



**PATIENT**

Bella Siebert

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

6.6 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Hospital of  
 Boone

**REFERRING VET**

Dr. Watson

**INVOICE**

13891

**DATE**

02/20/26

**PRESENTING CLINICAL SIGNS**

- P has a history of foreign body surgery and will eat inappropriate things. Presented for vomiting, not eating, lethargic, not wanting to drink.
- 2 rads attached

**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 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild medullary mineral was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.8 cm in length.

**Adrenal Glands**

The left adrenal gland was mildly enlarged compared to the right adrenal gland. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.68 cm width in the caudal pole. The right adrenal gland measured 0.59 cm width in 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented moderately distended with primarily retained anechoic fluid. A small amount of hyperechoic shadowing content was present in the pylorus without overt pyloric obstruction.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild segmental ileus pattern is present without obstruction or foreign material. Segmental mildly



**PATIENT**

Bella Siebert

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

6.6 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Hospital of  
 Boone

**REFERRING VET**

Dr. Watson

**INVOICE**

13891

**DATE**

02/20/26

thickened intestine consistent with jejunal location mid-to-caudal abdomen exhibiting mild increased mural echogenicity. The thickened segment of intestine appeared to contain a mild amount of hyperechoic shadowing content. Concurrent focal shadowing echo visualized in separate jejunal segment along with segmental gas. The echo measured approximately 1.0 cm in diameter. Segmental mildly thickened small intestine measured 0.38 cm wall width. By comparison, normal appearing small intestine measured 0.27 cm wall width.

The colon presented with overall intact visible wall. The proximal transverse and subjective initial descending colon contained soft to non-formed fecal matter. Strongly shadowing distal colon fecal matter with mild colon distension measuring approximately 4.0 cm in diameter at level of the urinary bladder.

**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 visualized significant omental lymphadenopathy was present. Mild pockets of peritoneal effusion were visualized.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Moderate retained gastric fluid with mild hyperechoic shadowing pyloric content.
- Segmentally thickened jejunum containing similar appearing hyperechoic shadowing content, segmental mild intestinal ileus.
- Focal nonobstructive jejunal echo with segmental gas.
- Strongly shadowing distal colon content. with mild colon distention, soft to nonformed fecal matter proximal.
- Minor peritoneal effusion.

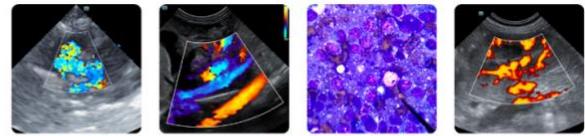
**Secondary Findings**

- Chronic renal changes with mild medullary mineral.
- Nonorganized gallbladder debris (non-mucocele).
- Mildly enlarged caudal left adrenal gland- benign.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The shadowing pyloric and segmental intestinal content is consistent with foreign material with suspicion for gravel, cat litter, or similar with passage of some of the material within the distal colon probable. No overt obstructive gastrointestinal pattern. The segmental mild thickened intestinal segments may indicate associated or secondary changes although concern for primary intestinal disease, i.e. inflammatory disease, potential emerging neoplasia as potential cause of pica is warranted.

Gastrointestinal support including IV fluids, documented 12-hour NPO with clinical and sonographic monitoring would be reasonable. If no improvement in clinical signs or sonographic presentation, exploratory laparotomy with intestinal biopsies is considered essential despite exploratory findings would be indicated.



**PATIENT**

Bella Siebert

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

6.6 pounds

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Hospital of  
 Boone

**REFERRING VET**

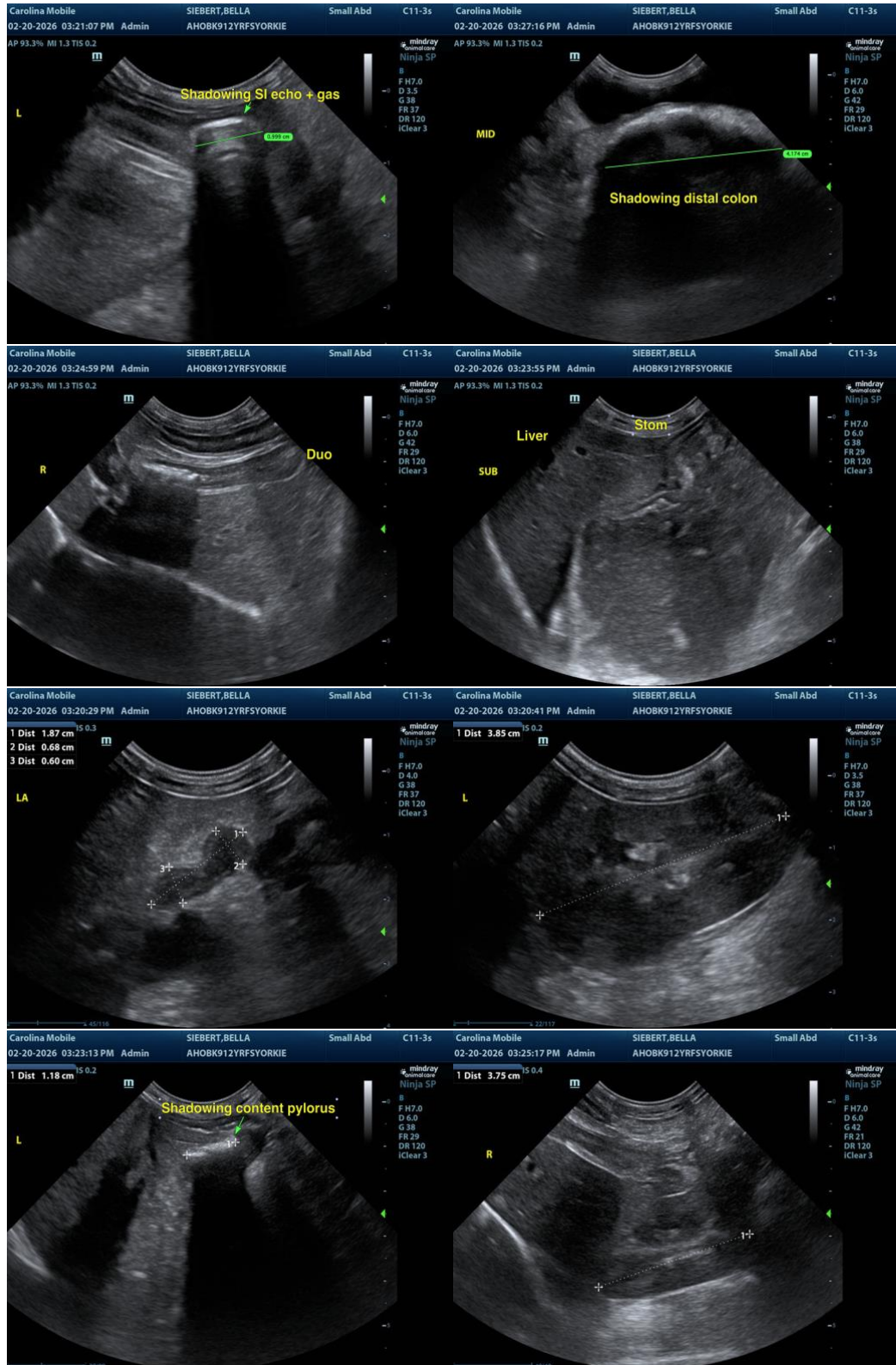
Dr. Watson

**INVOICE**

13891

**DATE**

02/20/26





**PATIENT**

Bella Siebert

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

6.6 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Hospital of Boone

**REFERRING VET**

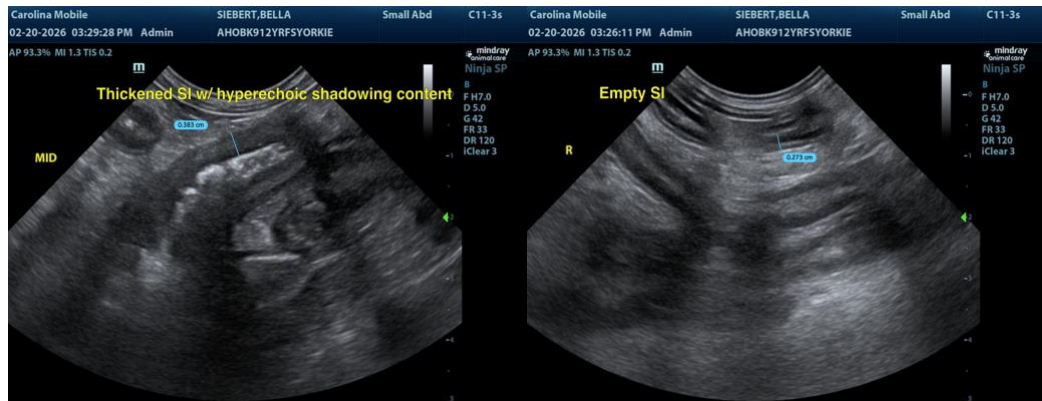
Dr. Watson

**INVOICE**

13891

**DATE**

02/20/26



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)