



PATIENT

Rainey Seals

SPECIES

Canine

BREED

Lab

SEX

F

AGE

4yr

WEIGHT

53.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Stacy Sather

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Sabelhaus

INVOICE

23201

DATE

12/10/2025

PRESENTING CLINICAL SIGNS

P presented for vomiting multiple times at home this afternoon. P has hx of sock ingestion and needed to have abdominal explore. O is not aware of anything that P has ingested but is acting similar to past events. O unsure of last defecation, was normal two days ago. New male dog in the home, but no other significant events. UTD on vaccines and preventatives. -CN

Abnormal PE/Chem/CBC/UA Results: - 3 view abdominal radiographs: only noted on right lateral abdominal radiograph. There is striated material noted in the dorsal aspect of the mid abdomen, near what is likely the cecum which seems separate from the colon. What is likely fecal material noted in the colon. Suspect FB in SI. PCV/TP: 47% and 7.2 g/dL, clear serum - EPOC: NSF

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 was present in the left kidney. 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 6.2 cm in length. The right kidney was not definitively visualized

The area of the aortic trifurcation was free of pathology.

The area of the uterus/uterine remnant appeared normal and free of pathology

Adrenal Glands

The left and right adrenal glands were 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/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 exhibited moderate to significant distention with retained fluid and mild gas.



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The small intestine presented intact visible wall. The small intestine exhibited segmental distention with fluid and chyme with subjective segmental oral / aboral fluid movement. Concurrent to diffuse gas distended intestinal segments with intermittent empty small intestinal segments with mild lumen gas were present.

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The colon was indistinctly visualized owing to intestinal gas distention.

Pancreas

The pancreas was not definitively visualized.

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Free Abdomen

No obvious visualized significant omental lymphadenopathy.

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Minor ventral abdomen to peri intestinal free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

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- Moderate to significant fluid distended stomach
- Segmental fluid /chyme distended intestinal segments with concurrent gas distended intestinal segments and subjective segmental empty small intestine
- Minor ventral abdomen / peri intestinal free fluid.

WEIGHT

53.2lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive area of mechanical intestinal obstruction was not visualized, potentially obscured by intestinal gas. However, the degree of gastric fluid retention and segmental intestinal distention with fluid /chyme exhibiting subjective oral / aboral fluid movement is consistent with gastrointestinal obstructive pattern. Intestinal foreign body is favored, although alternative obstructive pathology, i.e. stricture given patient history, non-obvious mass, etc. is not definitively excluded. Exploratory laparotomy with gross inspection of the gastrointestinal tract and with gastrointestinal biopsies considered essential to assess for underlying gastrointestinal disease is recommended.

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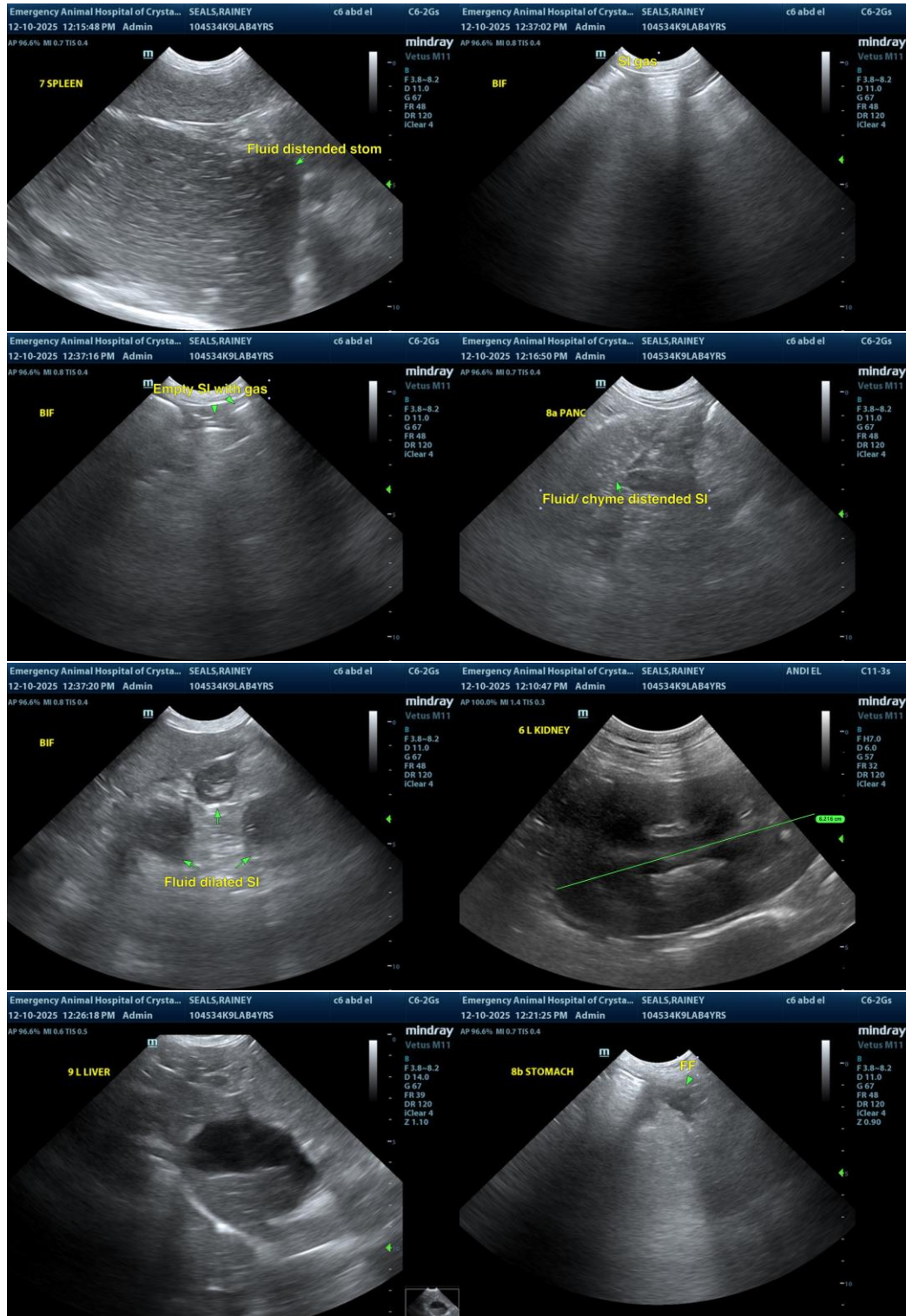
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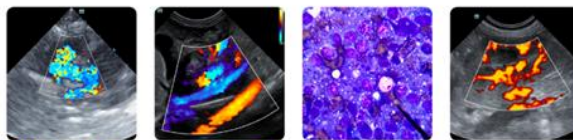
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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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