



PATIENT

Callie Donnelly

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

3 Years

WEIGHT

4.18 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Lisa Miller

INVOICE

72223

DATE

12/1/25

PRESENTING CLINICAL SIGNS

*initially presented 11/30 morning for vomiting, diarrhea. had started early yesterday morning. progressed to blood noted with vomit and diarrhea. A small piece of gravel was noted in the vomit. At initial visit owner elected outpt treatment (sq fluids, cereina injection; rx proviable, emeprev, propectalin). represented a few hours later for worsening hematochezia. admitted for supportive care. overnight started with regurgitation and worsened. NG tube was placed and intial aspirated volume was 110 ml and 33 ml of air, 2 hours later 14 ml of fluid. less diarrhea overnight. *concern for Regurgitation - r/o gastric obstruction, gastric dilation, gastrointestinal foreign body; Diarrhea - r/o gastroenteritis, dietary indiscretion, infectious enteritis

Abnormal PE/Chem/CBC/UA Results: PE: initially comfortable and non-painful; overnight Abd: palpates gassy *11/30 AM: EPOC: WNL; cPL: Normal *11/30 AM rads: Normal liver, spleen, kidneys and urinary bladder. Fluid filled stomach and gas and fluid filled SI loops, 1 population no overt obstructive pattern seen. Gas distended colon 11/30 PM: cbc and chem both WNL *11/30 9 pm epoc: WNL *repeat rads: show substantial change in gastric size and content with fluid retention and failure to empty Rad report (after 18 hours of fasting other than a small amount earlier in shift): Mild heterogenous content in the stomach is compatible with residual ingesta. There are no findings compatible with mechanical obstruction. Nonspecific gastroenteritis is prioritized at this time.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 changes were noted.

The area of the aortic trifurcation was free of pathology.

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 3.8 cm in length. The right kidney measured 3.8 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 0.47 cm at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.34 cm 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.



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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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact visible wall. The stomach contained luminal gas. A mild amount of retained anechoic fluid and non-shadowing ingesta was present extending into the area of the pyloric outflow. No evidence of obstruction to pyloric outflow or obstructive pyloric mural pathology. Pylorus wall measured 0.34 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Duodenum wall measured 0.47 cm. Jejunum wall measured 0.37 cm. Generalized empty intestinal lumen without mechanical/metabolic ileus pattern to the level of the colon.

Normal visible colon wall layers were present. The colon was non-distended, containing semiformal to soft fecal matter.

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal stomach containing mild gas, fluid, and non-shadowing ingesta.
- Sonographically normal empty small intestine.
- Normal area of pancreas.
- Non-distended colon with semiformal to soft fecal matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical pyloric or upper intestinal obstruction i.e., stricture, foreign body, mass suggestive of metabolic gastric ileus and non-specific gastroenteritis. Mild pancreatitis at times may be present sonographically normal. Minor potential for a small amount of non-obstructive fluid absorbing material in the stomach thought less likely. No indication for immediate surgical intervention, with gastrointestinal support and clinical monitoring recommended. Sonographic reassessment or consideration for upper gastrointestinal endoscopy indicated if continued or progressive gastrointestinal signs.



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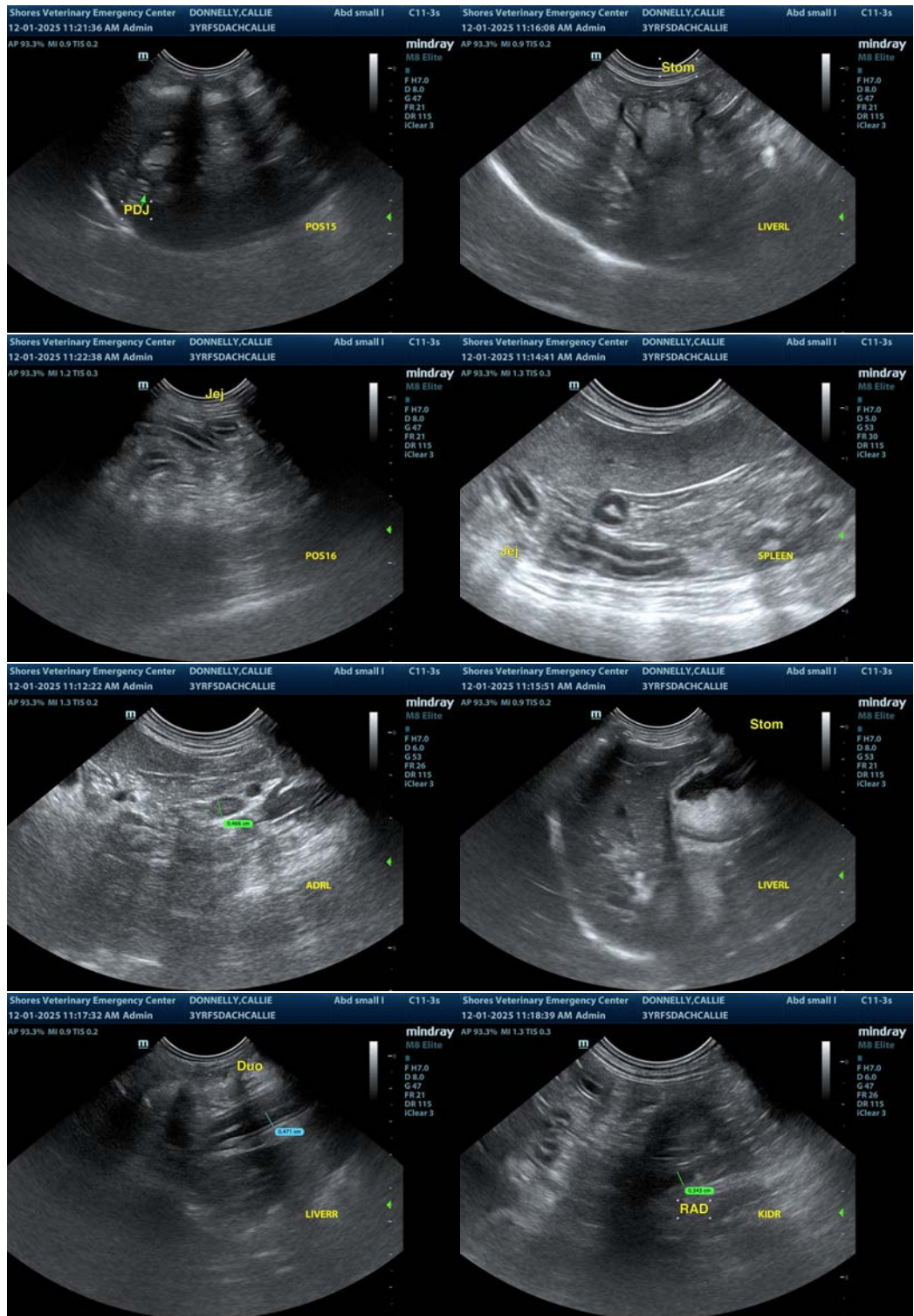
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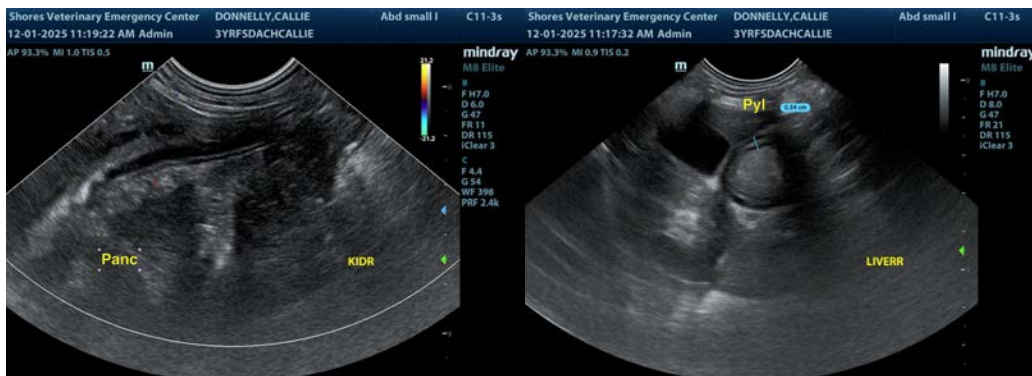
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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