



**PATIENT**

Blu Hoffner

**SPECIES**

Canine

**BREED**

Frenchie

**SEX**

Male Intact

**AGE**

6 months

**WEIGHT**

6.1 kgs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Burlington Veterinary  
 Emergency and  
 Referral

**REFERRING VET**

Allum

**INVOICE**

13005

**DATE**

12/31/25

**PRESENTING CLINICAL SIGNS**

History: Acute vomiting and anorexia starting this morning. Has had one prior episode of regurgitation several months ago. Chronic diarrhea with blood (including this morning).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

No obvious pathology in the area of the prostate.

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 4.1 cm in length. The right kidney measured 4.2 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 0.45 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 0.44 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**

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 normal intact visible wall layering. The stomach exhibited moderate to significant distention with retained primarily echogenic fluid and a mild amount of non-homogeneous non-shadowing ingesta. A mild amount of non-shadowing ingesta and chyme was present in the pyloric outflow without evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. Pylorus wall measured 0.44 cm.

The small intestine presented intact mildly thickened wall given patient age and body weight. The small intestine exhibited mild altered wall layer ratio owing to propensity for mildly thickened duodenal



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mucosa and mildly prominent to thickened jejunal submucosa and muscularis layers. Duodenum wall measured 0.59 cm and jejunum wall measured 0.40 cm.

Normal visible colon wall layers were present with apparent soft to variably formed feces and lumen gas.

**Pancreas**

The pancreas was normal in size with capsule asymmetry and mild non-homogeneous hypoechoic parenchyma compared to adjacent omentum.

**Free Abdomen**

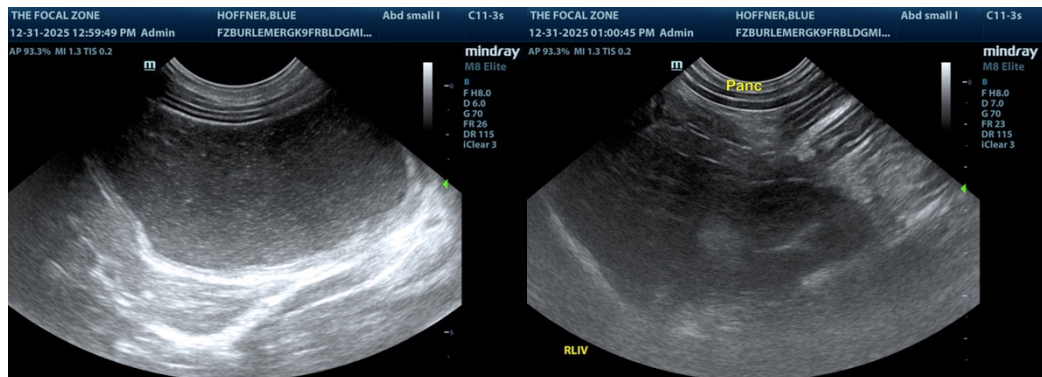
Intermittent, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion present.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate to severe hypomotile stomach with retained fluid and non-shadowing ingesta/chyme
- Enteropathy exhibiting generalized empty intestinal lumen
- Soft to variably formed fecal matter in colon
- Intermittent mild mesenteric lymphadenopathy
- Mild hypoechoic pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Definitive evidence of mechanical, pyloric or upper intestinal obstruction was not obvious suggesting moderate to significant metabolic gastric stasis potentially secondary to generalized gastroenteropathy or potential mild pancreatitis. Dietary intolerance/hypersensitivity, infectious disease, inflammatory bowel, enterotoxin, occult parasitism in conjunction with possible low-grade pancreatitis with occult Addison's neoplasia thought less likely, possible. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level is suggested. Gastrointestinal support and consideration for gastric evacuation and clinical monitoring indicated if available. Pending further clinical monitoring, upper gastrointestinal endoscopy may be ideal for further evaluation of the pyloric outflow and potential for biopsies if persistent gastric stasis.





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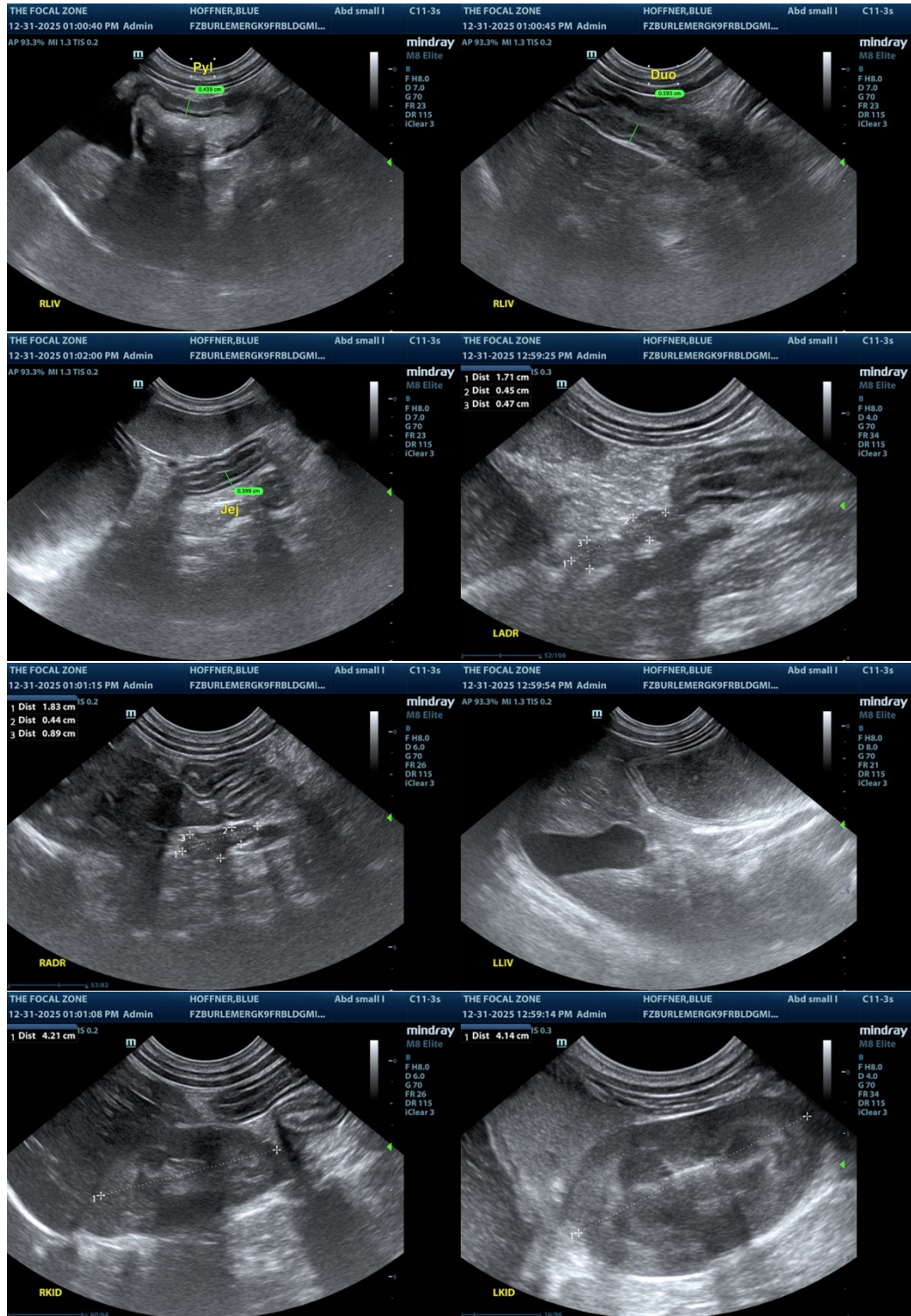
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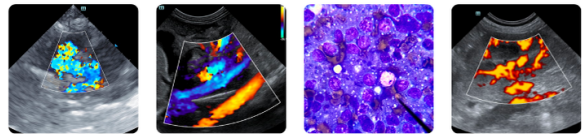
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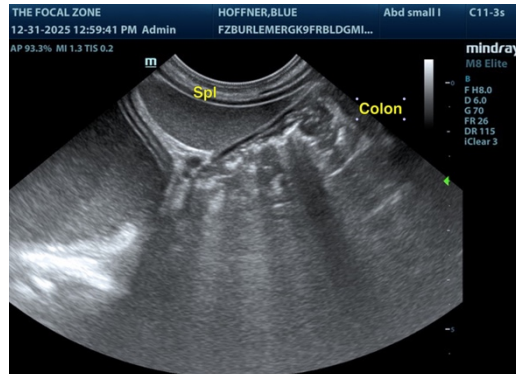
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)