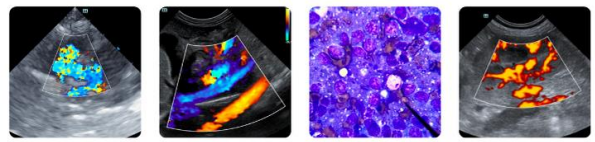




PATIENT	PRESENTING CLINICAL SIGNS
Miley Mopsick	3 days ago presented to ER for subacute severe vomiting - ER reported temperature of 104.4 - inconclusive findings on abdominal and thoracic radiographs at ER. Presented to us today (11/6/25) for recheck.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Patient is completely asymptomatic however still maintains a fever of 105.4. Chem / CBC / Lytes / cPL : indicates hemoconcentration however all else unremarkable.
BREED	
Poodle	The submitted study contained 36 still images and 10 videos for review.
SEX	
Female Spayed	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE	Urinary System
2 years	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 evidence of urine or 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.
WEIGHT	No evidence of medial Iliac or sublumbar lymphadenopathy/masses.
35 lbs.	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 6.0 cm in length. The right kidney measured 6.2 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 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 0.54 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Cristy Fisher	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/ Gallbladder
Pine Creek VH	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
REFERRING VET	
Deanna Taub	
INVOICE	
10316	
DATE	
11/6/25	



PATIENT	normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.
Miley Mopsick	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented normal intact visible wall. The stomach was overall nondistended containing lumen gas and mild variably echogenic nonshadowing ingesta.
BREED	
Poodle	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing intestinal ingesta / chyme. No obstructive pattern to the level of the colon.
SEX	Normal visible colon wall layers were present with semi-formed fecal matter.
Female Spayed	<i>Pancreas</i>
AGE	The area of the pancreas was sonographically normal.
2 years	<i>Free Abdomen</i>
WEIGHT	Intermittent, mildly enlarged, mesenteric 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 lymph node measured 2.1 cm x 0.57 cm. No evidence of peritoneal effusion was noted.
35 lbs.	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Primary Findings</i>
IMAGING PERFORMED BY	<ul style="list-style-type: none">• Suspect resolving nonspecific gastroenteritis with mild gastric and segmental intestinal ingesta / chyme• Mild mesenteric lymphadenopathy - mild to possibly resolving hyperplasia or lymphadenitis secondary to inflammatory bowel episode probable• Sonographically normal area of pancreas
Cristy Fisher	<i>Secondary Findings</i>
HOSPITAL NAME	<ul style="list-style-type: none">• Mild nonorganized gallbladder debris (non mucocele)
Pine Creek VH	
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Deanna Taub	Dietary intolerance / indiscretion, infectious gastroenteritis, enterotoxin, acute nonspecific inflammatory bowel episode, occult parasitism, less likely occult Addison's Disease, pancreatitis or occult neoplasia are all potentials.
INVOICE	
10316	A definitive cause of the fever, aside from potentially resolving infectious gastroenteritis and lymphadenitis, was not obvious. Continued gastrointestinal support is indicated with clinical monitoring. Sonographic reassessment is indicated if recurrent gastrointestinal signs or progressive fever occur.
DATE	
11/6/25	



PATIENT

Miley Mopsick

SPECIES

Canine

BREED

Poodle

SEX

Female Spayed

AGE

2 years

WEIGHT

35 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Cristy Fisher

HOSPITAL NAME

Pine Creek VH

REFERRING VET

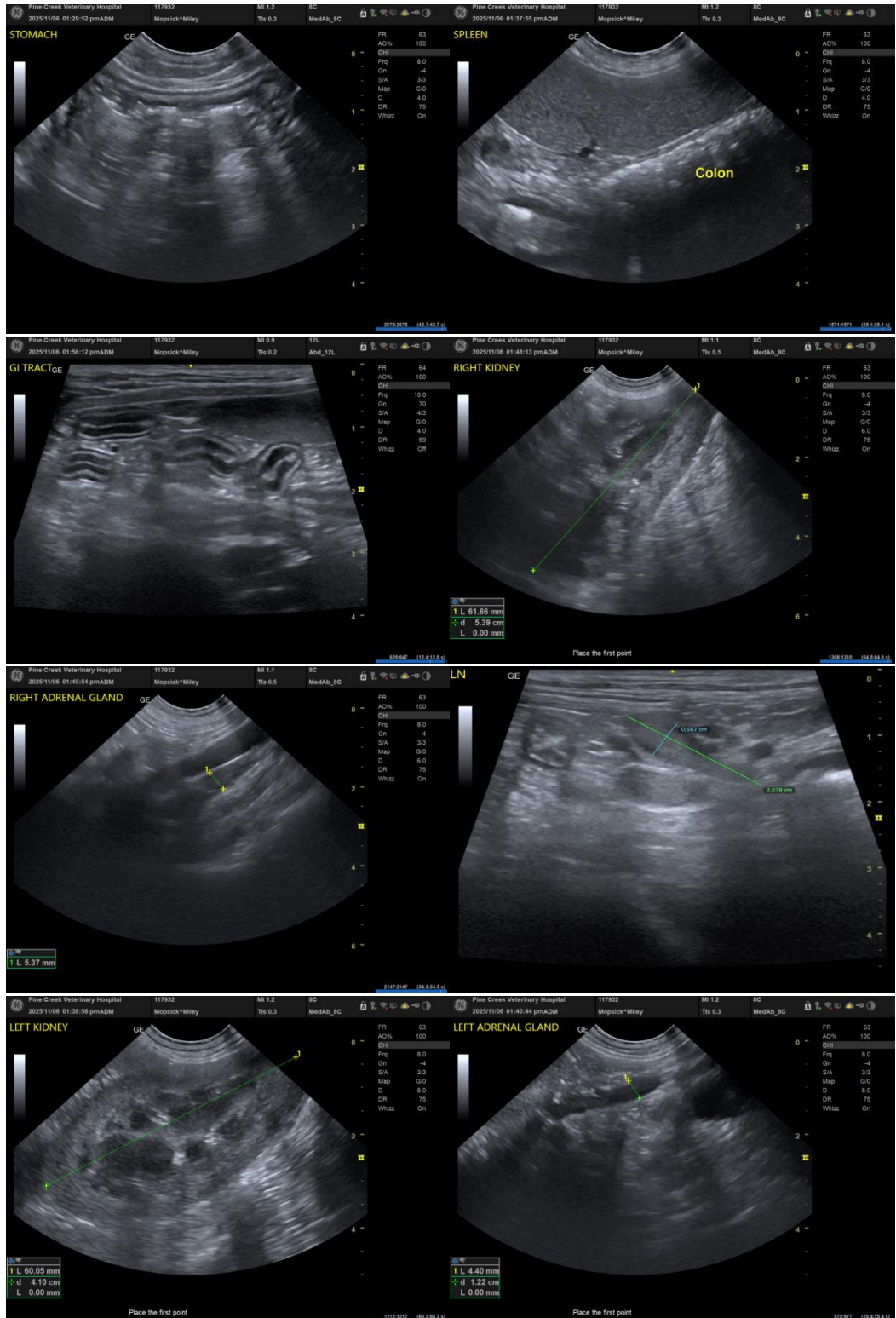
Deanna Taub

INVOICE

10316

DATE

11/6/25





PATIENT

Miley Mopsick

SPECIES

Canine

BREED

Poodle

SEX

Female Spayed

AGE

2 years

WEIGHT

35 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Cristy Fisher

HOSPITAL NAME

Pine Creek VH

REFERRING VET

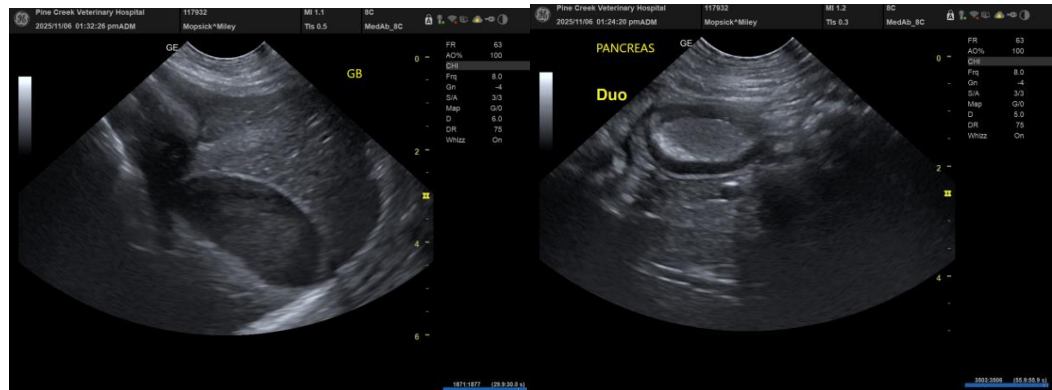
Deanna Taub

INVOICE

10316

DATE

11/6/25



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