



PATIENT

Rayo Mazzocca

SPECIES

Canine

BREED

Malinois Mix

SEX

M

AGE

9.5mo

WEIGHT

22.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Lydia Coogan

INVOICE

23746

DATE

02/02/2026

PRESENTING CLINICAL SIGNS

- Presented 1/31 after ingesting meloxicam and chocolate. Vomiting was induced and produced 16 plastic chocolate wrappers. Pt ingested a potentially toxic meloxicam dose, but not a toxic dose of chocolate. Pt has been hospitalized since 1/31 for treatment of meloxicam ingestion. Pt was asymptomatic during hospitalization until 2/1 evening, when he vomited twice and became inappetent.
- NG tube was placed prior to AUS and only a small amt of thick brown fluid was aspirated before negative pressure.
- At the time of ultrasound, pt had not eaten for ~20 hours.

Abnormal PE/Chem/CBC/UA Results: PE Abdomen tense, mildly painful. Otherwise unremarkable. Abdominal radiographs 2/1 and 2/2 reviewed by a radiologist show moderate persistent dilation of the stomach and duodenum with fluid, gas, and heterogeneous soft tissue opacity content. Serial bloodwork showed new mild increase in renal values 2/1, improving 2/2.

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 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 6.6 cm in length. The right kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole. The right adrenal gland was indistinctly visualized no overt pathology in the area of the right adrenal gland subjectively measuring 0.53 cm in width.

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



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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 presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained significant variably echogenic to focally shadowing ingesta without evidence of obstruction to pyloric outflow or obstructive mural pathology.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild non-shadowing ingesta / chyme without obstructive pattern to the level of the colon was present.

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

Intermittent normal to 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).

Mild volume peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Significant retained variably echogenic to focally shadowing gastric ingesta
- Normal primarily empty small intestine with mild segmental non-shadowing ingesta/ chyme
- Sonographically normal pancreas / bilateral kidneys
- Non-specific mild volume peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt mechanical pyloric or intestinal obstruction such as foreign body, stricture, mass, etc. This suggests metabolic gastric stasis potentially secondary to dietary indiscretion or enterotoxic/ renal insult. The possibility of focal intermixed non-obstructive to shadowing material in the retained gastric ingesta is not excluded.

Continued gastrointestinal /renal support and empirical therapy for gastrointestinal / renal insult or dietary indiscretion with monitoring of gastrointestinal motility over the next 18-24 hours would be reasonable.



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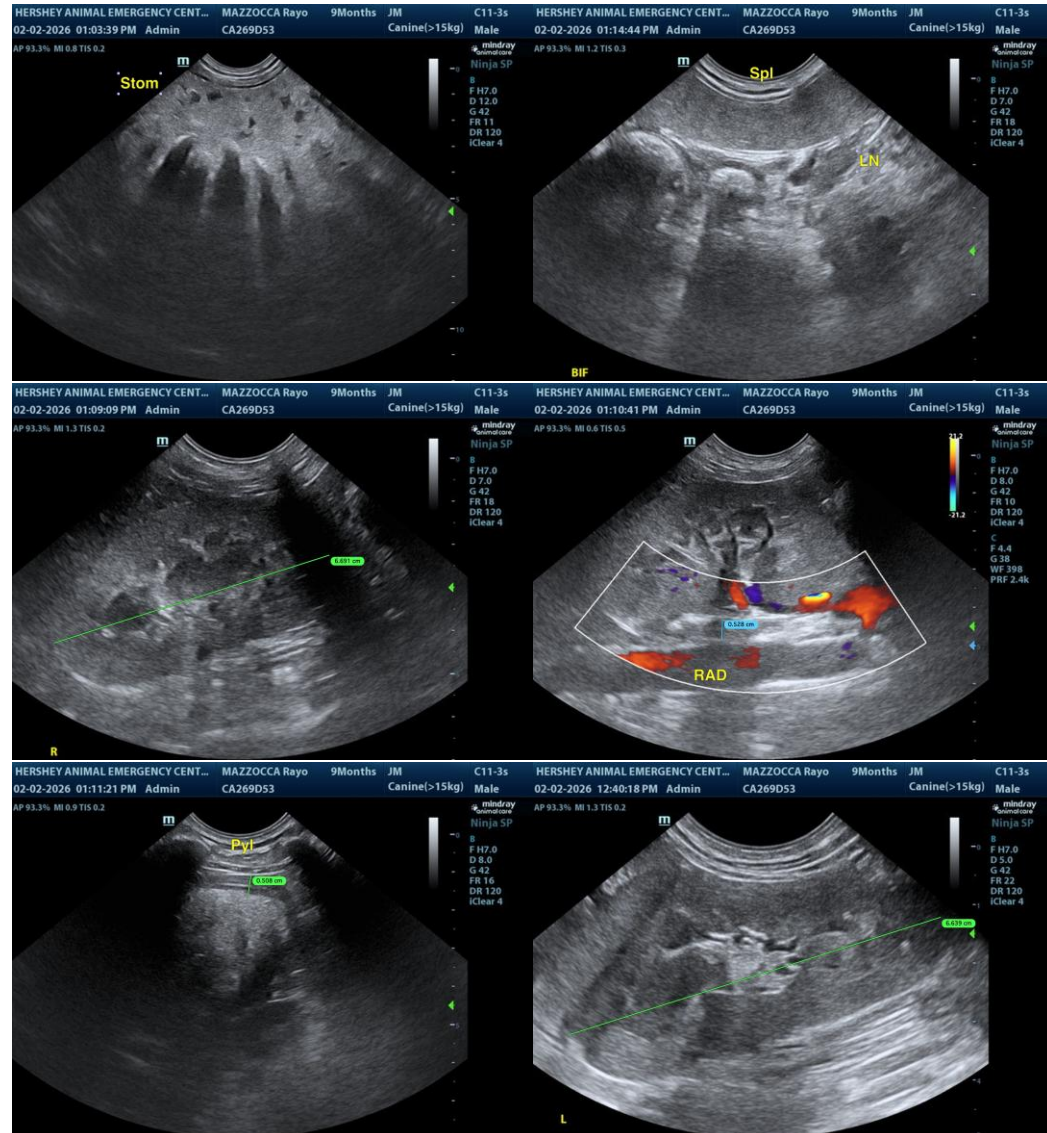
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If persistent retained significant gastric ingesta despite supportive care and stable renal parameters, laparotomy with gastric evacuation may be indicated.





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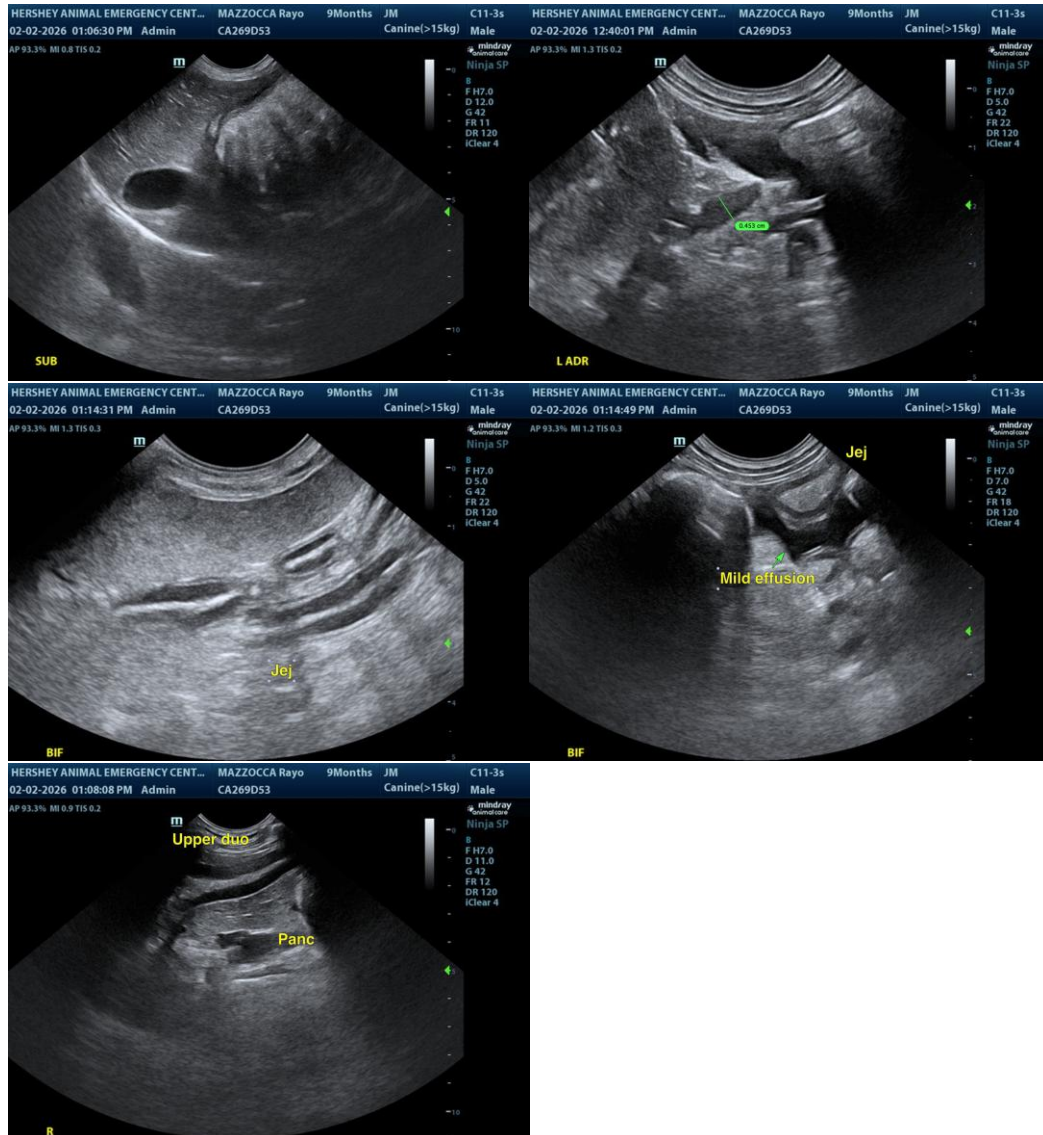
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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