



PATIENT

River Miller

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

4 Years

WEIGHT

24.2 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Alexandra Mora-
Osoria DVM

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Alexandra Mora-
Osoria DVM

INVOICE

12896

DATE

12/31/25

PRESENTING CLINICAL SIGNS

Patient was fine this morning, but this afternoon, they found straight bloody diarrhea. she did eat this morning. primarily hunting dogs but UTD on prevention and vaccines.

Abnormal PE/Chem/CBC/UA Results: CBC. hemoconcentration Chemistry. ALT > 1000 (1802), glucose 145, phosphorus 7.3 EPOC. glucose 131, HCT 60%, pH 7.353 3 radiographs centered over the abdomen are available for interpretation. This study is dated 12/30/2025. The liver, spleen, kidneys and urinary bladder are normal. The stomach contains amorphous soft tissue material. The pylorus is gas-filled. The small bowel is diffusely distended with gas and soft tissue opaque material. The colon is soft tissue opaque. The lumbar spine and pelvis are normal.

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 change were noted.

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 6.2 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland was normal to mildly subnormal in size with symmetrical contour and maintained homogenous parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole.

The right adrenal gland was 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

The liver presented normal in size with overall symmetrical contour and vascular volume. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

The gallbladder was indistinctly visualized with no evidence of overt gallbladder overdistention or evidence of posthepatic obstruction.

Gastrointestinal



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The stomach presented intact wall layering. The stomach exhibited moderate distention with retained anechoic fluid.

The small intestine presented intact wall layering with maintained wall layer ratio. Primarily generalized mild to variable intestinal ileus to the level of the colon.

Primarily empty colon with a spherical appearing nonshadowing hypoechoic echo present in the descending to colorectal lumen dorsal to the urinary bladder measuring approximately 3.3 cm in diameter.

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

Intermittent 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). No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Acute gastroenteropathy with primarily generalized gastrointestinal ileus.
- Generalized empty colon/colitis pattern with distal descending colon/colorectal lumen foreign body.
- Acute hepatopathy.
- Normal area of the pancreas.
- Subjective borderline subnormal left adrenal gland, nonvisualized right adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Nonspecific acute gastroenterocolitis is suspected secondary to past current descending colon to colorectal foreign body is suspected. Concurrent dietary indiscretion, infectious disease, enterotoxin, inflammatory bowel, occult parasitism, occult Addison's disease, mild pancreatitis, less likely occult neoplasia are all potentials. A definitive area of gastrointestinal obstruction such as an additional foreign body was not definitively visualized. This is suggestive of generalized metabolic gastrointestinal ileus. Concurrent acute nonspecific hepatitis (viral, bacterial, leptospirosis, toxin) associated or secondary significant reactive hepatopathy, hepatotoxicosis are all possible. Hepatogastrointestinal support with clinical monitoring and consideration for digital rectal palpation and monitoring of fecal output over the next 12-24 hours is recommended. Recheck sonogram if progressive gastrointestinal signs, evidence of progressive gastrointestinal ileus or progressive hepatopathy.



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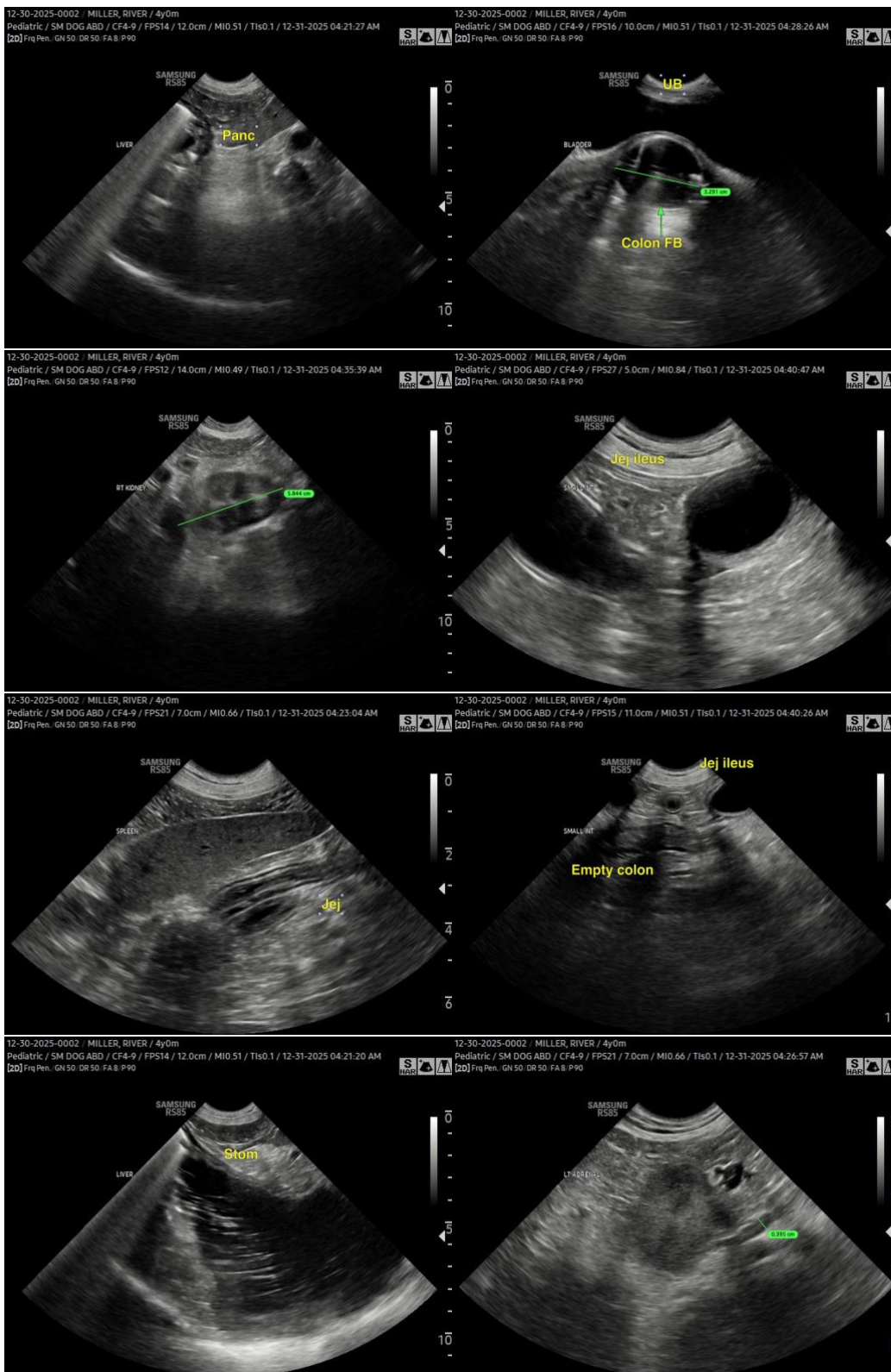
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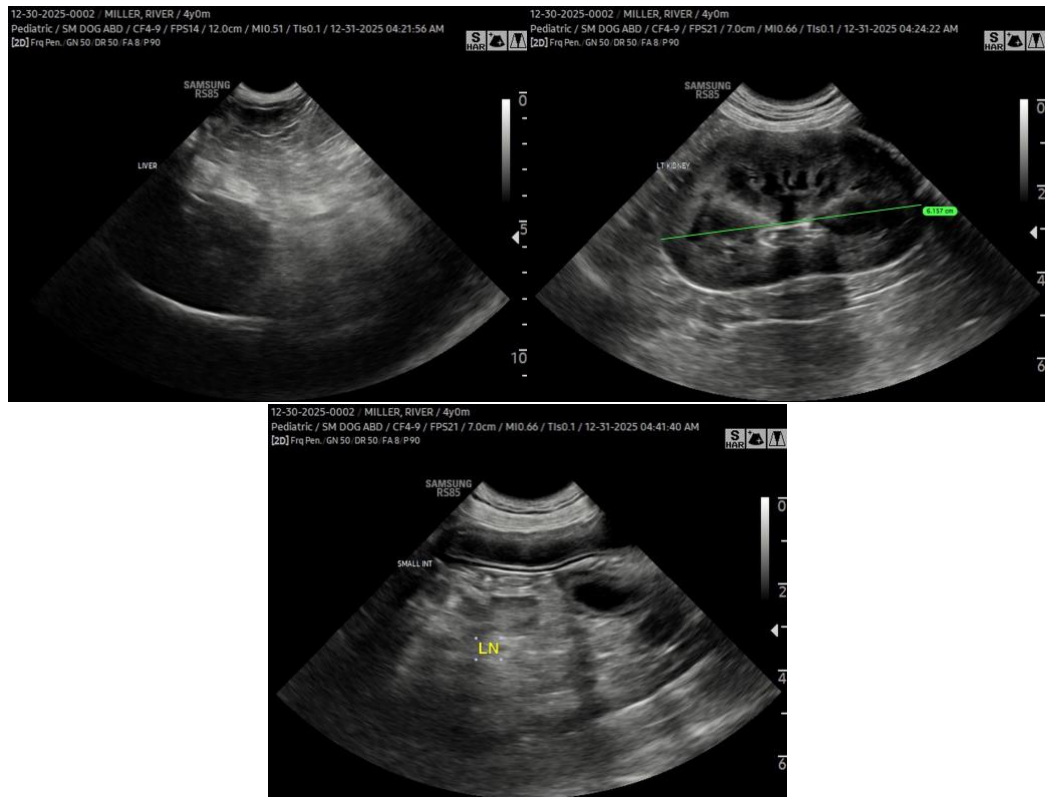
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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