



## PATIENT

Melvin Keller

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

MN

## AGE

10 years

## WEIGHT

3.02 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Julia Kerr

## INVOICE

10676

## DATE

3/13/26

## PRESENTING CLINICAL SIGNS

### History:

- P presented 3/12 at 6:20 pm. P was on a walk with O. GSD came running out of house and grabbed P by the back. O unsure if he shook him at all, said it happened too fast. No obvious wounds but O feels lump on right side of abdomen. P has no prior health concerns.

Abnormal PE/Chem/CBC/UA Results: PE: pain 4/4; reactive to abd palp, possible bulging/herniation on right side under rib cage, free fluid in abd on FAST scan; severe ecchymosis over ventral abd & thorax w/ edema rads: There is diffusely reduced abd serosal detail. The stomach contains a mixture gas & heterogenous material. There is intermittent gas & some heterogenous material w/in the SI, however no evidence of complete obstruction at this stage. colon is w/in normal limits. I see no distinct abnormality of hepatic silhouette, splenic silhouette, or renal silhouettes. Pronounced soft tissue swelling visible extending along the right abd body wall. epoc: K+ 3.0, lact 11.98 cbc: neu 12.33, hct 33.4%, hgb 11.3, rbc 4.80 chem: BUN 32.3, phos 6.3, ca 8.6, TP 3.3, Alb 1.7, glob 1.6, glu 170, chol 67 d-dimer 1.3 2 am ggt 19

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was nondistended with urine, prohibiting full evaluation of the urinary bladder wall. A catheter was present in the urinary bladder lumen. The urethra exhibited overtly normal structure and tone to a depth of 3.0 cm.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.6 cm in length.

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized, yet no obvious pathology was noted in the area of the left and right adrenal glands.

### *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. Normal hepatic vascular volume was present. 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.



## PATIENT

Melvin Keller

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

MN

## AGE

10 years

## WEIGHT

3.02 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Julia Kerr

## INVOICE

10676

## DATE

3/13/26

## *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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. Subtle segmental hyperechoic intestinal mucosal speckling was noted.

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

## *Pancreas*

The area of the pancreas was sonographically normal.

## *Free Abdomen*

Generalized primarily mild omental hyperechogenicity, most notable in the subjective ventral to lateral abdomen, was noted. Minor pockets of peritoneal effusion were present. Definitive evidence of abdominal gas was not obvious. There is no evidence of an abdominal tumor.

## ULTRASONOGRAPHIC FINDINGS

- Generalized primarily mild omental hyperechogenicity with mild nonuniform hyperechoic omentum subjective ventral to lateral abdomen
- Minor peritoneal effusion
- Normal liver / spleen
- Normal gastrointestinal tract exhibiting subtle hyperechoic mucosal speckling
- Catheterized urinary bladder
- Normal bilateral kidneys

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hyperechoic omentum, most notable in the subjective ventral and lateral abdomen, with concurrent to mild peritoneal effusion secondary to trauma, is likely. There is no obvious evidence of definitive pneumoperitoneum. Associated body wall trauma suspected to be in area of subjective lateral to ventral increased omental echogenicity and associated or emerging hernia may be of concern. There is no overt evidence of active intrabdominal bleed, given only minor peritoneal effusion and the timeframe between the incident and ultrasound, as well as no sonographic evidence of intrabdominal major organ trauma. Clinical support with monitoring of clinical status, lab work, coagulation profile, and as-needed imaging is recommended. If available, thoracoabdominal CT is likely ideal for further clarification.



## PATIENT

Melvin Keller

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

MN

## AGE

10 years

## WEIGHT

3.02 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

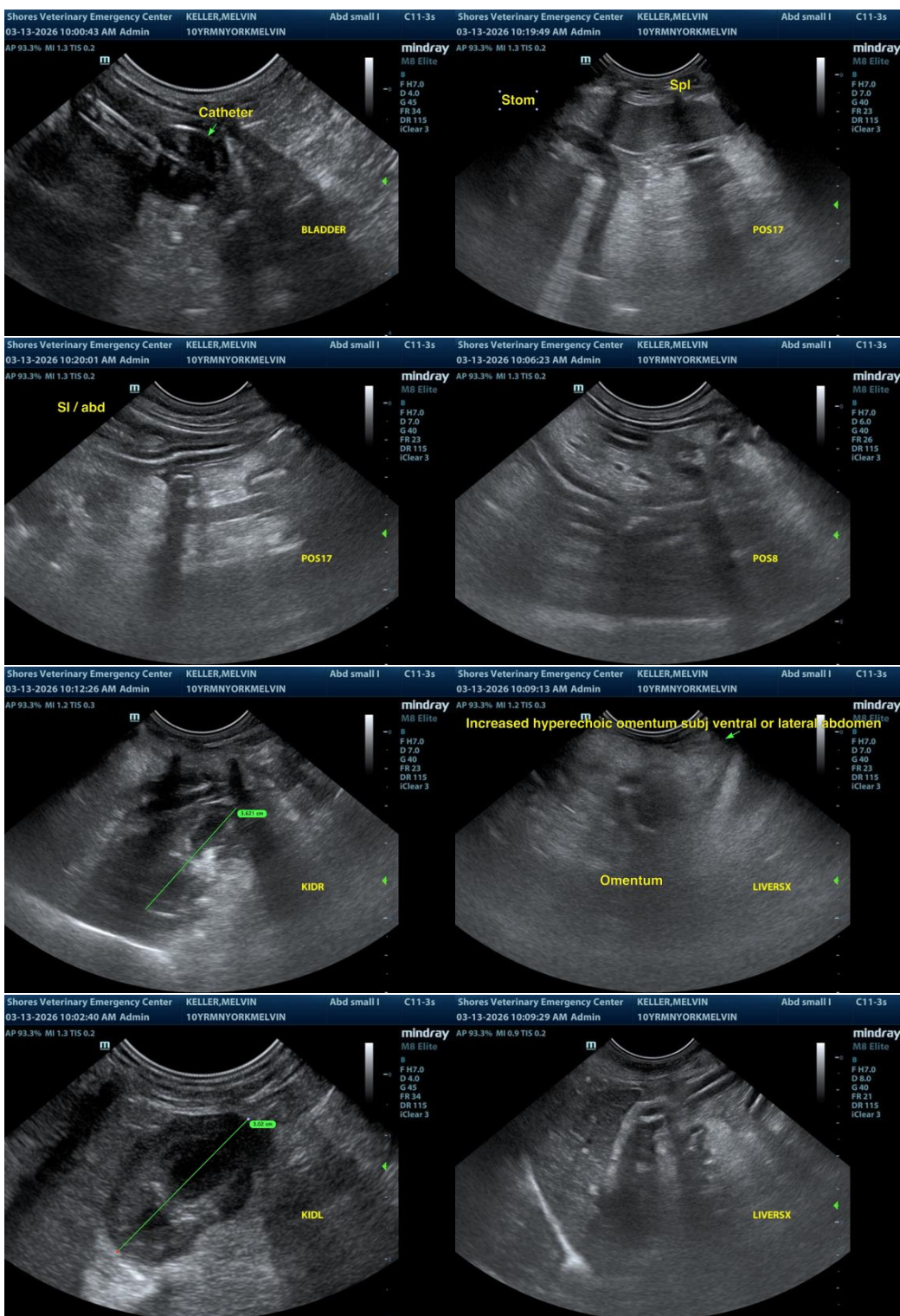
Julia Kerr

## INVOICE

10676

## DATE

3/13/26





## PATIENT

Melvin Keller

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

MN

## AGE

10 years

## WEIGHT

3.02 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

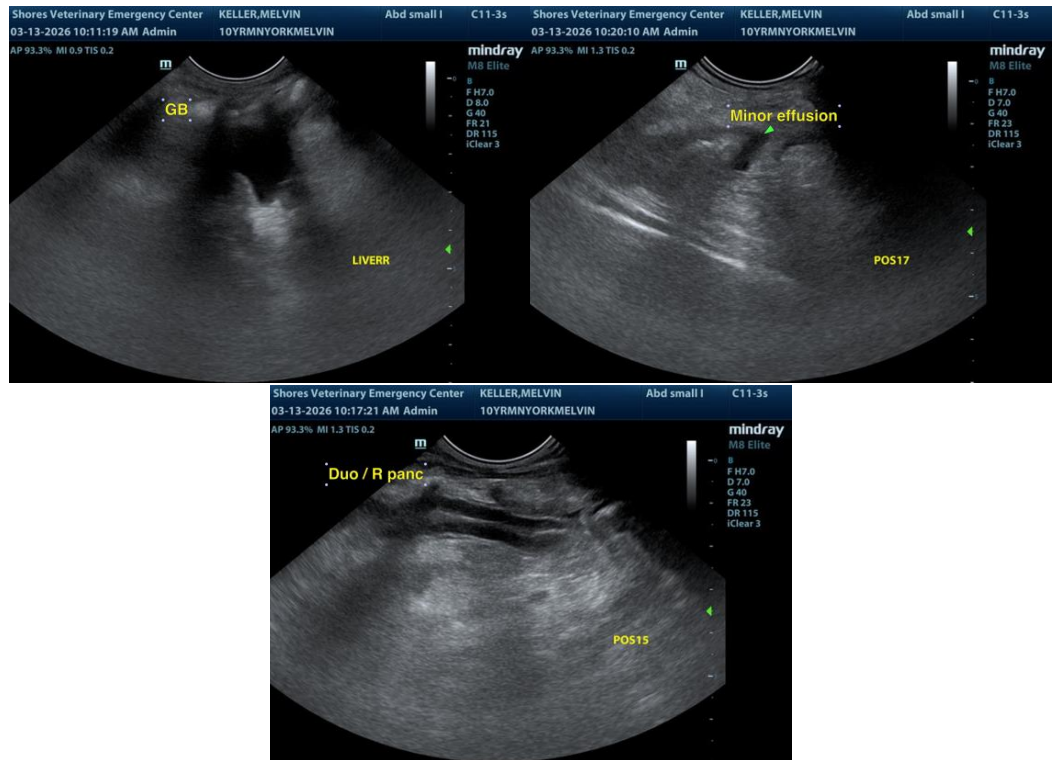
Julia Kerr

## INVOICE

10676

## DATE

3/13/26



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)