



**PATIENT**

Nellie Mcgeough

**SPECIES**

Canine

**BREED**

Blue Tick Hound

**SEX**

FS

**AGE**

8yr

**WEIGHT**

29lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr Katara

**INVOICE**

23924

**DATE**

02/19/2026

**PRESENTING CLINICAL SIGNS**

- Vomiting despite Cerenia, severe, acute swelling of L hind leg.
- Abnormal PE/Chem/CBC/UA Results: WNL

**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 were 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 5.0 cm in length. The right kidney measured 4.3 cm in length.

No evidence of medial iliac or sublumbar lymphadenopathy or masses or distal aortic thrombus.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 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 0.52 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.

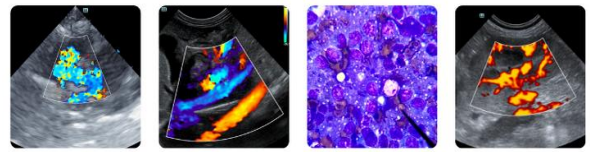
**Liver/Gallbladder**

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. 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**



<b>PATIENT</b>	Normal intact visible stomach wall. The stomach exhibited moderate distension with retained primarily anechoic fluid and mild gas extending into pyloric outflow. Definitive evidence of obstruction to pyloric outflow or obstructive pyloric mural pathology was not visualized.
Nellie Mcgeough	
<b>SPECIES</b>	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Mild to variable duodenal and segmental jejunal ileus with concurrent empty jejunal segments. Segmental intestinal gas and nonspecific hyperechoic ingesta with possible suspicious gas obscured echo potentially in the area of the distal duodenum or jejunum subjectively measuring ~ 3 cm in diameter.
Canine	
<b>BREED</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Blue Tick Hound	
<b>SEX</b>	<b>Pancreas</b> 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.
FS	
<b>AGE</b>	<b>Free Abdomen</b> No omental masses, overt lymphadenopathy or peritoneal effusion was present.
8yr	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
29lb	<b>Primary</b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Moderate fluid distended stomach</li> <li>• Non-specific enteritis pattern exhibiting segmental mild to variable duodenojejunal ileus with concurrent empty jejunal segments</li> <li>• Indistinct to possible gas obscured potential lumen echo subjective area of distal duodenum / jejunum with concurrent segmental intestinal gas and non-specific hyperechoic content</li> <li>• Sonographically unremarkable area of iliac trifurcation / distal aorta</li> </ul>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Kerri Becker	Although potential for acute metabolic gastrointestinal ileus secondary to non-specific gastroenteritis, the degree of gastric distention combined with patient clinical signs, segmental intestinal ileus with concurrent empty intestinal segments and possible gas obscured intestinal content is suggestive of partial mechanical gastrointestinal obstruction.
<b>HOSPITAL NAME</b>	Exploratory laparotomy with gross inspection of the gastrointestinal tract and with gastrointestinal biopsies considered essential despite exploratory findings is warranted. Hospitalization with 24 hour IV fluid / gastrointestinal support, documented 12 hour fast and sonographic monitoring of the gastrointestinal tract would be more conservative yet not unreasonable.
Ramapo Valley AH	
<b>REFERRING VET</b>	A definitive cause of the left hind limb swelling was not obvious without overt pathology in the area of the iliac trifurcation, sublumbar space or pelvic inlet.
Dr Katara	
<b>INVOICE</b>	
23924	
<b>DATE</b>	
02/19/2026	



**PATIENT**

Nellie Mcgeough

**SPECIES**

Canine

**BREED**

Blue Tick Hound

**SEX**

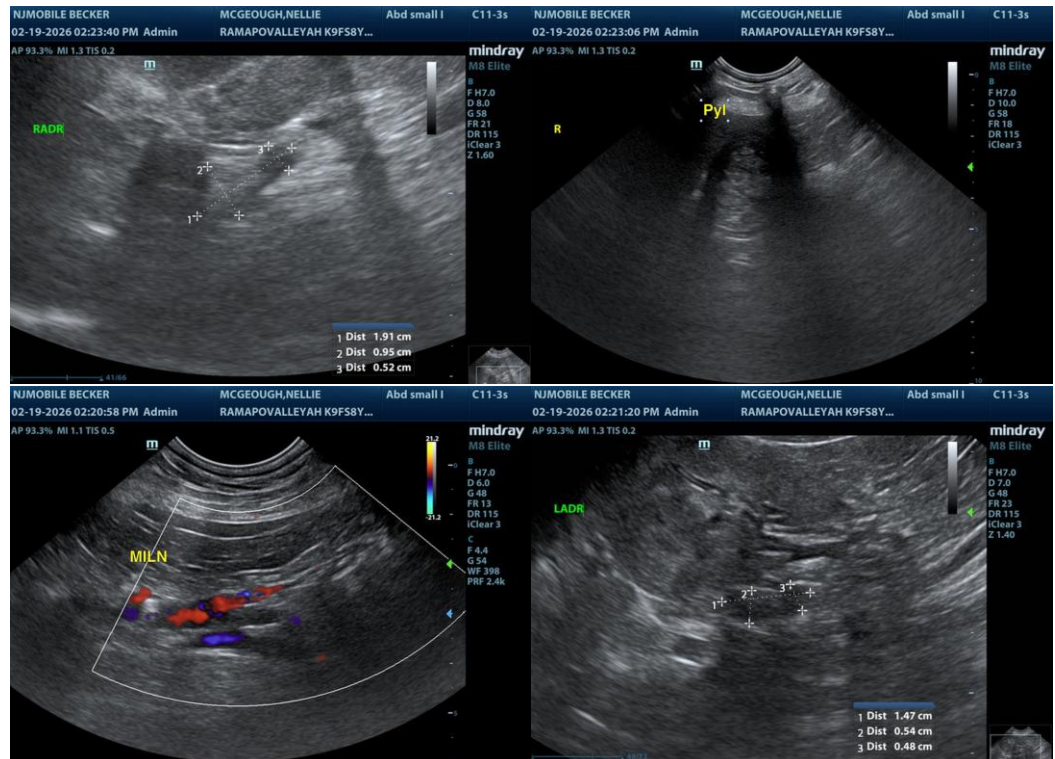
FS

**AGE**

8yr

**WEIGHT**

29lb



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr Katara

**INVOICE**

23924

**DATE**

02/19/2026



**PATIENT**

Nellie Mcgeough

**SPECIES**

Canine

**BREED**

Blue Tick Hound

**SEX**

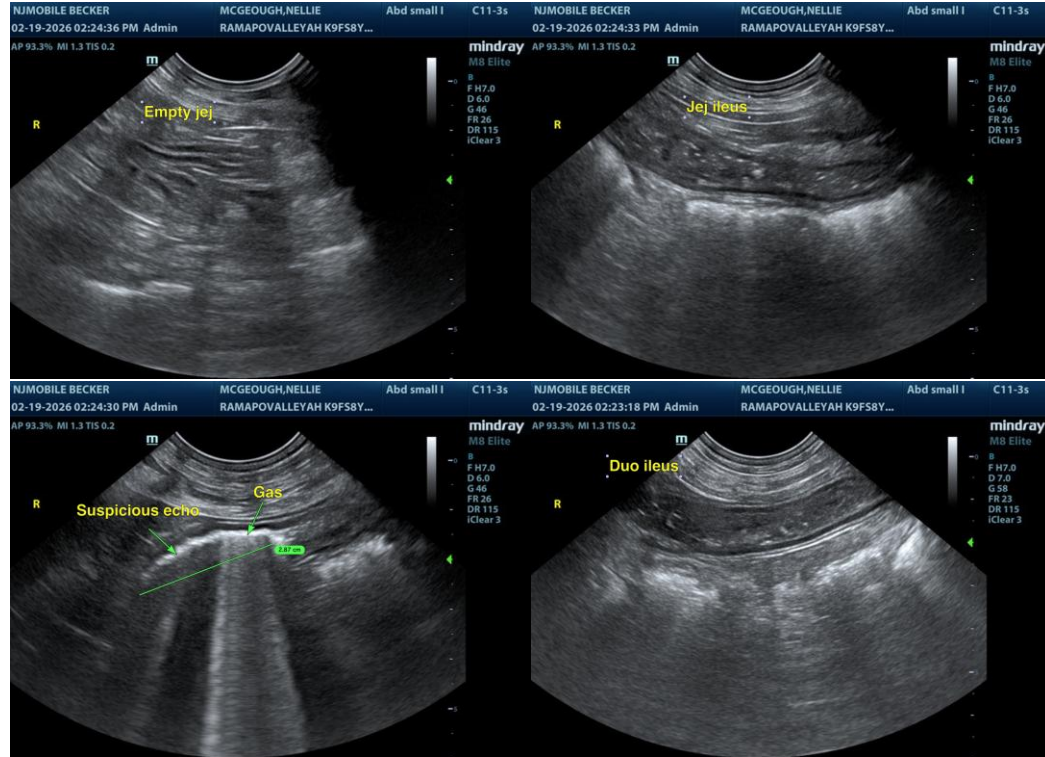
FS

**AGE**

8yr

**WEIGHT**

29lb



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr Katara

**INVOICE**  
23924

**DATE**  
02/19/2026

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)