



**PATIENT**

Pebbles Burtherus

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

6yr

**WEIGHT**

48.1lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Paws Animal Hospital

**REFERRING VET**

Dr Johnson

**INVOICE**  
22855

**DATE**

11/04/2025

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Inappetance Vomiting Diarrhea Strong positive for pancreatitis Previous history of GI foreign body ABNORMAL Labwork Values Positive snap CPL test CBC/Chemistry wnl Current Medications None

**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 right kidney. The left kidney was subnormal in size compared to the right with indistinct corticomedullary border demarcation. A normal 1:3 cortex / medulla ratio and normal right kidney 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 3.9 cm in length. The right kidney measured 6.3 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 0.69 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 0.65 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 mildly prominent wall layering. The ventral gastric body wall measured 0.55 wall width. The stomach exhibited moderate distention with anechoic to mildly echogenic fluid



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and non-shadowing chyme. Within the pyloric outflow, a solitary mild to variably shadowing non-obstructive echo was present. Within the pylorus lumen, a solitary to possible intermittent variably shadowing echo to echoes were present without evidence of obstruction to pyloric outflow. An echo measured ~ 2 cm in diameter.

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Canine

The small intestine presented overall intact wall layering with maintained muscularis/mucosa ratio. Variable duodenal and jejunal chyme / fluid distention extending to the approximate mid-abdomen with concurrent empty jejunum without evidence of mechanical / metabolic ileus to the subjective level of the ileum and colon.

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

**Pancreas**

**SEX**

The area of the pancreas was sonographically normal.

FS

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Moderate fluid / chyme distended stomach with non-obstructive non-specific pyloric lumen echo / echoes.
- Segmental variable fluid / chyme distended upper to mid small intestine with concurrent empty small intestinal segments distal
- Sonographically normal area of pancreas.

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**Secondary**

- Sub-normal left kidney size with indistinct corticomedullary border demarcation - possible mild left kidney dysplasia.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A definitive area of mechanical intestinal obstruction i.e. stricture, mass, foreign body etc. was not definitively visualized indicating potential for gastric and segmental intestinal metabolic ileus owing to underlying non-specific gastrointestinal disease or low-grade pancreatitis which may present sonographically normal. However, the degree of gastric and variable segmental intestinal fluid /chyme distension with concurrent empty small intestinal segments subjectively distal is highly suggestive of non-obvious mechanical intestinal obstruction.

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Given this presentation in conjunction with clinical signs, exploratory laparotomy with gross inspection of the gastrointestinal tract and with gastrointestinal biopsies considered essential despite exploratory findings is recommended. Hospitalization with 24 hour IV fluid / gastrointestinal support, empirical therapy for possible mild pancreatitis, documented 12-hour fast and sonographic reassessment of the gastrointestinal tract would be a more conservative approach.

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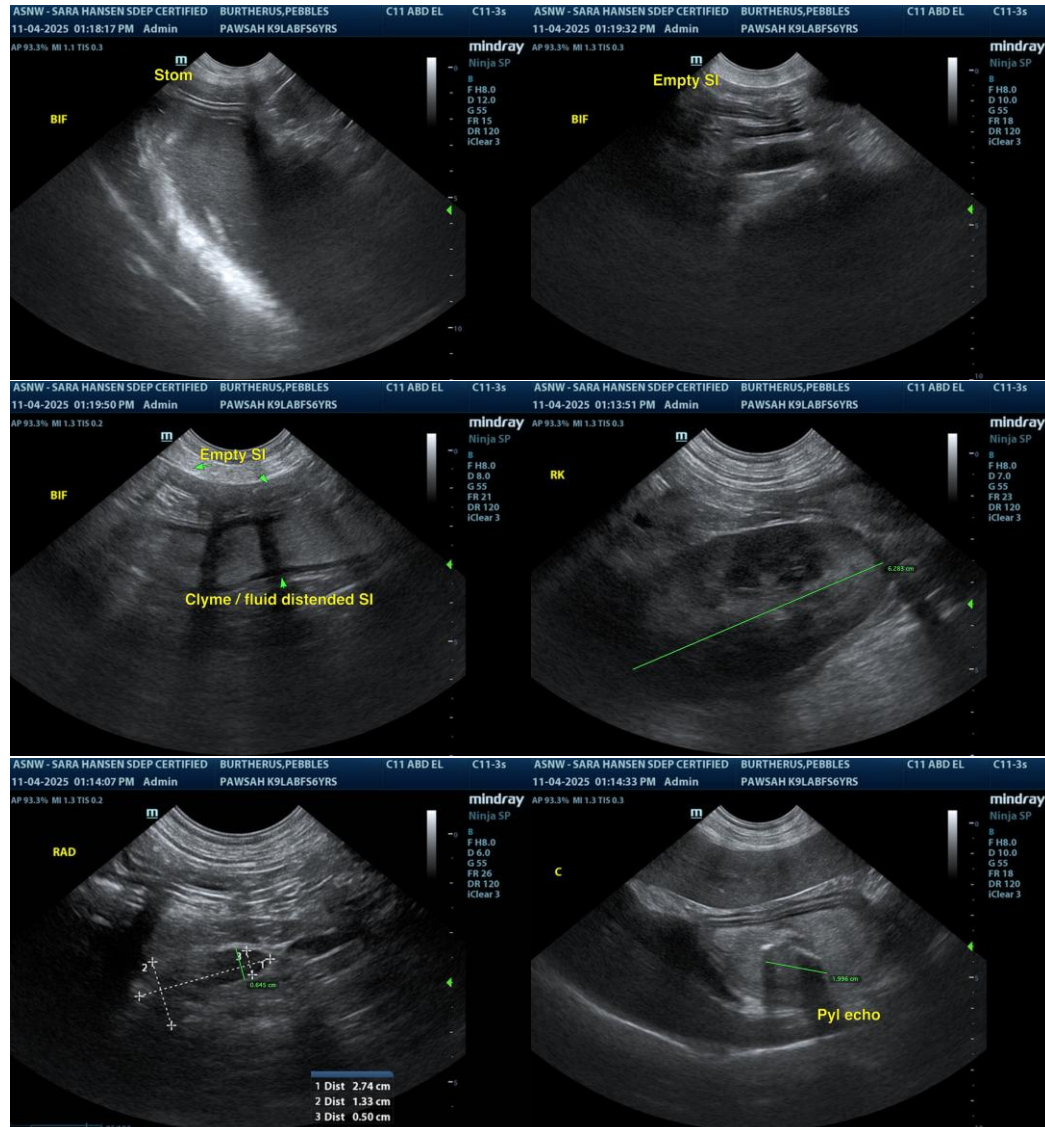
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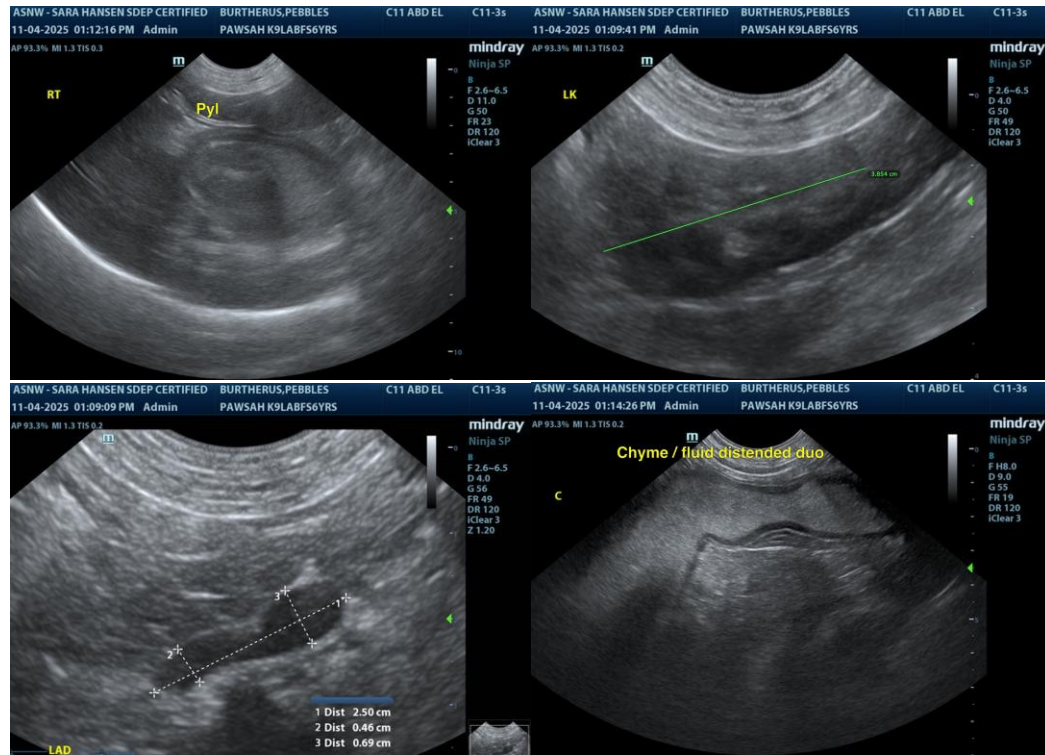
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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