



PATIENT

Reno Pelletier

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

5yr

WEIGHT

30.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Boules Maher

INVOICE

24026

DATE

03/01/2026

PRESENTING CLINICAL SIGNS

History of vomiting and progressive weight loss. Past 48h anorexic, vomiting, no BM.

Abnormal PE/Chem/CBC/UA Results: CBC: Mild leukocytosis ($17.6 \times 10^9/L$; range $4.0-14.1 \times 10^9/L$) mature neutrophilia ($16.5 \times 10^9/L$; range $2.3-9.8 \times 10^9/L$). Red blood cells, hemoglobin, hematocrit, and platelets are within normal limits. Chemistry: Liver function, kidney function, and glucose are within normal limits. Pancreatic lipase is high normal (199 U/L; range 0-200 U/L). Electrolytes are within normal limits. Abdominal Radiographs: Findings include a severely distended stomach filled with air, gas within the small intestine and colon, and a loss of serosal detail. No definitive foreign body or evidence of gastric dilatation-volvulus is identified. Suspect mechanical obstructive pattern.

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 8.1 cm in length. The right kidney measured 8.3 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 0.48 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited mild enlargement with possible mild folding with 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 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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic non-shadowing ingesta with no signs of obstruction to pyloric outflow

The small intestine presented overall intact wall layering with propensity for mildly prominent hyper-echoic submucosa and mildly prominent intestinal muscularis layer. An empty intestinal segment measured 0.31 cm wall width. A segment of mid-abdomen intestine exhibited intact mildly thickened wall measuring 0.47 cm wall width containing a mild to moderate amount of variably echogenic to progressively shadowing ingesta content.

Normal visible colon wall layers were present with soft to non-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

Mild peri-intestinal hyperechoic omentum.

No obvious visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate retained nonshadowing gastric ingesta / chyme
- Enteropathy exhibiting empty intestinal segments and mild thickened intestinal segments with ingesta
- Nonformed fecal matter in colon
- Normal area of pancreas

Secondary

- Mild splenomegaly with possible splenic folding - benign criteria i.e. hyperplasia, hematopoiesis, hypersplenism probable

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall small intestine exhibited mild mural changes and segmental mild thickened wall in areas of intestinal ingesta suggestive of a primary enteropathy. A definitive area of mechanical intestinal obstruction was not obvious with gastric and segmental intestinal metabolic ileus owing to primary enteropathy possible yet is of concern given segmental mild distended intestine with ingesta with concurrent empty intestinal segments with nonobvious foreign body, stricture, or mass possible. Exploratory laparotomy with intestinal biopsies considered essential for further clarification and diagnosis is recommended.



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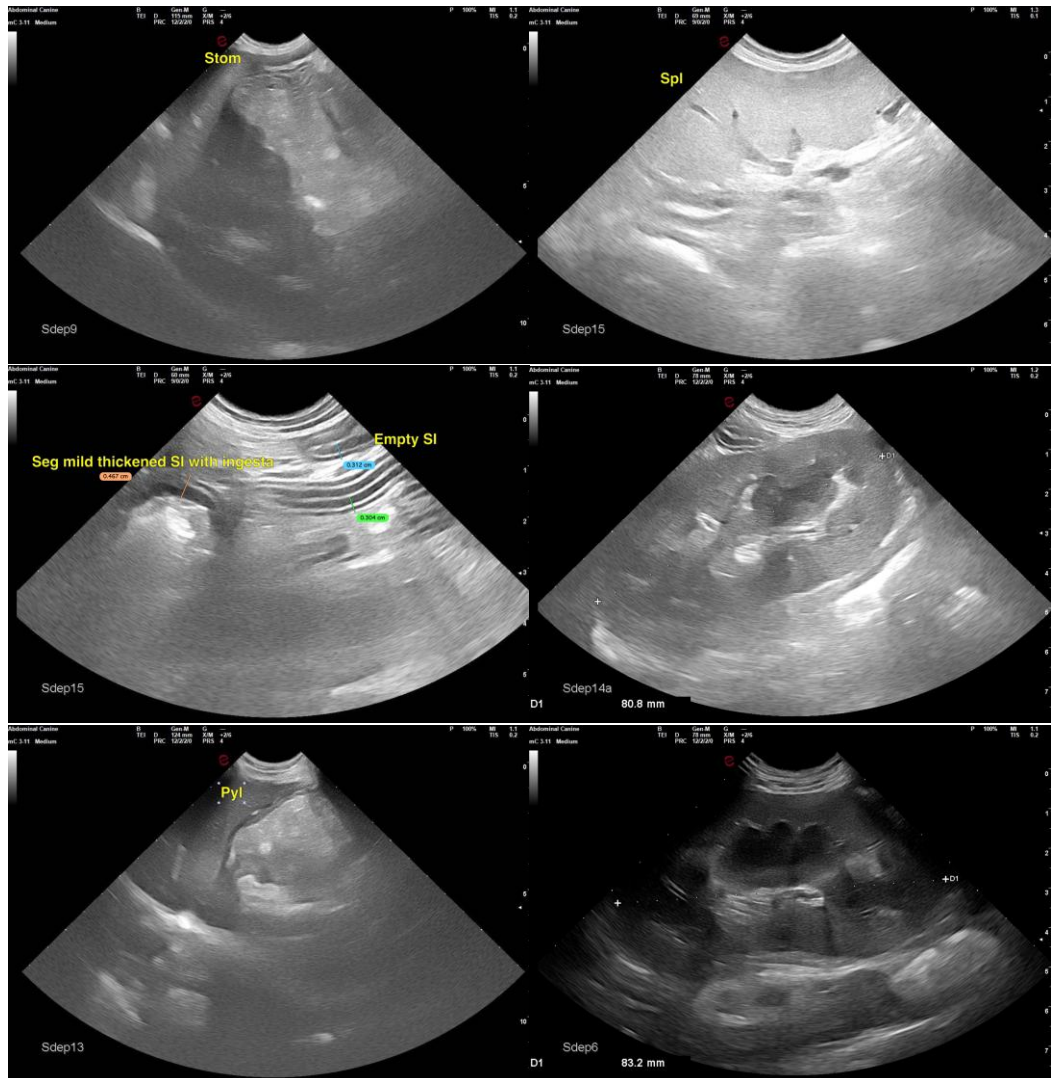
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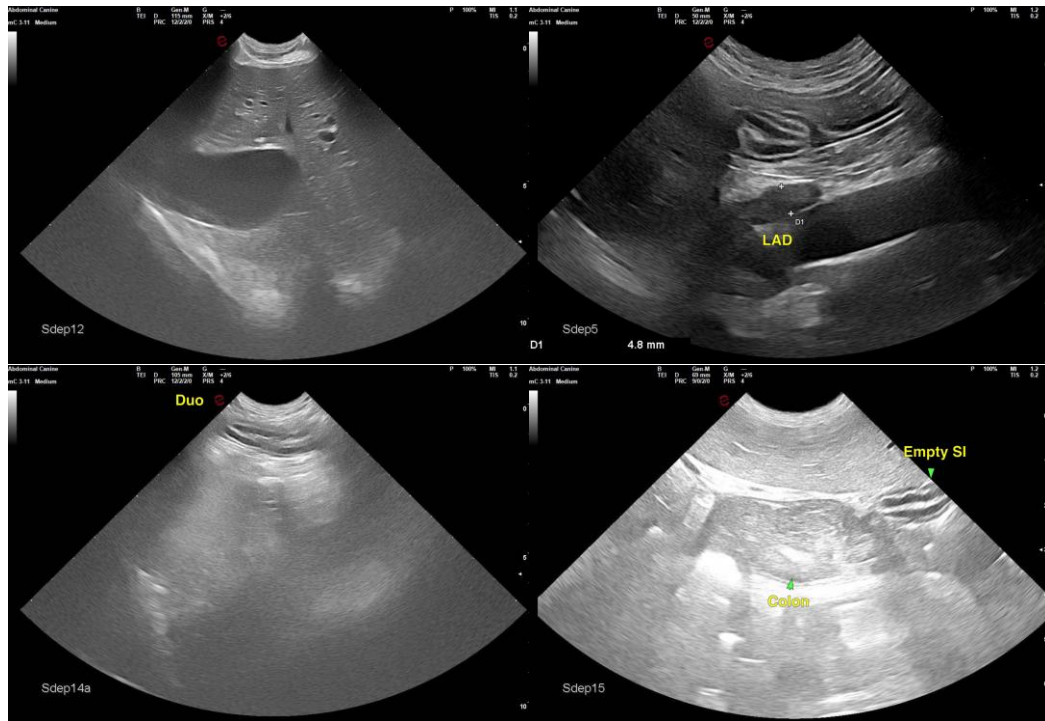
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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