



PATIENT

Izzy Brewer

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

8yr

WEIGHT

18.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sophie Lee, DVM

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Sophie Lee, DVM

INVOICE

24216

DATE

03/16/2026

PRESENTING CLINICAL SIGNS

- 2/25/26 enterotomy for ICJ obstruction with horse feces (lives on a farm)
- AFAST by internal med pre-op also saw scant free fluid in the abdomen and loss of distal ileal layering detail with thickening (4.2 mm) in the area of the obstruction
- Recovery from surgery was normal despite post-op pain
- Patient developed hemorrhagic diarrhea, vomiting, and anorexia and returned to ER for assessment 3/4/26. Hospitalized with serial radiographs and IV fluids, discharged on supportive therapy 3/5/26.
- Returned to ER 3/9/26 for persistent hematochezia, tenesmus, vomiting, anorexia. Recommended repeat abdominal ultrasound.
- Abnormal PE/Chem/CBC/UA Results: Persistent neutrophilia throughout illness, stable 2/23/26 Ca = 8.3 mg/dl L (9.0 - 12.2) , normalized 3/3/26 8.0 (7.9 - 12.0 mg/dL)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 overt 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 4.3 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral 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. 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 visualized wall layering with overtly normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme.

The duodenum and jejunum exhibited intact wall layering, normal wall layer ratio and empty lumen to the approximate level of the ileum. Thickened ileum wall exhibiting indistinct mural detail with distal ileum wall measuring 0.62 cm wall width was present. Markedly thickened irregular ileocolic junction wall and cecum exhibiting indistinct to loss of ileocolic mural detail measuring ~ 5 cm in diameter was present.

The colon walls presented intact yet diffuse mild to variably thickened wall layering. The colon exhibited generalized mild distention containing gas and non-formed fecal matter. The descending colon wall measured 0.46 cm in width.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No evidence of significant peritoneal effusion was present.

Regional primarily peri-ileocolic hyperechoic omentum and intermittent mildly enlarged non-homogenous mesenteric lymph nodes. An example of a mesenteric lymph node measured 3.3 cm x 0.63 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal stomach with mild retained non-shadowing ingesta/ chyme
- Sonographically unremarkable empty visualized duodenojejunum
- Markedly thickened ileum / ileocolic junction/ cecum exhibiting indistinct ileocolic mural detail
- Diffuse mild distended thickened colon containing non-formed fecal matter and gas
- Primarily regional peri-ileocolic hyperechoic omentum and intermittent mild lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Significant to progressive ileocolic inflammation given previous obstruction, foreign material and recent surgery, granulomatous, adhesive or necrotic mural changes, neoplasia involving the ileocolic junction and potential colon or combination are all potentials. No current evidence of gastroenterocolic mechanical obstructive pattern. Definitive persistent or retained enterocolic foreign material was not obvious yet enterocolic gas artifact limited full evaluation of the enterocolic lumen.

Hospitalization with empirical therapy for significant enterocolitis with consideration for broad spectrum antibiotics and as needed gastroprotectants with close clinical and sonographic monitoring is recommended.

If persistent enterocolic mural pathology or clinical signs, exploratory laparotomy with gross inspection of the gastrointestinal tract, potential for resection and anastomosis of pathological tissue and biopsies may be indicated.



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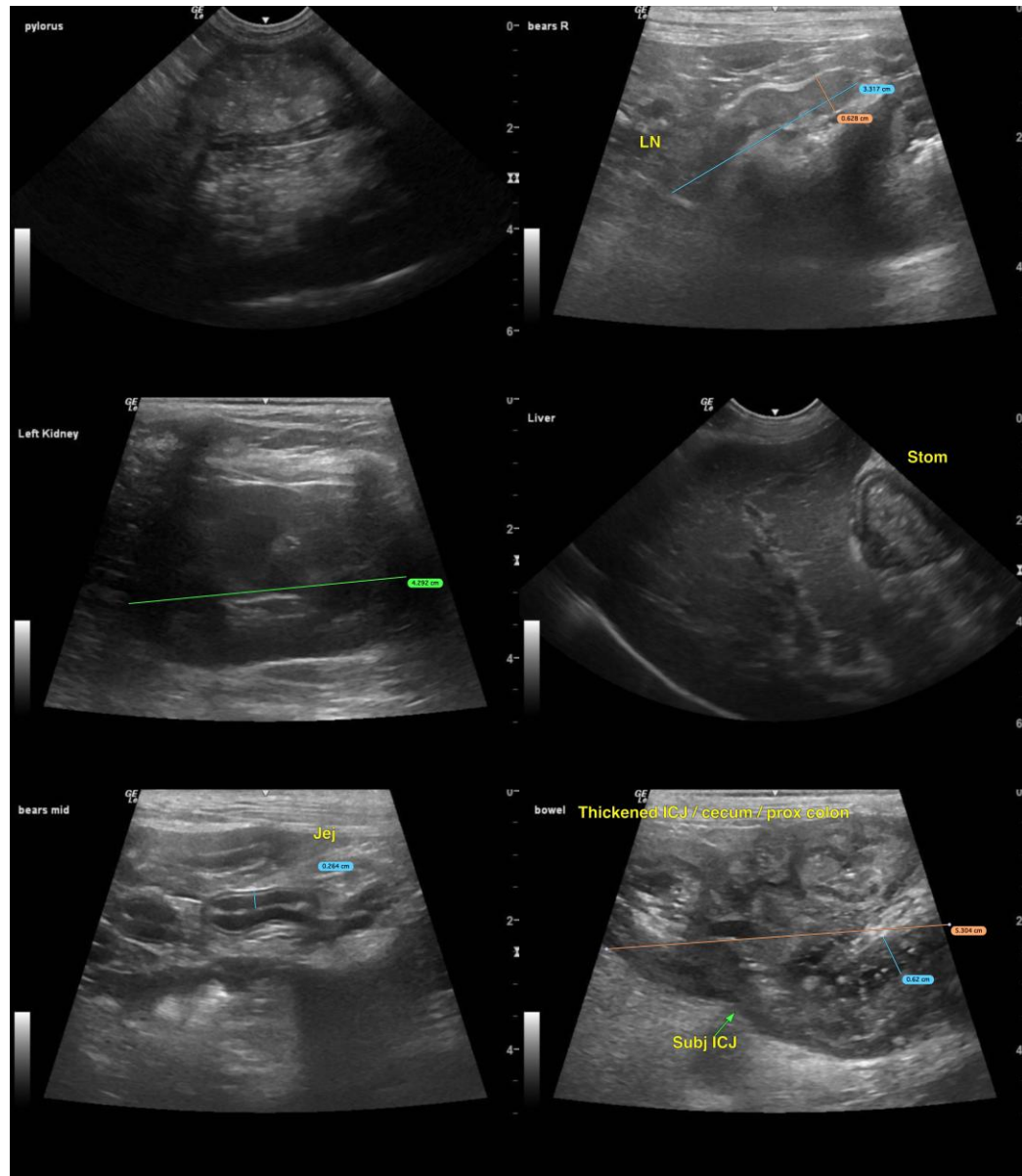
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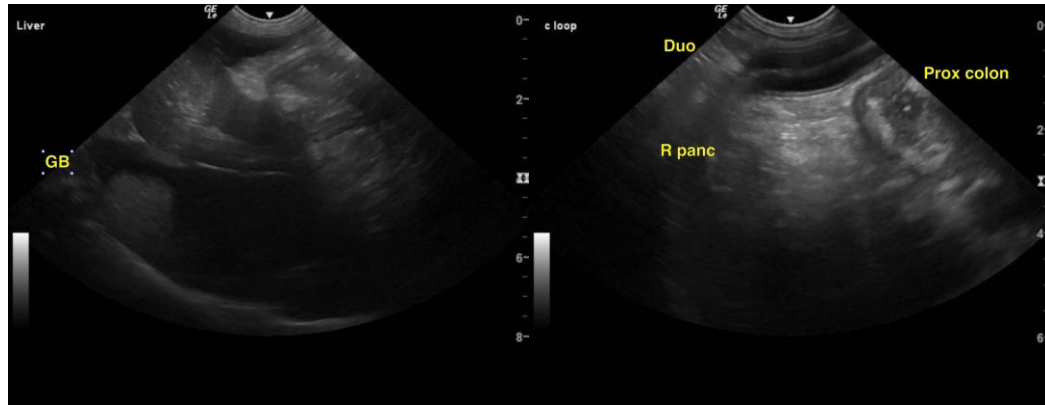
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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