



## PATIENT

Sammy Bates

## SPECIES

Canine

## BREED

Border Collie Mix

## SEX

MN

## AGE

7yr

## WEIGHT

68lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency  
Veterinarians of Idaho

## REFERRING VET

Karen Holmes

## INVOICE

24047

## DATE

03/01/2026

## PRESENTING CLINICAL SIGNS

- Severe gastroenteritis 1 year ago - had CT scan done at that time which was unremarkable (x-rays showed mass effect which was revealed to be an enlarged spleen of unknown significance)
- Previously elevated ALP which is normal today. Potassium of 7.6 today with 153 sodium, cortisol is normal at 10.9 pre.
- Mild hypocalcemia
- Radiographs concerning for ileus/gastroenteritis from overnight doctor.
- Abnormal PE/Chem/CBC/UA Results: See History

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 6.9 cm in length. The right kidney measured 6.7 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 uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 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.

### 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 non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

Mid-abdomen intestinal mass exhibiting variably thickened hypoechoic non-homogenous wall measuring ~ 5cm in diameter with a wall width measuring 1.5 cm in width. Concurrent adjacent thickened intestine exhibiting intact indistinct wall layer detail. The remainder of the small intestine was overall sonographically normal exhibiting non-thickened wall and intact wall layering.

The visualized discernible colon exhibited intact wall layering containing semi formed fecal matter.

## 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 obvious visualized significant or swollen mesenteric lymphadenopathy.

Regional peri-intestinal hyperechoic omentum and mild effusion.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Intestinal mass with adjacent thickened intestine and segmental nonobstructive intestinal ileus / gas
- Regional mid abdomen peritonitis
- Moderate nonshadowing gastric ingesta - most consistent with food echogenicity

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestine segments involved in the mass are unclear with potential ileocolic location. Neoplasia is probable with inflammatory, infectious, or granulomatous etiologies thought less likely. No obvious intestine obstructive pattern with gas obscured intestine foreign material not overtly evident. No obvious major organ metastasis with potential early lymphatic metastasis or omental seeding not excluded. Abdomen CT would be ideal for assessment of non-obvious metastasis and surgical planning. Otherwise, direct exploratory laparotomy may be considered if no pathology on thoracic radiographs.



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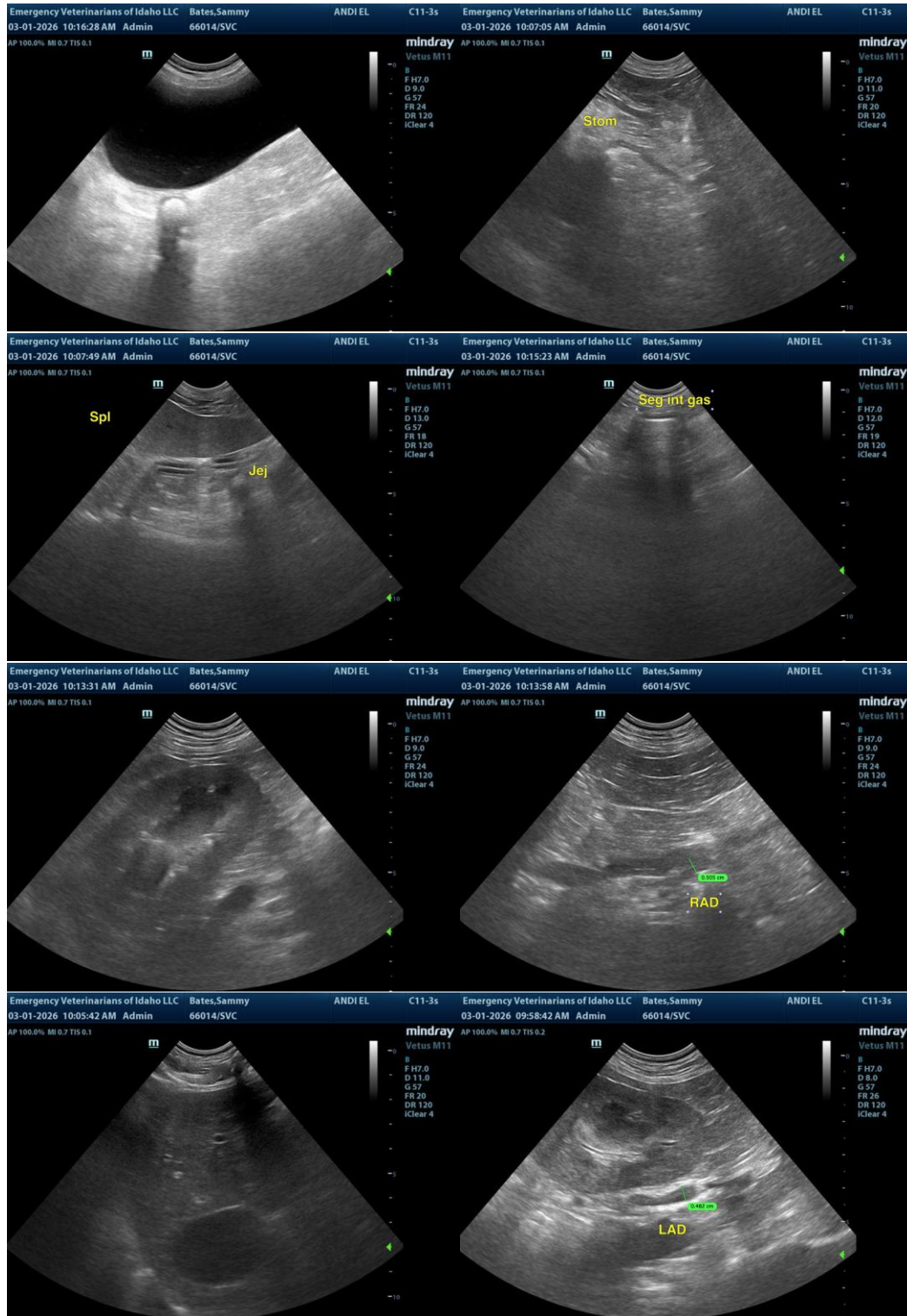
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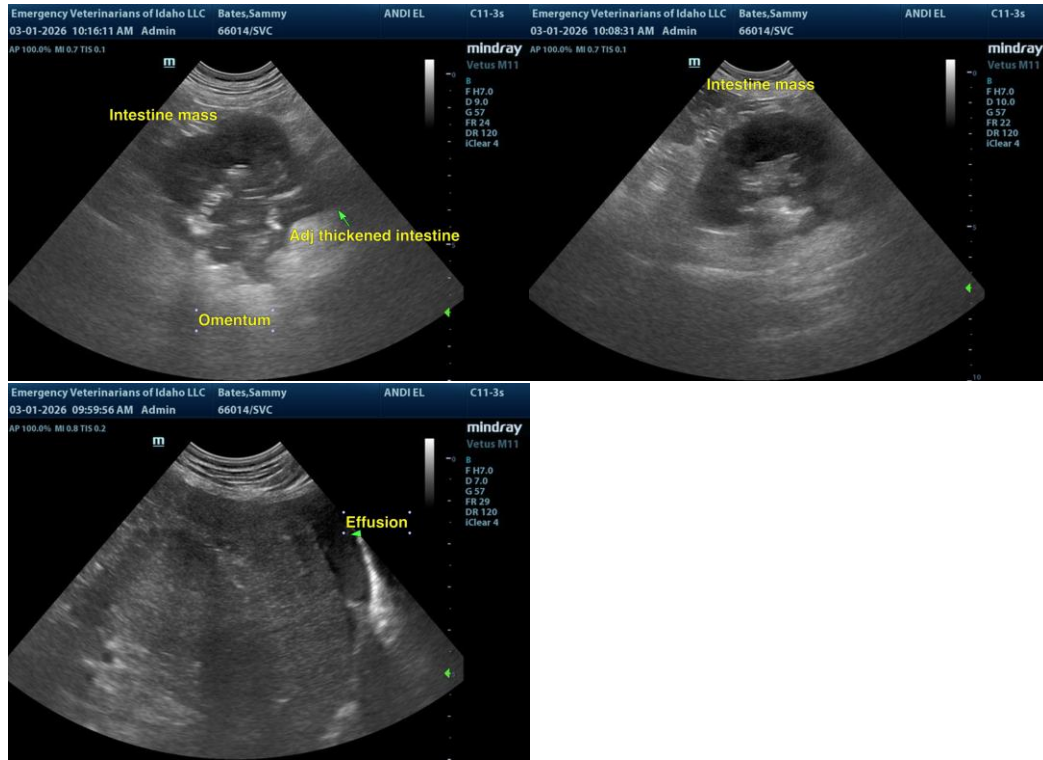
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)