



PATIENT

Porter Copeland

SPECIES

Canine

BREED

Boykin Spaniel

SEX

Neutered Male

AGE

6 Years 10 Months

WEIGHT

54 pounds

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

Dr. Shutt

INVOICE

14291

DATE

03/13/26

PRESENTING CLINICAL SIGNS

- P presented for lethargy, vomiting, diarrhea, Rads inconclusive for foreign body, Transferred to ER last night, repeated rads, inconclusive, transferred back to rDVM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

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 6.0 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 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 0.63 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was mildly distended in size with mild to moderate nondependent nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of inflammation or wall edema.

Gastrointestinal



PATIENT

Porter Copeland

The stomach presented intact mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic to mildly echogenic nonshadowing fluid. No overt obstruction to pyloric outflow. The gastric body wall measured 0.72 cm wall width.

SPECIES

Canine

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental ileus pattern is present with lumen gas and without obstruction or foreign material. The duodenum wall measured 0.37 cm wall width. The jejunum wall measured 0.35 cm wall width.

BREED

Boykin Spaniel

Generalized mild colonic distention with nonformed to liquid fecal matter.

SEX

Neutered Male

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

AGE

6 Years 10 Months

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy was present. Minor lateral abdomen effusion was present.

WEIGHT

54 pounds

ULTRASONOGRAPHIC FINDINGS

- Nonspecific acute gastroenteropathy exhibiting mild gastric and segmental intestinal ileus.
- Mild distended colon containing nonformed to liquid fecal matter.
- Mild heterogeneous right pancreas.
- Minor lateral abdomen effusion.

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt or definitive area of mechanical gastrointestinal obstruction, i.e. foreign body, mural pathology, intussusception, etc. Acute gastroenteropathy, secondary to dietary indiscretion, infectious disease, enterotoxin, non-specific inflammatory bowel, mild pancreatitis, occult parasitism, occult Addison's disease, less likely occult neoplasia favored. Hospitalization with continued gastrointestinal support including broad-spectrum gastroprotectants and empirical deworming with clinical monitoring over the next 24 to 48 hours is recommended.

IMAGING PERFORMED BY

Kathleen Byrnes

Sonographic reassessment is indicated if continued gastrointestinal signs, evidence of progressive gastrointestinal ileus or peritoneal effusion. A GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level to assess for or rule out occult disease is warranted.

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

Dr. Shutt

INVOICE

14291

DATE

03/13/26



PATIENT

Porter Copeland

SPECIES

Canine

BREED

Boykin Spaniel

SEX

Neutered Male

AGE

6 Years 10 Months

WEIGHT

54 pounds

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

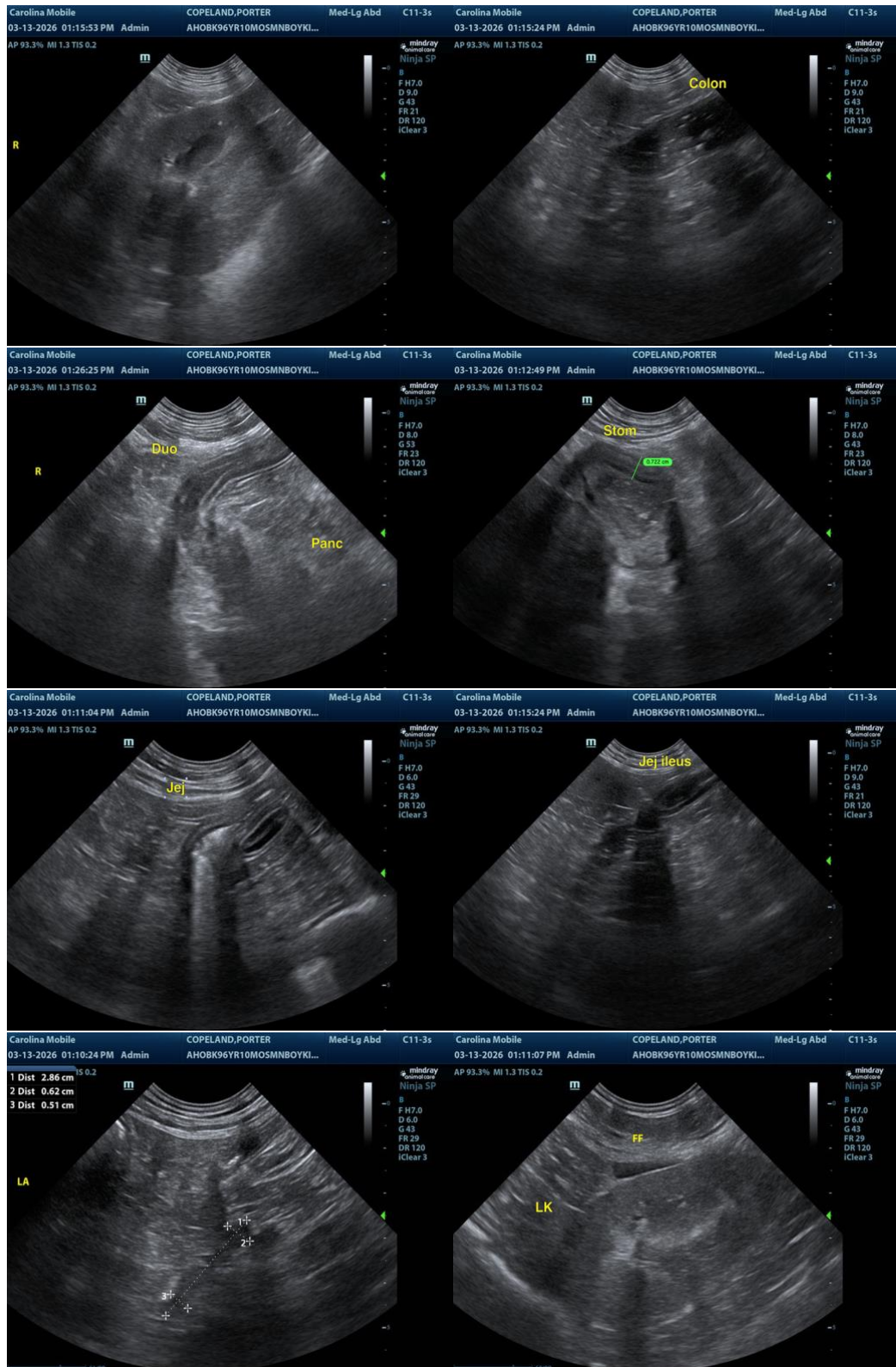
Dr. Shutt

INVOICE

14291

DATE

03/13/26





PATIENT

Porter Copeland

SPECIES

Canine

BREED

Boykin Spaniel

SEX

Neutered Male

AGE

6 Years 10 Months

WEIGHT

54 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Boone

REFERRING VET

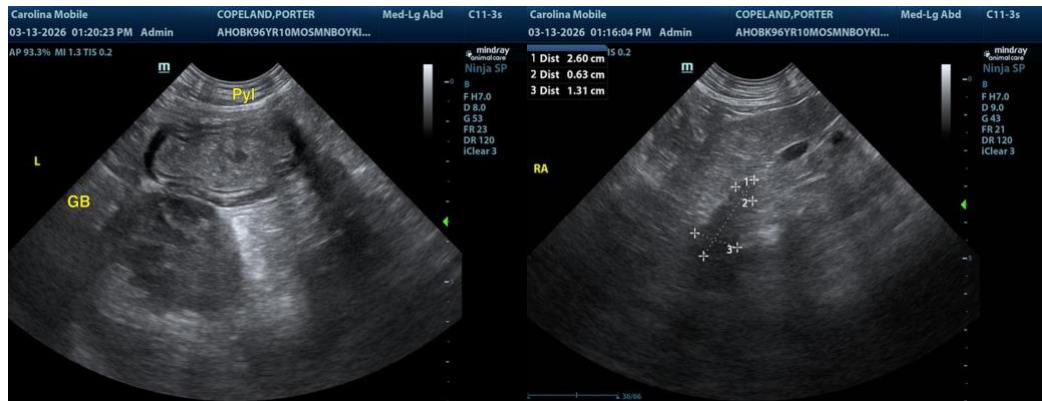
Dr. Shutt

INVOICE

14291

DATE

03/13/26



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