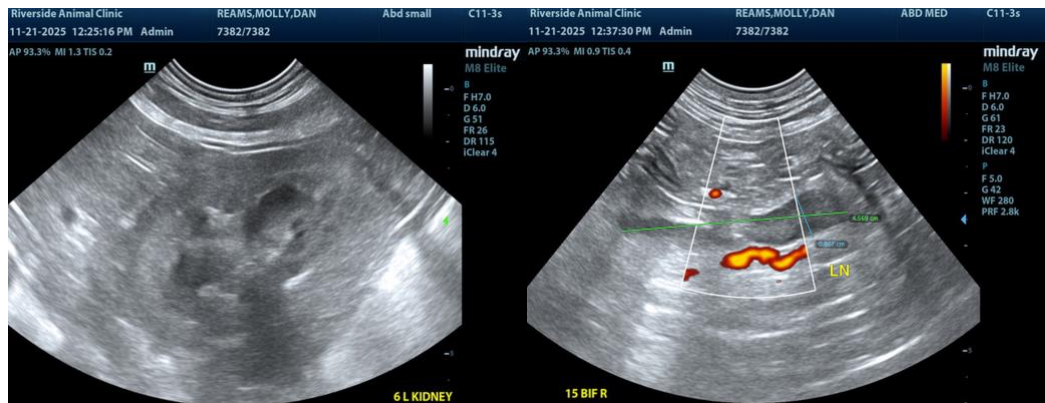
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)