



## PATIENT

Remington Ashton

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

9 Months

## WEIGHT

63 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Hope Gallo

## HOSPITAL NAME

Animal Mansion  
Veterinary Hospital

## REFERRING VET

Dr. Shelley Parker  
DVM

## INVOICE

14365

## DATE

03/16/26

## PRESENTING CLINICAL SIGNS

- History of eating FO's
- Vomiting since 3/10/26.
- O reported pet defecated out a dryer sheet on 3/11/26
- Vomited up a toy 2/11/26
- Was given lunch meat today at noon- vomited up lunch meat at 3pm.
- Not keeping down water.
- Owner was sent home with Cerenia tablets 3/10/26. Gave 1 dose then stopped.
- R/O Obstruction VS other

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

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 6.8 cm in length. The right kidney measured 6.4 cm in length.

### *Adrenal Glands*

The left adrenal gland was indistinctly visualized. The left adrenal gland subjectively measured 0.39 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

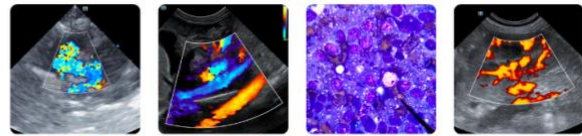
### *Spleen*

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 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. The stomach was empty with mild lumen gas. No evidence of retained fluid or foreign material. Discrete hypochoic gastric wall foci were present.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with segmental intestinal gas without mechanical/metabolic ileus to the level of the colon.

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

## *Pancreas*

The area of the pancreas was sonographically normal.

## *Free Abdomen*

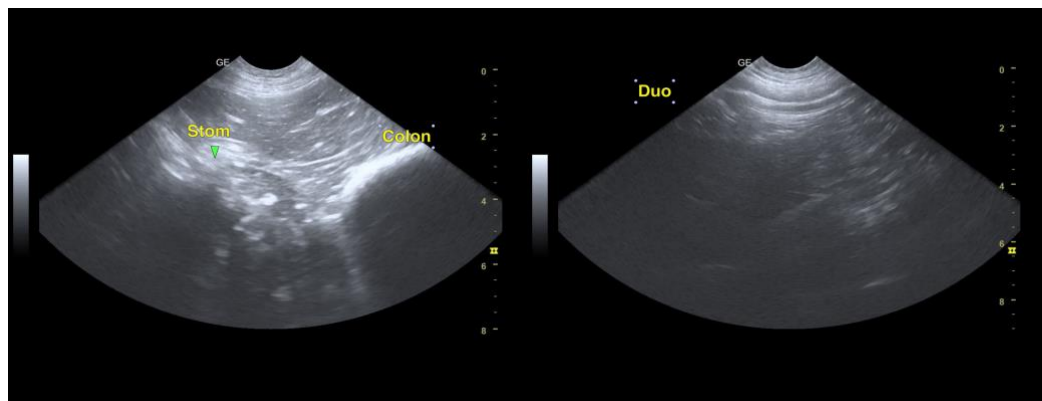
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Empty gastrointestinal tract with subjective mild gastritis.
- Normal area of the pancreas.
- Formed fecal matter in colon.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No current evidence of mechanical gastrointestinal obstruction or foreign material. Potential for past material currently within the colon, given patient's history, cannot be definitively excluded. No indication for immediate surgical intervention. Gastrointestinal support is recommended with clinical monitoring. Sonographic reassessment is indicated if non-responsive or progressive gastrointestinal signs. Monitoring of fecal output is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended.





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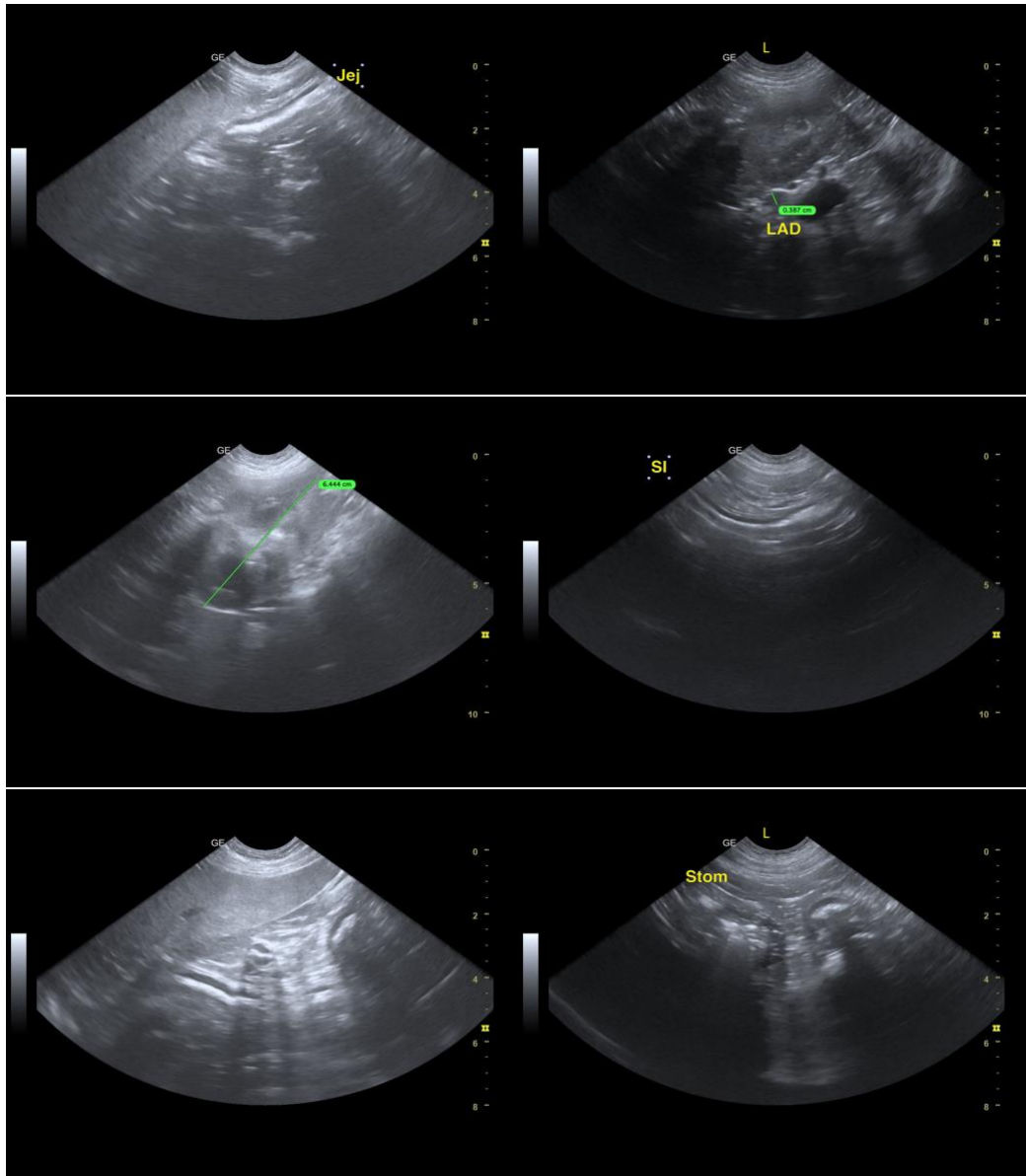
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)