



PATIENT

Kobe Eaton

SPECIES

Canine

BREED

Yorkie Mix

SEX

MN

AGE

3yr

WEIGHT

6kg

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 24065

DATE 03/01/2026

PRESENTING CLINICAL SIGNS

- P was seen at Petz R Us yesterday after he vomited 6-7 times yesterday morning/afternoon. He ate breakfast normally, then went outside and ate a clump of fur (from an animal, remains?) outside. He then came and began to vomit. He seemed painful and hesitant to jump on furniture. At Petz R Us, rads and b/w were performed, rx famotidine and ondansetron. He was instructed to fast for repeat rads this morning. He has been lethargic and O reports heavier breathing last night. Small amount of gray mucoid stool this morning but otherwise no diarrhea. Petz offered exploratory sx but O was hesitant to proceed with AUS first. prior history of gastritis 2/2026, hepatomegaly, possible lower airway disease/bronchitis. prior history of eating objects, socks, and human food. admitted for supportive care.
- concern for gastritis, gi FB, pancreatitis, dietary indiscretion, elevated liver values, toxin, other
- Abnormal PE/Chem/CBC/UA Results: PE: tender on deep abdominal palpation rads: Hepatomegaly. Empty stomach, variable loops of small intestine that are mildly gas and fluid distended. Colon appears empty. Normal kidneys, spleen and urinary bladder. cPL: 1,763.2 abnormal cbc: wbc 21.60 H, neu 18.88 H, mono 1.60 H epoc: lactate 4.75 H chem: BUN 7.5 L, TP 8.4 H, albumin 4.4 H, globulin 4.0 H, glucose 127 H, cholesterol 335 H, ALT 138 H, ALP 255 H, GGT 58 H, t bili 2.3 H, amylase 1,532 H, lipase >1,000 H

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 3.9 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and 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 0.37 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 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.



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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 non-distended in size with thin walls and mild non-organized debris. 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 was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering. Intact mildly prominent duodenum was present. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild regional peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Mild peripancreatic effusion.

No obvious visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Pancreatitis with mild adjacent peritonitis
- Hepatopathy - reactive, vacuolar, inflammation, nonobstructive cholestasis
- Mild gallbladder debris (non-mucocele)
- Gastroenteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatitis therapy with hepatogastrointestinal support is recommended. Recheck sonogram if progressive clinical signs or hepatopathy. No evidence of gastrointestinal foreign body or obstruction.



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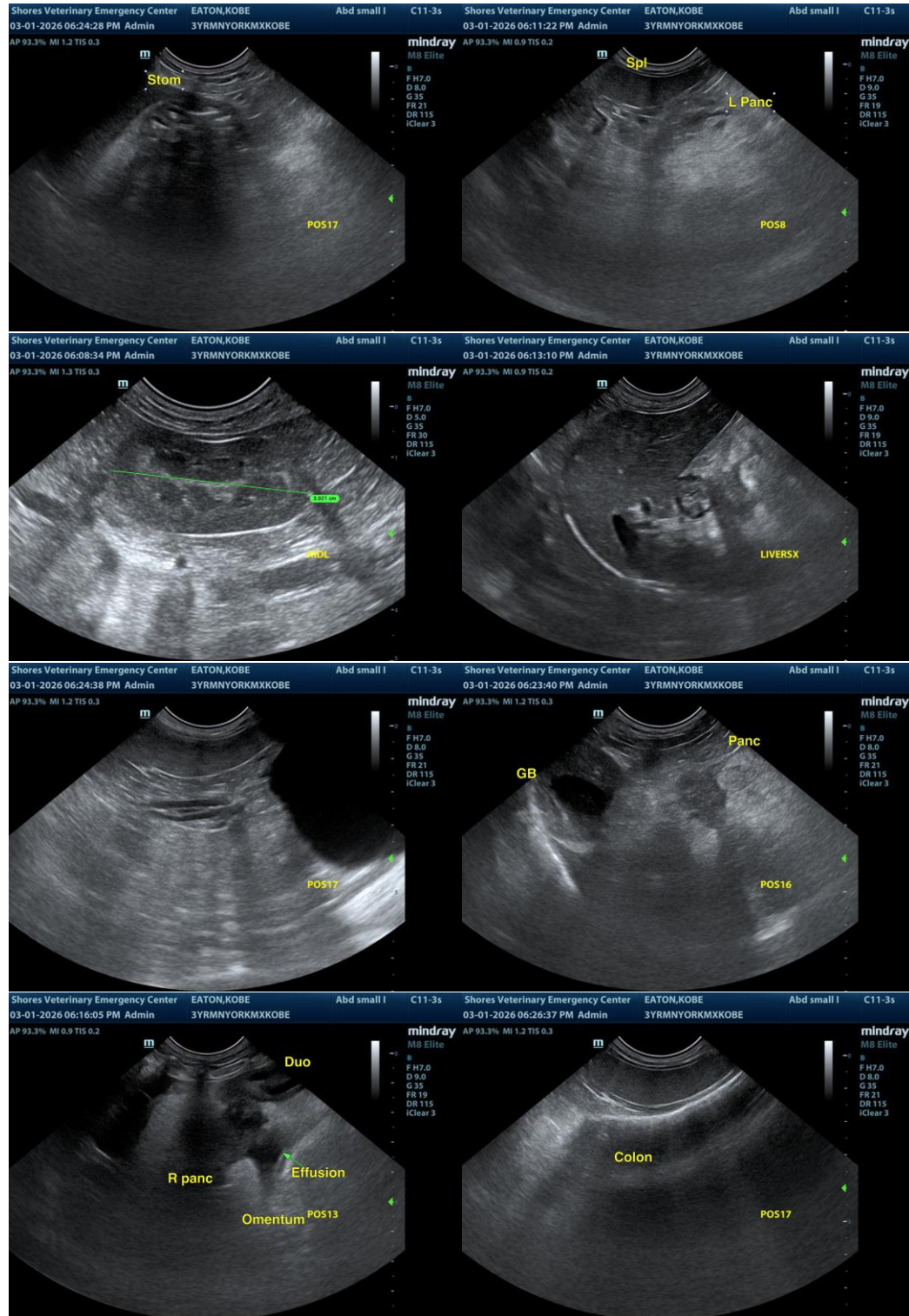
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

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