

PATIENT

Lya Fuller

SPECIES

Canine

BREED

Catahoula Leopard Mix

SEX

Female Spayed

AGE

13 yrs

WEIGHT

20.4 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Schwanebeck

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

12763

DATE

11/3/25

PRESENTING CLINICAL SIGNS

History: Lya is a 13 YO FS Catahoula Mix who was presented for painful abdomen and vomiting after ingesting a chicken carcass. She ingested the chicken carcass and Nitrile gloves on Monday. She defecated one glove on Wednesday. Since Wednesday she has been vomiting. She is not able to keep regular dog food down but is able to keep canned pumpkin down. She is very painful when her abdomen is touched. GI contents not moved on repeat radiographs, suspicious for foreign material.

Abnormal PE/Chem/CBC/UA Results: CBC: NSF Chem: glob 3.9, BG 126, chol 416, ALT >1000, ALP >993, GGT 26 EPOC: pCO2 29.2, pH 7.475, Na+ 136 CPLi: strong abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized without overt pathology measuring 0.65 cm width. 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 exhibited mild hepatomegaly with maintained symmetrical capsule contour and mild non-homogeneous hepatic parenchyma. Mild remodeling was present. Variably size yet non-disruptive, potential coalescing, mild, hyperechoic, non-mineralized intraparenchymal nodules were present with an example measuring 2-3 cm in diameter. The gallbladder was non distended in size with mild to moderate, primarily gravity dependent, mildly congealed yet non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering and was overall non-distended in size. The lumen of the stomach contained lumen gas and a mild amount of non-shadowing to mildly shadowing content extending into pyloric outflow. No obvious mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with normal 1:3 muscularis/mucosa ratio. Primarily empty intestinal lumen without obstructive pattern. Segments of the small intestine potentially suggestive of duodenum or upward jejunal location contained progressively shadowing yet non-obstructive content.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

Possibly focally inflamed, swollen, non-homogeneous, hypoechoic distal right pancreas.

Free Abdomen

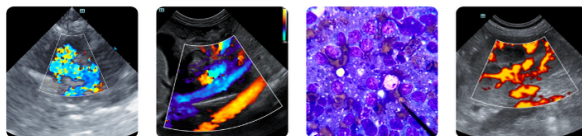
Potential for peripancreatic mild to irregular, non-homogeneous mesenteric lymph nodes with an example measuring ~2.1 cm in diameter. No evidence of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Non-distended stomach with non-shadowing to mildly shadowing content and gas
- Generalized empty small intestine with mild segmental progressively shadowing non-obstructive content
- Possible focally inflamed swollen right pancreas vs overlaying non-homogeneous lymph node
- Chronic hepatopathy with multiple variably sized to coalescing mild hyperechoic intraparenchymal nodules – vacuolar hepatopathy, inflammation, hyperplasia, lipogranulomas, fibrosis, low-grade neoplasia possible
- Non-organized gallbladder debris (non-mucocele)
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern. The gastric and segmental intestinal content may indicate retained ingesta secondary to metabolic gastrointestinal ileus. However, the progressively shadowing segmental intestinal content is strongly suggestive of non-obstructive foreign material with potential for combined ingesta and intestinal foreign material possible. Concurrent mild right limb pancreatitis favored. Given clinical signs, sonographic findings combined with patient history, exploratory laparotomy with gross inspection of the gastrointestinal tract, potential for gastrotomy/enterotomy and +/- concurrent hepatic biopsies, assuming normal clotting status, is warranted. Given no gastrointestinal obstructive pattern, hospitalization with IV fluid/gastrointestinal support, documented 12-hour fast, supportive care for pancreatitis and sonographic reassessment of the gastrointestinal tract 12-15 hours would be a more conservative approach.



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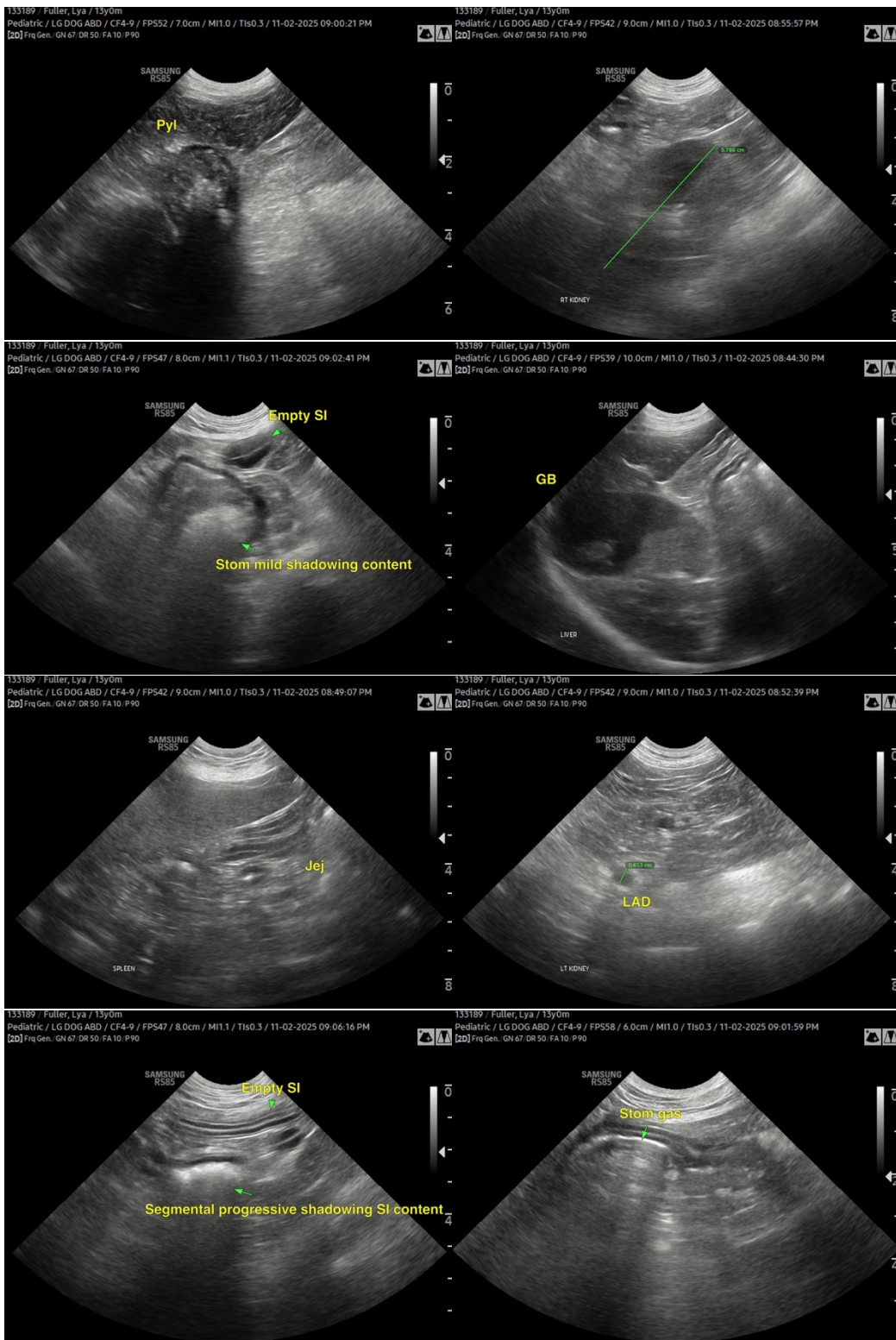
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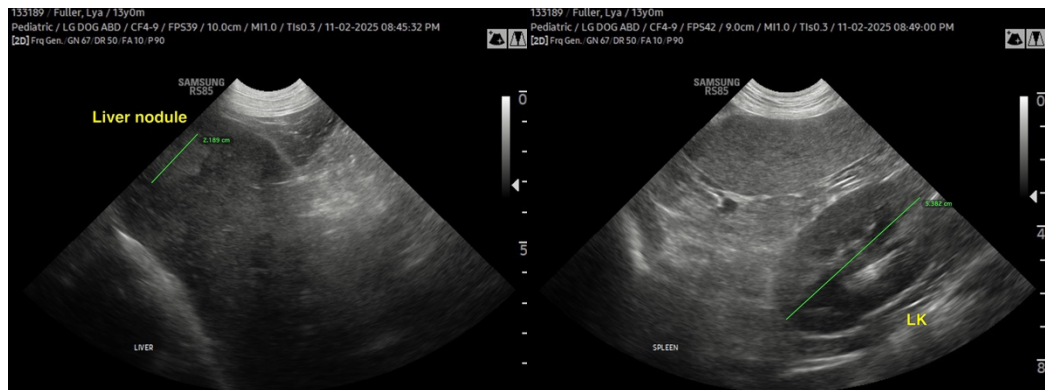
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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