



PATIENT

Annie Bannanny Luke

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed Female

AGE

6 Years

WEIGHT

75.6

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Stacy

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Ralph

INVOICE

13657

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- vomiting for a couple days
- did SQ fluids and Cerenia yesterday at rDVM
- ate last night now back to not eating and drooling excessively

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 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 6.3 cm in length. The right kidney measured 6.3 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 0.53 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 0.49 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 & 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. 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 was moderately distended with retained anechoic fluid and a small amount of non-shadowing hyperechoic ingesta. Within the area of the pyloric outflow, a pocket of gas with concern for pyloric shadowing echo, measuring approximately 2.5 centimeters in diameter was present.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Mild upper to mid duodenal ileus without overt visualized duodenal mechanical obstruction extending into the jejunum. The generalized jejunum and ileum were empty without evidence of mechanical/metabolic ileus to the level of the colon.

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

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.

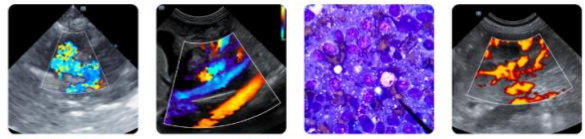
ULTRASONOGRAPHIC FINDINGS

- moderate retained gastric fluid and mild hyperechoic ingesta.
- pyloric gas pocket with concern for shadowing pyloric outflow echo.
- Primarily empty small intestine with mild upper to mid subjective nonobstructive duodenal ileus.
- Normal area of the pancreas.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for pyloric outflow obstruction, secondary to mild gas obscured foreign body is warranted in this patient given the degree of gastric retained fluid/ingesta and in conjunction with patient's clinical signs. Moderate metabolic or functional gastric ileus, secondary to non-structural gastritis/gastroenteritis, mild pancreatitis, occult Addison's disease are all potentials. If available, upper gastrointestinal endoscopy is recommended for further clarification.

Otherwise, direct exploratory laparotomy with gross inspection of the gastrointestinal tract and potential for gastrotomy is warranted. Hospitalization with documented 12-hour fast, gastrointestinal support including IV fluids to promote gastrointestinal motility and sonographic monitoring/reassessment would be more conservative.



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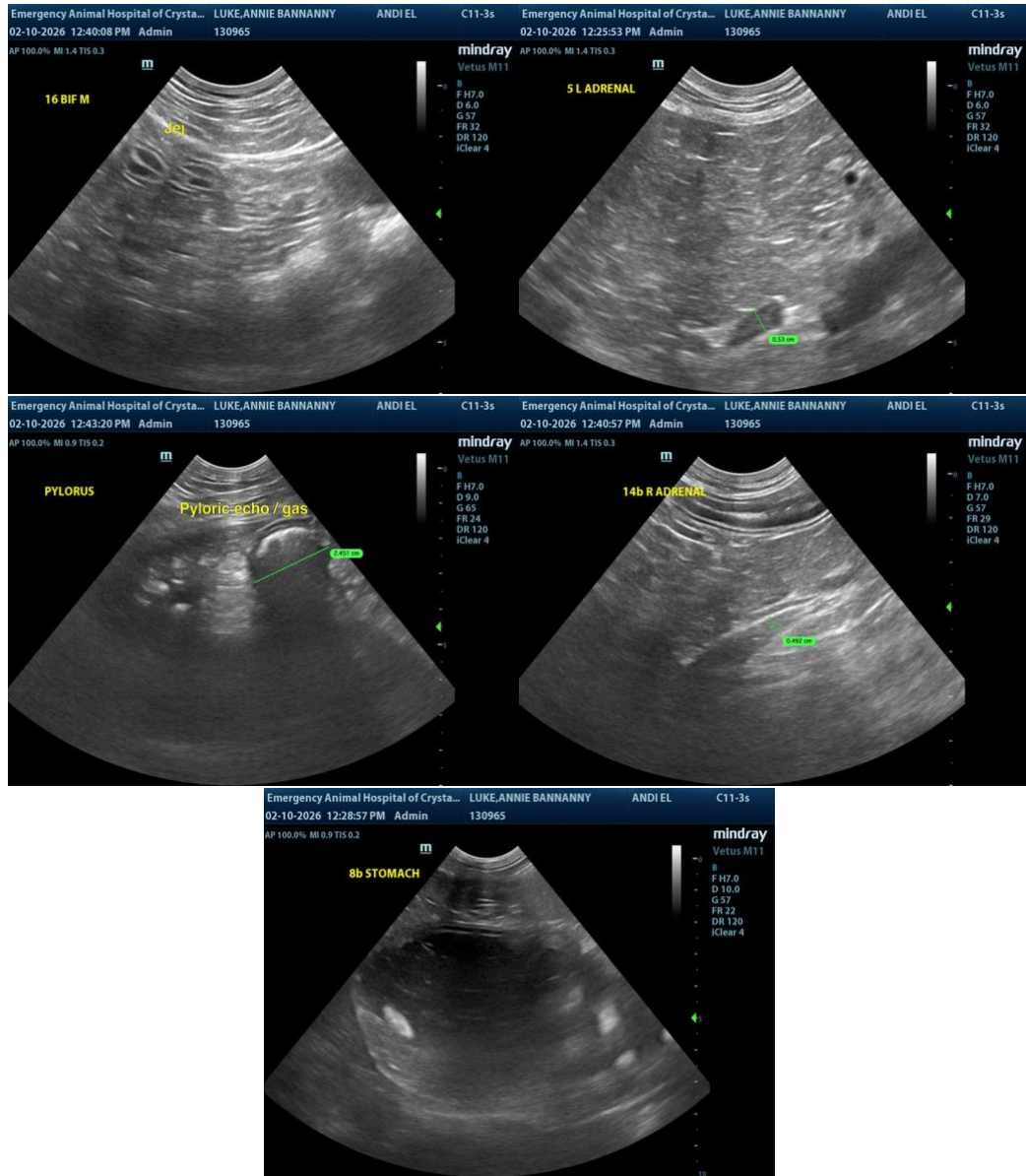
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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