



**PATIENT**

Kate Hess

**PRESENTING CLINICAL SIGNS**

History: Vomiting x 3, rads NSF, has not eaten breakfast or dinner in past day

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

French Bulldog

The urinary bladder was empty in appearance with minimal lumen urine. The 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 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.

**SEX**

Female spayed

The area of the aortic trifurcation was free of pathology.

**AGE**

8y

Normal size and margination was 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 4.4 cm in length. The right kidney measured 4.4 cm in length.

**WEIGHT**

26 lbs

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland was borderline prominent in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole. The right adrenal gland was borderline prominent in size with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width at the caudal pole.

**Spleen**

**IMAGING PERFORMED BY**

Meghan Morse, LVT, CVT

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**

Narrowsburg Vet

**Liver**

**REFERRING VET**

Dr. Hess

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 minor, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**INVOICE**

12962

**Gastrointestinal**

**DATE**

12/18/25

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was non-distended in size with mild retained anechoic fluid. No evidence of obstruction to pyloric outflow or foreign material.



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The duodenum exhibited segmental intact normal wall and maintained wall layer ratio with concurrent segmental non-thickened mildly corrugated wall. Mild decreased mural echogenicity, asymmetrical luminal surface contour and mild non-obstructive duodenal ileus. Duodenum wall measured 0.42 cm.

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

**Pancreas**

The area of the pancreas was sonographically normal.

**Free Abdomen**

Mild peri intestinal hyperechoic omentum and no evidence of peritoneal effusion present. No obvious visualized significant omental lymphadenopathy.

**PRIMARY FINDINGS**

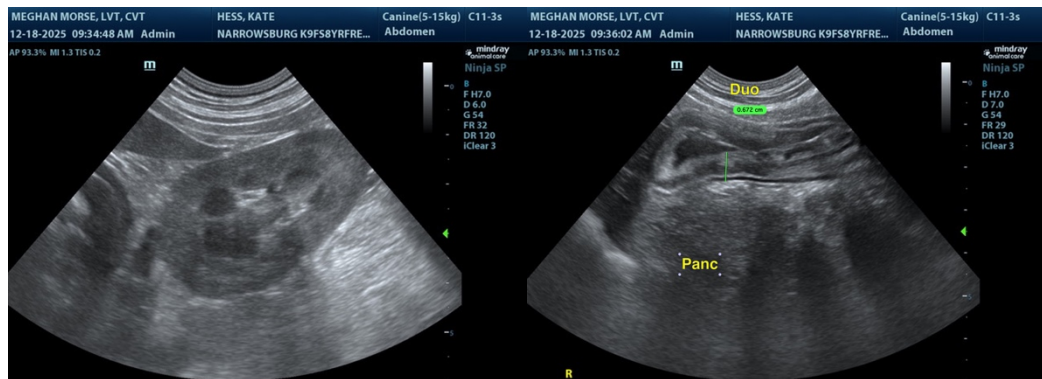
- Acute gastroenteropathy exhibiting mild non-obstructive gastro duodenal and segmental jejunal ileus
- Mild peri gastointestinal hyperechoic/reactive omentum
- Sonographically normal area of pancreas

**SECONDARY FINDINGS**

- Minor gallbladder debris
- Borderline prominent adrenal glands

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of mechanical gastrointestinal obstruction, i.e. foreign material. Mass, stricture, etc. No sonographic evidence of significant or active pancreatitis, although mild pancreatitis may present sonographically normal. No indication for immediate surgical intervention. Dietary indiscretion, infectious disease, enterotoxin, acute inflammatory bowel, occult parasitism, mild pancreatitis, occult neoplasia, less likely occult Addison's disease given borderline prominent adrenal glands, all potentials. Gastointestinal support indicated. A GI panel to include PLI/TLI/Cobalamin/Folate and +/- screening cortisol level to assess for occult disease may be considered. Sonographic reassessment or monitoring indicated if non-responsive or progressive gastointestinal signs.





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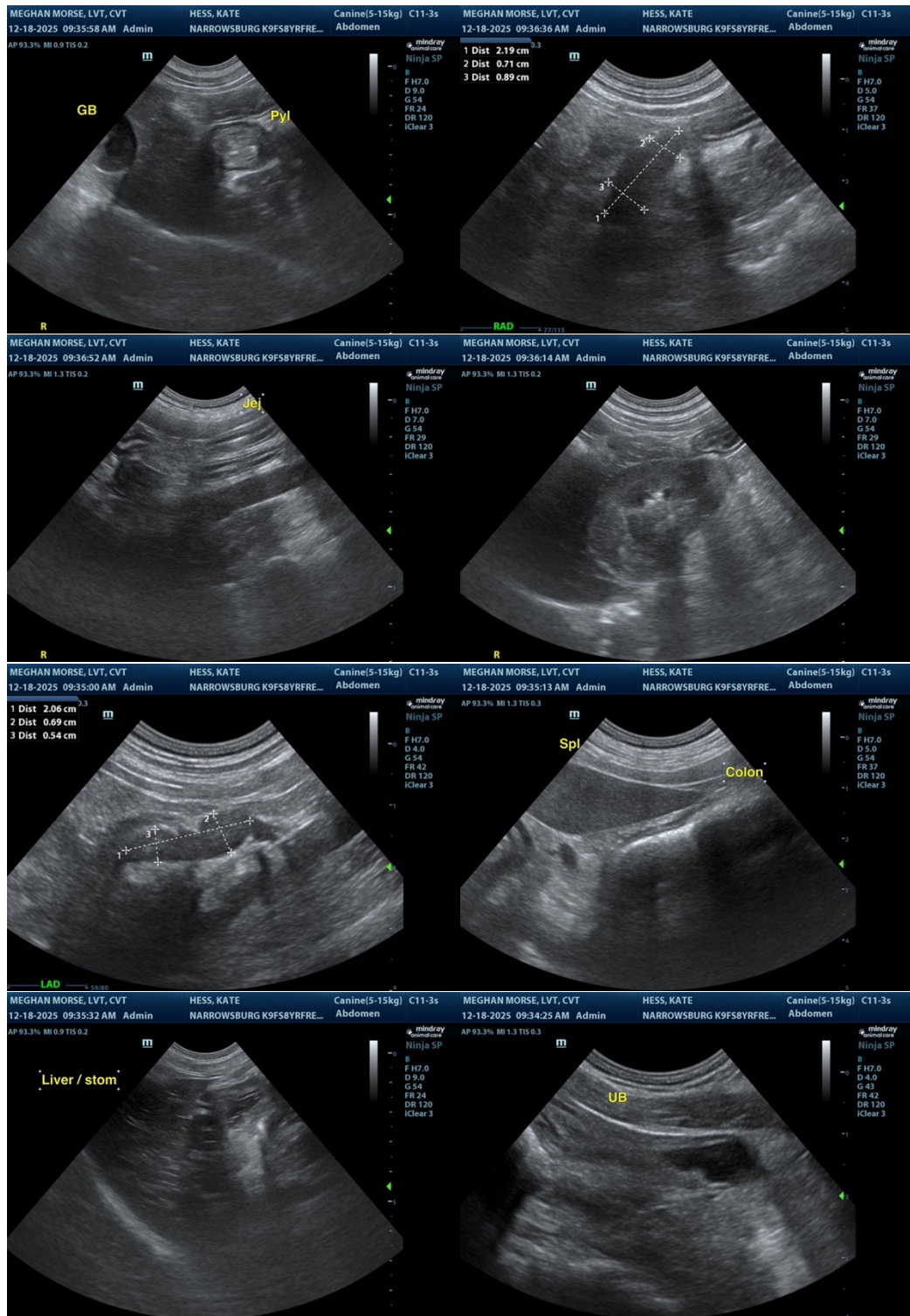
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)