



PATIENT

Maury Moisse

SPECIES

Cainne

BREED

Labrador Retriever

SEX

MN

AGE

4yr

WEIGHT

30.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region
Emergency Clinic

REFERRING VET

Ho

INVOICE

23748

DATE

02/02/2026

PRESENTING CLINICAL SIGNS

- Was at RDVM Jan 31 for frequent vomiting 10X, recommended further work up at that time but was declined due to previous good outpatient treatment response in past
- Was given Maropitant INJ and tabs TGH and Metronidazole.
- Seen again this AM at RDVM for anorexia and not drinking well, lethargy, ptyalism and kyphotic posture. PE noted tachycardia(HR 160)fair synchronous pulses, firm structure palpable in cranial abdomen. AFAST showed free fluid score 0/4, abnormal shadowing in intestinal loop.

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

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.58 cm width at the caudal pole. The right adrenal gland measured 0.59 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



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non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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The visualized stomach was non-distended containing a mild amount of non-shadowing ingesta/content.

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Segmental thickened intestine, likely indicating jejunal location possibly involving the distal duodenum, exhibiting indistinct mural detail and mild dilation with retained fluid was present. Within the thickened intestinal segments, a hypoechoic non-shadowing lumen echo was present measuring ~ 4 cm x 1 cm. Concurrent fluid dilated intestinal segments likely proximal with potential for fluid dilated proximal colon and empty small intestinal segments likely indicative of distal duodenum and ileum. Thickened intestinal wall measured 0.53 cm in width.

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The visualized colon exhibited normal intact visible wall and contained primarily formed shadowing fecal matter.

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Pancreas

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The area of the pancreas was sonographically unremarkable yet indistinctly visualized owing to peripancreatic omental artifact.

4yr

Free Abdomen

WEIGHT

No definitive overt lymphadenopathy was visualized.

30.1kg

Peri intestinal to generalized non-homogenous hyperechoic omentum and mild volume effusion.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Primary

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

- Segmental thickened small intestine exhibiting segmental hypoechoic non-shadowing lumen echo
- Concurrent combined fluid dilated intestinal segments and empty intestinal segments - consistent with obstructive intestinal pattern
- Primarily formed fecal matter in visible colon
- Non-distended stomach with mild retained ingesta
- Peritonitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mural changes may indicate associated or secondary inflammatory changes owing to probable intestinal foreign body although potential for intestinal necrosis and associated septic peritonitis possible. Underlying neoplastic disease is not definitively excluded.

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Exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward probable enterotomy with potential for resection and anastomosis pending gross inspection of the intestine or intestinal biopsies despite exploratory findings is recommended. Perioperative peritonitis

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protocol is indicated.

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A guarded prognosis is suspected.

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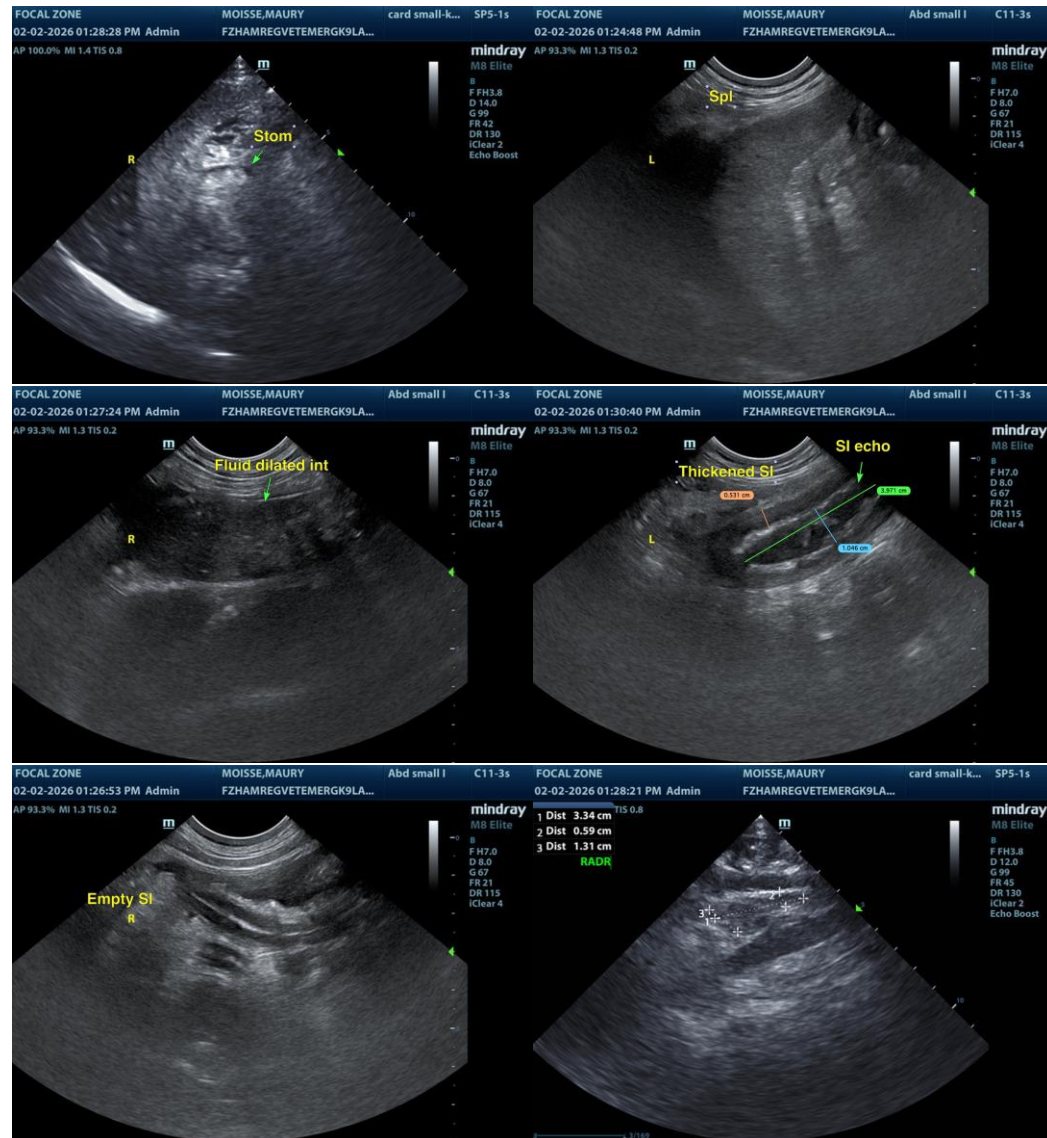
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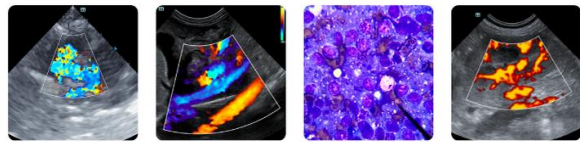
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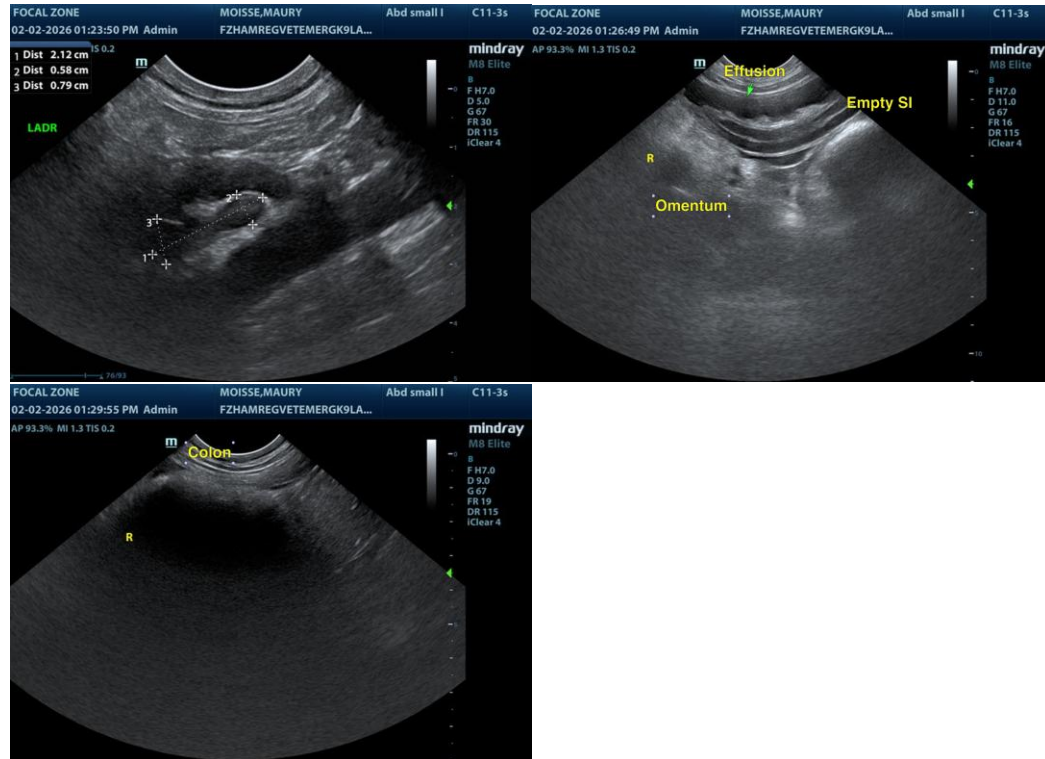
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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