



PATIENT

Luna Shafer

SPECIES

Canine

BREED

Lab Cross

SEX

FS

AGE

9mo

WEIGHT

52lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

23753

DATE

02/02/2026

PRESENTING CLINICAL SIGNS

- Acute onset Vomiting, ate breakfast this morning, has history of diarrhea

Abnormal PE/Chem/CBC/UA Results: Labs pending

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 7.4 cm in length. The right kidney measured 6.4 cm in length. Possible mild underestimation of right kidney size.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.61 cm width at the caudal pole. No obvious pathology in the area of the right adrenal gland.

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

The stomach was non-distended containing a mild amount of progressively shadowing content appearing to extend into the area of the pyloric outflow.

The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Segmental intestinal plication with concurrent focal to likely segmental shadowing intestinal content consistent



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with foreign bodies. Segmental mild intestinal ileus in the area of intestinal plication and shadowing content.

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

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Pancreas

The pancreas was subjective mildly prominent in size exhibiting mild non-homogenous parenchyma compared to adjacent non-reactive or inflamed omentum.

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Free Abdomen

No evidence of peritoneal effusion was present.

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Intermittent mildly prominent to enlarged 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).

ULTRASONOGRAPHIC FINDINGS

AGE

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Primary

- Non-distended stomach with progressively shadowing content
- Segmental small intestinal foreign bodies and associated segmental plication and ileus
- Mildly prominent hypoechoic pancreas
- Intermittent mild mesenteric lymphadenopathy -consistent with mild reactive hyperplasia or possible lymphadenitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect multiple intestinal foreign bodies with associated focally to possible segmental intestinal plication with probable indistinctly visualized segmental foreign body linear component. This may potentially be anchored in the stomach.

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Exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward probable multiple enterotomies as well as gastrotomy is indicated. Intestinal biopsies suggested a time of surgery for assessment of underlying intestinal disease given patient history of diarrhea. Correlation with lab work is recommended. Mild reactive pancreatic changes possible without evidence of active pancreatitis.

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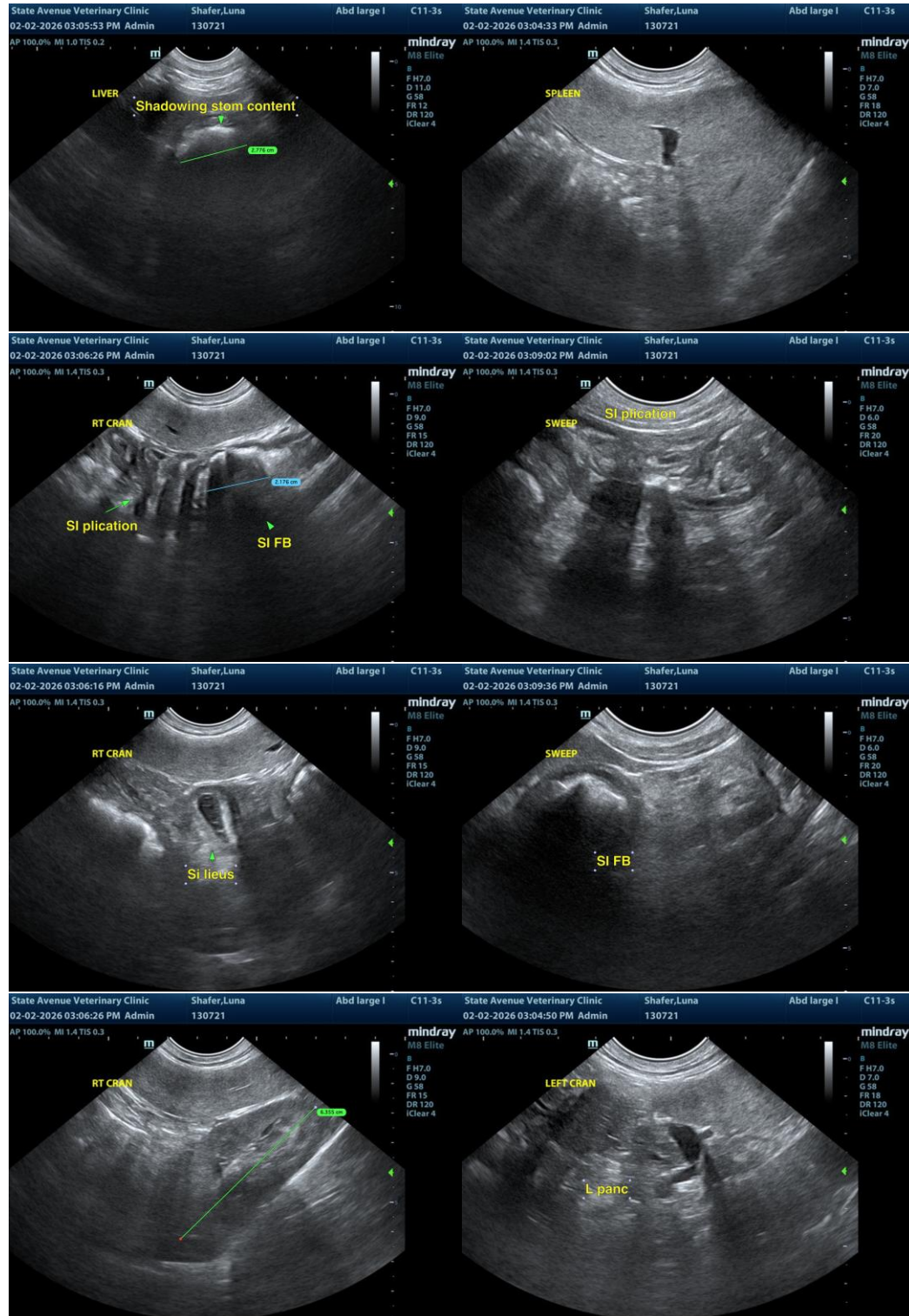
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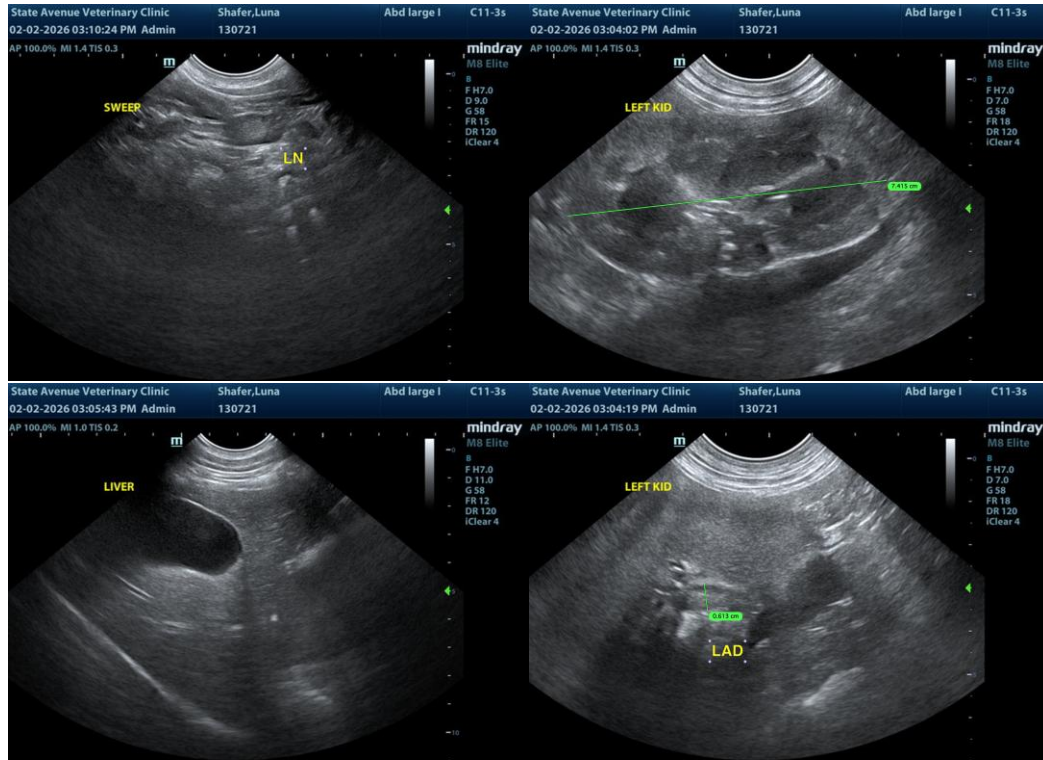
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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