



PATIENT

ShiShi Miller

SPECIES

Canine

BREED

Shepard Mix

SEX

Female Spayed

AGE

9y

WEIGHT

25.8 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hayes

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Hayes

INVOICE

13239

DATE

2/27/26

PRESENTING CLINICAL SIGNS

History:

- P presents on 2/25 evening as transfer from Vetco for 24 hours of anorexia as well as not drinking for 12 hours. P has been mildly lethargic; not going outside or getting up much to move around. P has been having increased stomach sounds for the last couple days, but the bloody diarrhea started this evening. O came home to find a large puddle of bloody diarrhea in the house. No vomiting. No hx conditions or illnesses. No coughing or sneezing.
- pt has been hospitalized on fluids and had recheck x-rays after being fasted for 12 hours with us.

Abnormal PE/Chem/CBC/UA Results: CBC - hct 52%, slight lymphopenia, cPL - 480 - mildly elevated 12hr fasted radiograph report • There is a reduction in abdominal serosal detail in the right cranial quadrant. However, it is maintained elsewhere. • There is persistent heterogenous material in the stomach. • There is variable dilation of small intestinal loops which was not visible on the initial radiograph. • The colon contains fluid and gas. • I see no abnormalities in what is visible of the hepatic silhouette, splenic silhouette, urinary bladder silhouette or renal silhouettes. • There is evidence of severe Coxofemoral osteoarthritis, and the small amount included.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 changes were noted.

Normal size and margination was 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 7.0 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left and right adrenal glands presented subnormal to flattened in appearance with symmetrical contour and homogeneous parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole. The right adrenal gland measured 0.43 cm width at the caudal pole.

Spleen

The spleen presented subjective mildly enlarged exhibiting 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.



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Liver

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 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 mild, variably echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal in size and contour with mild isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal gastrointestinal tract with mild, non-shadowing gastric ingesta - consistent with food echogenicity
- Bilateral flattened adrenal glands
- Mild splenomegaly – consistent with benign criteria, i.e. hyperplasia, hematopoiesis, possible splenitis or hypersplenism given breed
- Mild heterogeneous pancreas – patient variant, mild benign remodeling, possible low-grade chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction, foreign material or abdominal masses. If patient is non-sedated with normal clotting status, screening splenic FNA cytology using 25-gauge needle could be considered primarily to ensure probable benign changes are present. Given non-shadowing retained gastric ingesta, some degree of metabolic or non-obstructive delayed gastric emptying possible. A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended. Gastrointestinal support recommended with clinical monitoring and sonographic reassessment if continued or progressive gastrointestinal signs.



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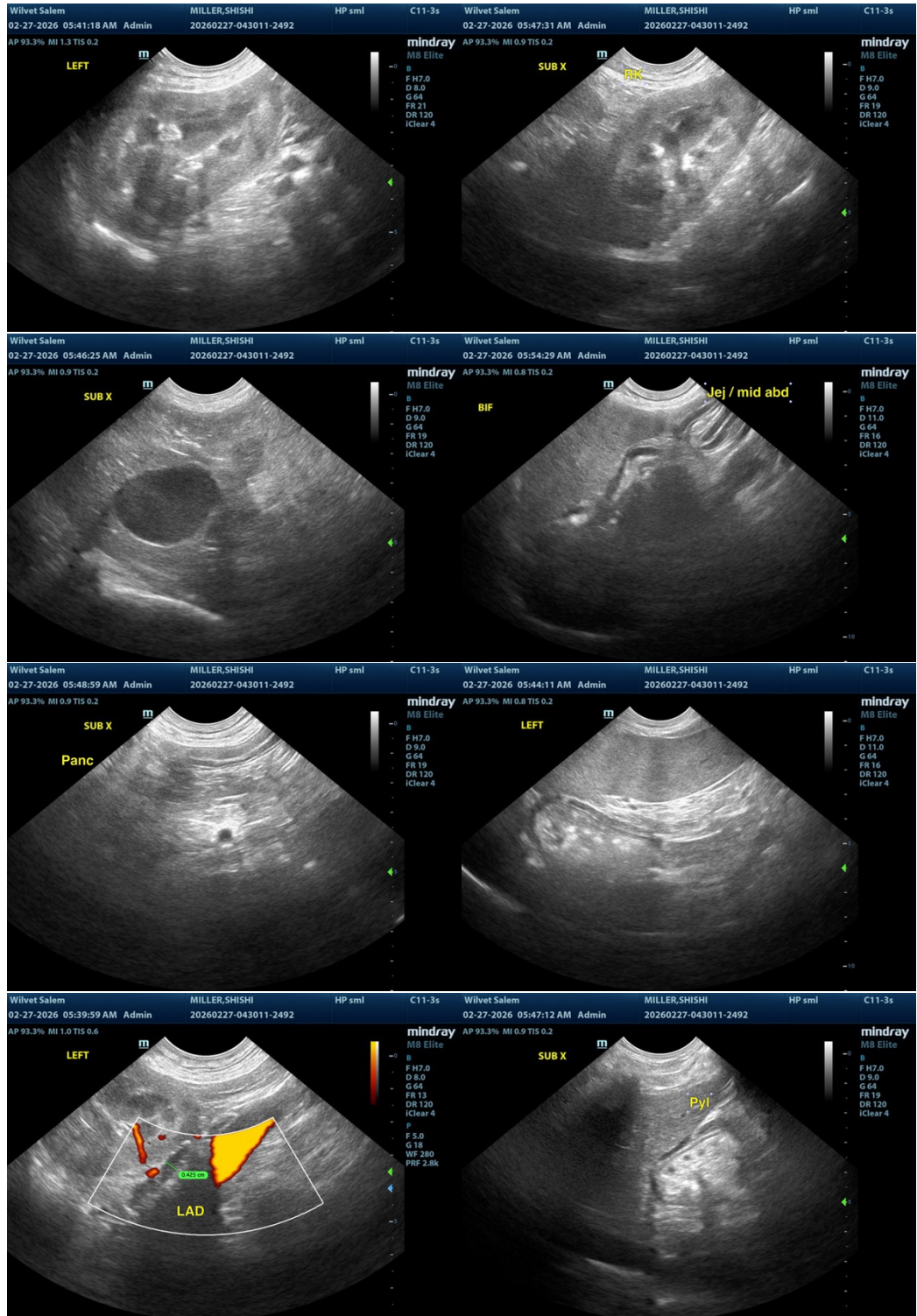
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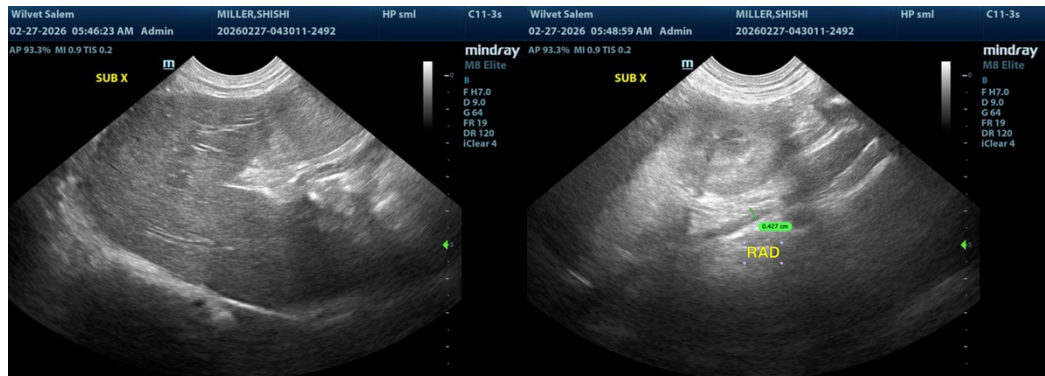
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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