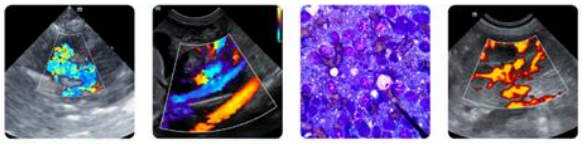


PATIENT

Mack Little

SPECIES

Canine

BREED

Min Pin Mix

SEX

M

AGE

2.5mo

WEIGHT

3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Logan Law

INVOICE
24001

DATE
02/26/2026

PRESENTING CLINICAL SIGNS

On 2/22/2026 owner thinks P ingested part of a meat pack pad that the cat got out of the trash. P possibly also ingested Xylitol tablets that O found on the floor. P started V+ and having D+ on Sunday afternoon 2/22 and acting off, lethargic and gagging, then Sunday into Monday P started to decline and not eating. Took to RDVM on 2/23 rads taken but were blurry, had BW done and Liver values elevated. D+ started out clear and is now dark mustard color. P has been postering to U+ but nothing is coming out and O is unsure when P last urinated. P is V+ everything that O is trying to feed. P is going to water bowl and seems to stare at it and is wobbly. seen at Shores on 2/23 as transfer and admitted for supportive care: iv fluids with KCl, has been on dextrose CRI, emeprev, ondansetron, carafate, buprenorphine, unasyn, proviable paste, panacur, and albon. NG tube was placed on 2/24 10:30 pm initially 25 ml of red tinged thick fluid aspirated; then aspirated every 4 hours with moderate amounts of fluid (14-60 ml each time). metoclopramide was started on 2/24 at 4:30 pm. P did eat small amounts 2/25 2x and overnight into 2/26 2x. 1/4 RER tube feeding started on 2/25 12 am.

gastroenteritis, ileus, gi FB obstruction, other

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 4.0 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

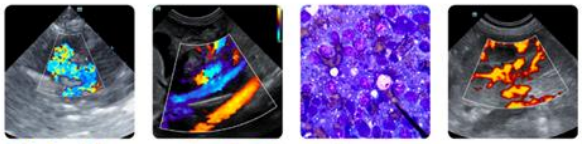
The left and right adrenal glands were not definitively visualized.

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



PATIENT

Mack Little

SPECIES

Canine

BREED

Min Pin Mix

SEX

M

AGE

2.5mo

WEIGHT

3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Logan Law

INVOICE
24001

DATE
02/26/2026

and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-dependent non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid. No obvious obstruction to pyloric outflow or foreign material.

The small intestine presented intact wall layering with normal muscularis/mucosa ratio. Subjective mild decreased mural echogenicity with overall empty intestinal lumen without obstructive pattern to the level of the colon.

Normal visible colon wall layers were present with soft to non-formed feces in lumen. The colon was non-distended.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Acute non-specific gastroenterocolitis accentuated by mild hypomotile gastritis
- Normal area of the pancreas
- Sonographically unremarkable normal volume liver- consistent with mild benign hepatopathy
- Mild gallbladder debris
- Normal bilateral kidneys, non-visualized adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction, i.e. foreign body, intussusception, stricture, mass, or other. Infectious disease, enterotoxin, acute inflammatory bowel, dietary indiscretion, mild pancreatitis, occult parasitism, occult Addison's disease, all potentials. Although the patient is young, a GI panel to include PLI/TLI/cobalamin/folate and screening cortisol level may be considered. Gastrointestinal support and clinical monitoring is indicated. Sonographic reassessment recommended if progressive or non-responsive gastrointestinal signs or progressive hepatopathy / azotemia.

PATIENT

Mack Little

SPECIES

Canine

BREED

Min Pin Mix

SEX

M

AGE

2.5mo

WEIGHT

3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

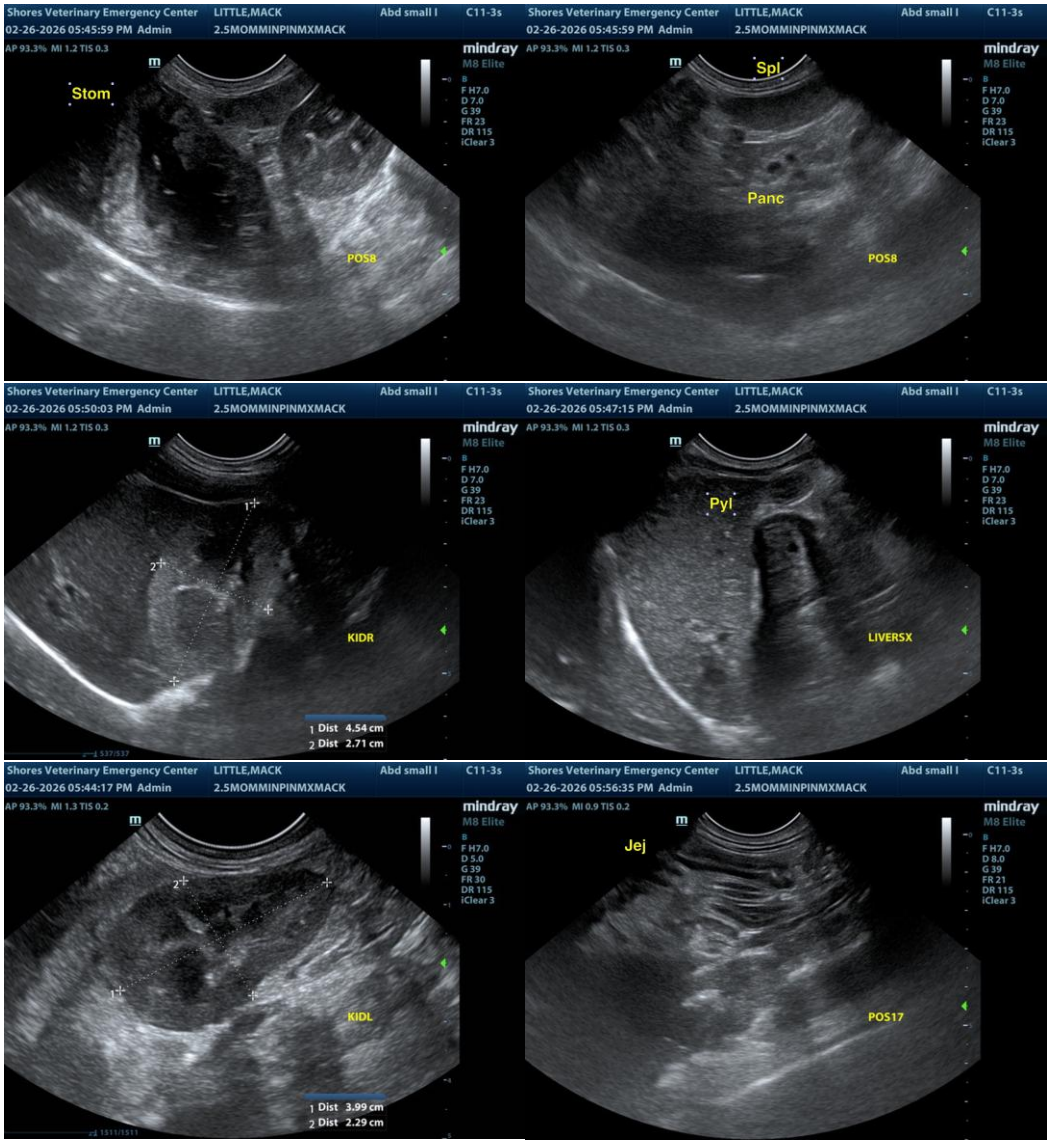
Shores Veterinary Emergency Center

REFERRING VET

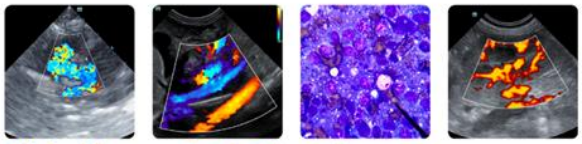
Logan Law

INVOICE
24001

DATE
02/26/2026



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Mack Little

SPECIES

Canine

BREED

Min Pin Mix

SEX

M

AGE

2.5mo

WEIGHT

3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

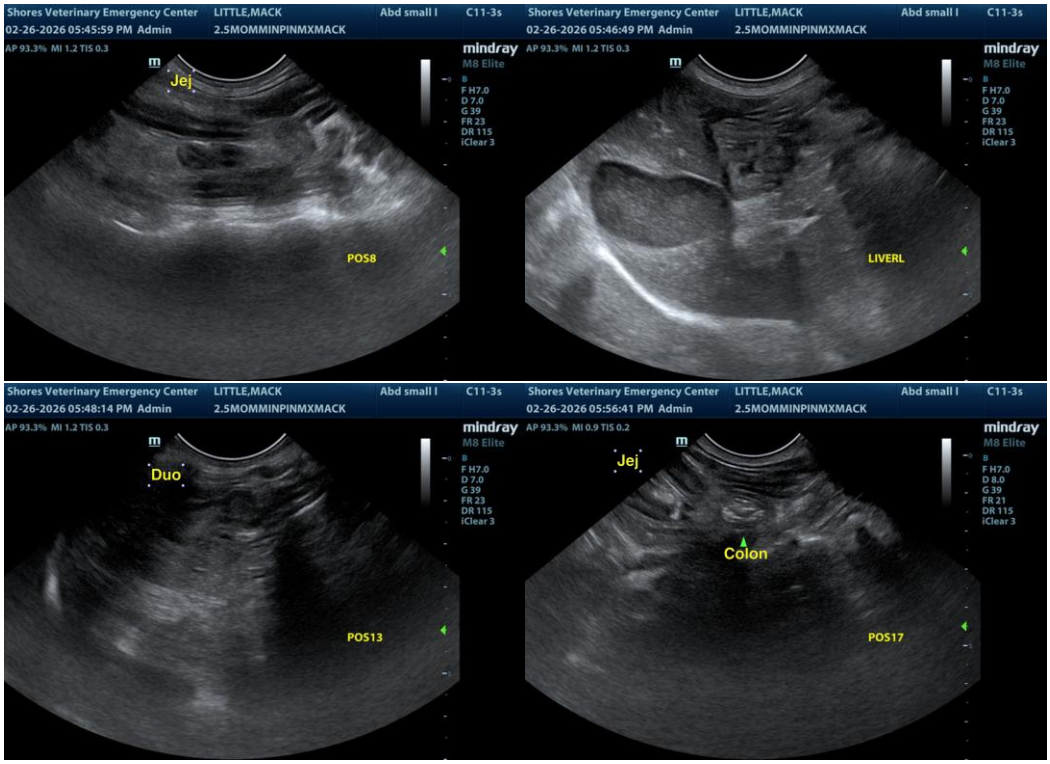
Shores Veterinary Emergency Center

REFERRING VET

Logan Law

INVOICE
24001

DATE
02/26/2026



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