



PATIENT

Dakota Verna

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

3yr

WEIGHT

50lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Hession

HOSPITAL NAME

Veterinary Emergency
Clinic of Casselberry

REFERRING VET

Dr. Edmister

INVOICE

23045

DATE

11-24-25

PRESENTING CLINICAL SIGNS

Vomiting for past 24 hours. Unable to keep food down, and now does not want to eat. Has drank some water and some of it has stayed. Owner tried bland diet, but didn't keep it down. Vomit is yellow/orange bile/foam. Will sometimes grab leaves and nuts on walks. Will try to eat things, but no access to trash and not missing toys/clothes. Hospitalized for 24 hours and continuing to regurgitate through Cerenia, Ondansetron, Pantoprazole.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone and normal appearing bladder wall. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor particulate to hyperechoic non-dependent urine sediment. 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 6.1 cm in length. The right kidney measured 6.4 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 0.49 cm width at the caudal pole and – cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole.

Spleen

The spleen was subjectively mildly enlarged with symmetrical contour and mild heterogeneous parenchyma. No visualized masses or nodules were present. Visualized normal splenic vascularity.

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 mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with retained primarily anechoic fluid and chyme was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental duodenojejunal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

BREED

Mix

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.

SEX

Free Abdomen

FS

No omental masses or evidence of peritoneal effusion was present.

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Intermittent mildly prominent to enlarged mesenteric and medial iliac 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). An example measured 2.1 cm x 0.71 cm.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

50lb

Primary

- Acute gastroenteritis pattern exhibiting mild gastric and segmental intestinal ileus.
- Suspect mild pancreatitis
- Mildly enlarged non-homogenous spleen
- Intermittent mild mesenteric and medial iliac lymphadenopathy-suggestive of benign / reactive criteria
- Mild non-organized gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive evidence of gastrointestinal obstructive criteria, i.e. definitive foreign body, mural pathology, etc. was not overtly visualized suggestive of acute gastroenteritis secondary to dietary indiscretion, infectious disease, enterotoxin, inflammatory bowel episode / IBD, occult parasitism, less likely occult Addison's disease or neoplasia in conjunction with mild pancreatitis. Given patient history, a small amount of overtly non-obstructive passing material, potentially obscured by intestinal artifact, thought less likely. Continued gastrointestinal support, empirical therapy for mild pancreatitis in correlation with the spec cPL, with clinical monitoring over the next 18 -24 hours would be appropriate. Sonographic reassessment or consideration for exploratory laparotomy with gastrointestinal biopsies considered essential despite exploratory findings may be indicated if non-responsive or progressive gastrointestinal signs.

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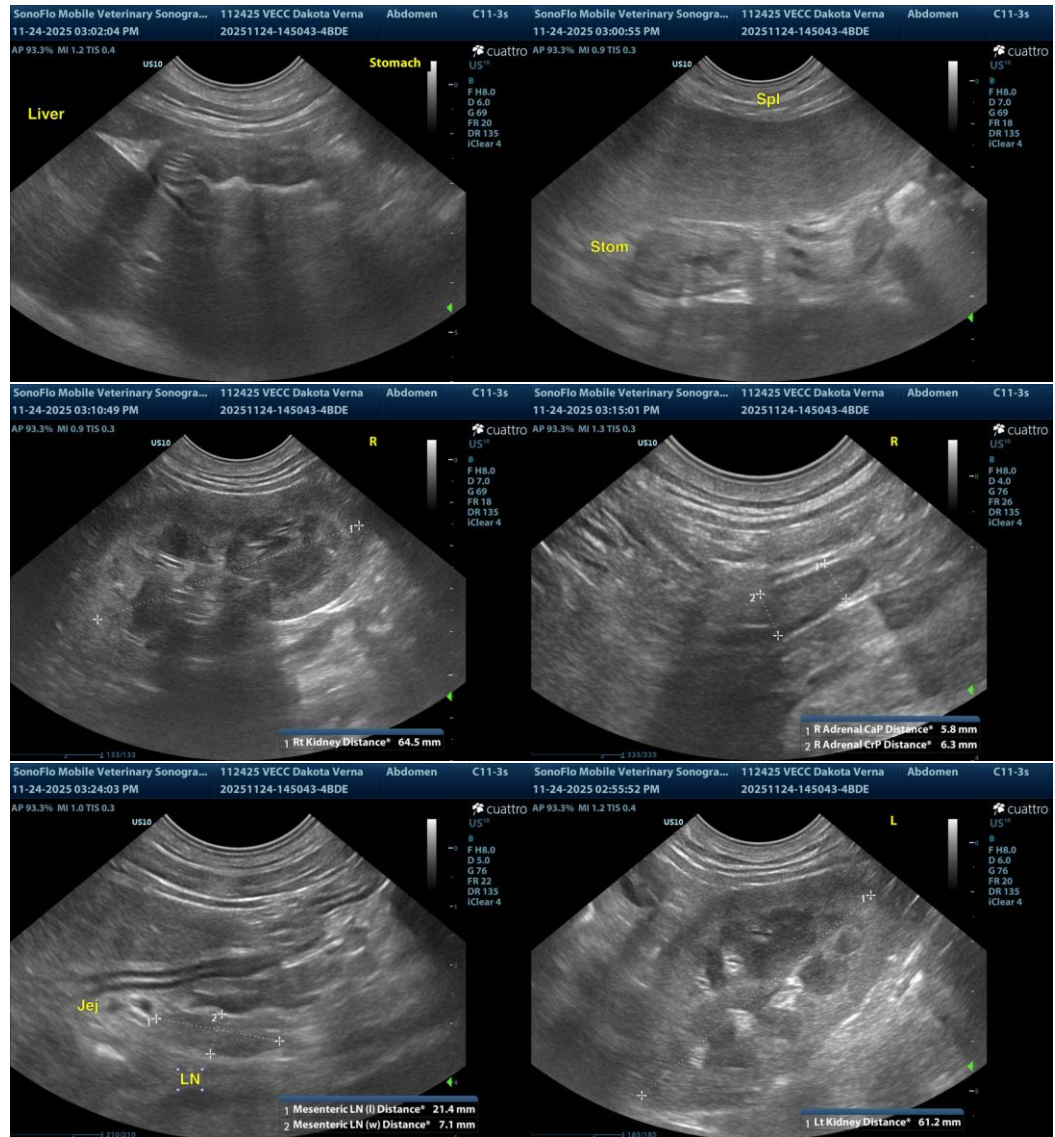
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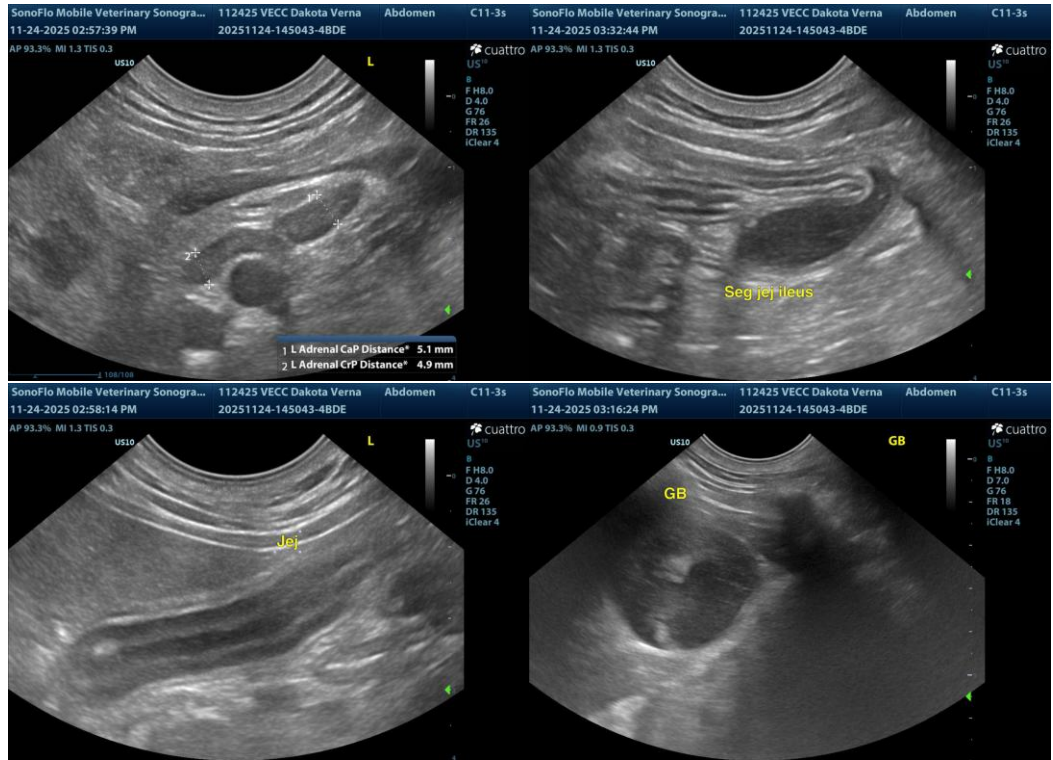
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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