



PATIENT

Emerie Adams

SPECIES

Canine

BREED

Weimaraner

SEX

FS

AGE

3yr

WEIGHT

47lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Aaron Lucas DVM,
PhD

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

Melissa Earp DVM

INVOICE

24226

DATE

03/17/2026

PRESENTING CLINICAL SIGNS

- 48 hours history of vomiting progressing to anorexia
- Abdominal radiographs yesterday afternoon revealed small intestinal dilation
- Painful upon abdominal palpation (mid abdomen)

Abnormal PE/Chem/CBC/UA Results: Vomiting Anorexia Middle abdominal pain (dilated bowel loops palpable, but no firm FB discernable)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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 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 6.4 cm in length. The right kidney measured 5.9 cm in length.

The area of the aortic trifurcation was 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 0.58 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 0.55 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



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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 mild variably echogenic non-shadowing ingesta. No overt visualized obstruction to pyloric outflow.

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The small intestine presented intact wall layering with mild altered wall layer ratio owing to propensity for mildly thickened muscularis and mildly thickened hyperechoic submucosa layers. Primarily empty intestinal lumen with segmental non-shadowing chyme and segmental intestinal ileus to the level of the colon.

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Normal visible colon wall layers were present. Non-formed to soft fecal matter in the proximal to transverse colon with semi-formed fecal matter in the descending colon.

Pancreas

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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

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No omental masses or peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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ULTRASONOGRAPHIC FINDINGS

Primary

- Mild non-shadowing gastric ingesta
- Non-specific enteropathy pattern exhibiting segmental non-shadowing intestinal chyme and subjective non-obstructive ileus
- Normal area of pancreas
- Normal bilateral adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt or definitive evidence of mechanical gastrointestinal obstruction or foreign body. The small intestine exhibited mild mural changes with maintained intact wall layering which may suggest inflammatory criteria. No obvious evidence of intestinal neoplasia. Associated mild gastric and segmental intestinal metabolic or functional ileus owing to primary enteropathy is suspected.

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Hospitalization with 24 hour gastrointestinal support including IVF, documented 12 hour fast and sonographic reassessment of the gastrointestinal tract would be ideal. Concurrent low grade pancreatitis may present sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate, and

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resting cortisol is warranted. Gastrointestinal biopsies may be indicated for definitive diagnosis.

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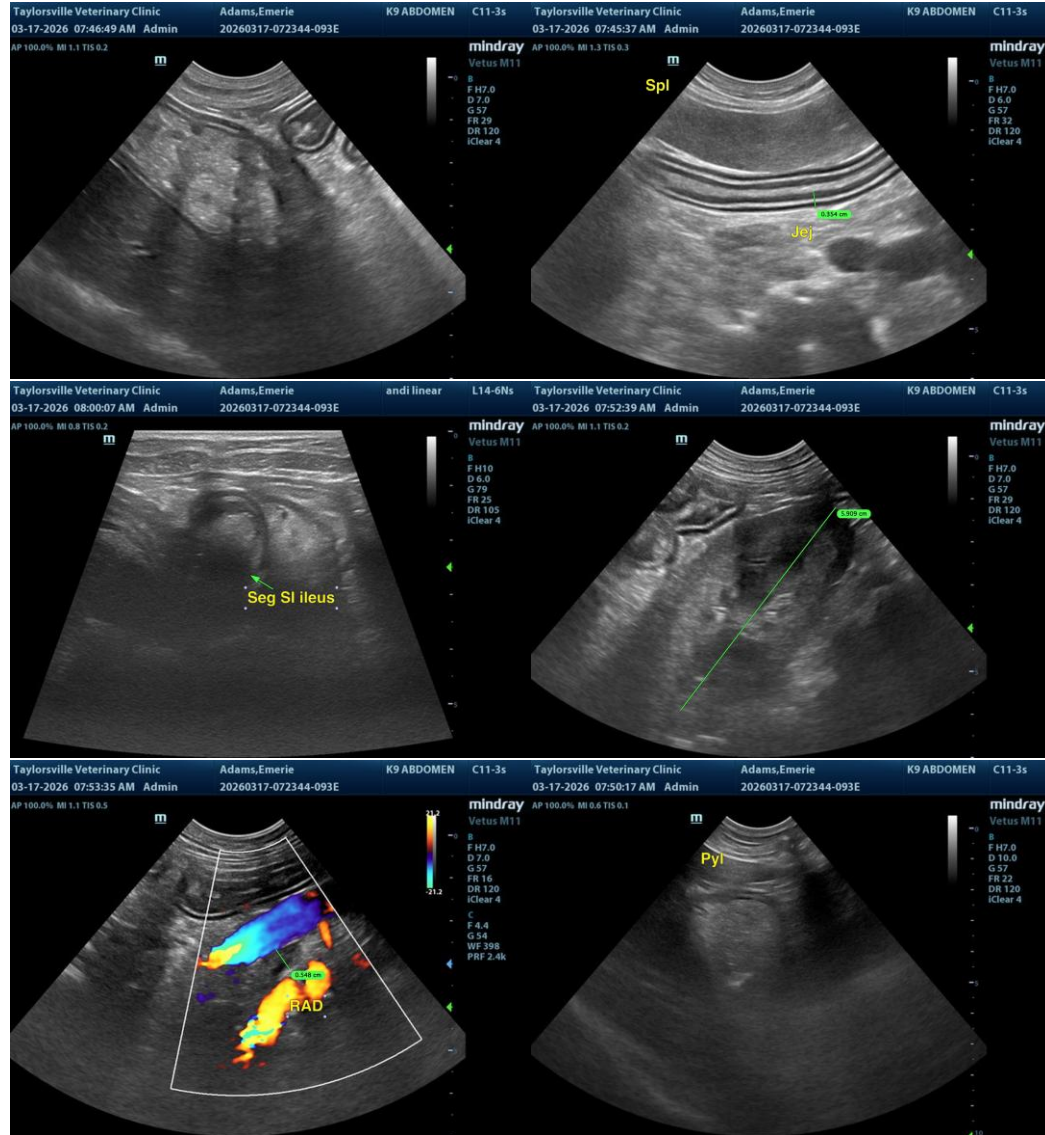
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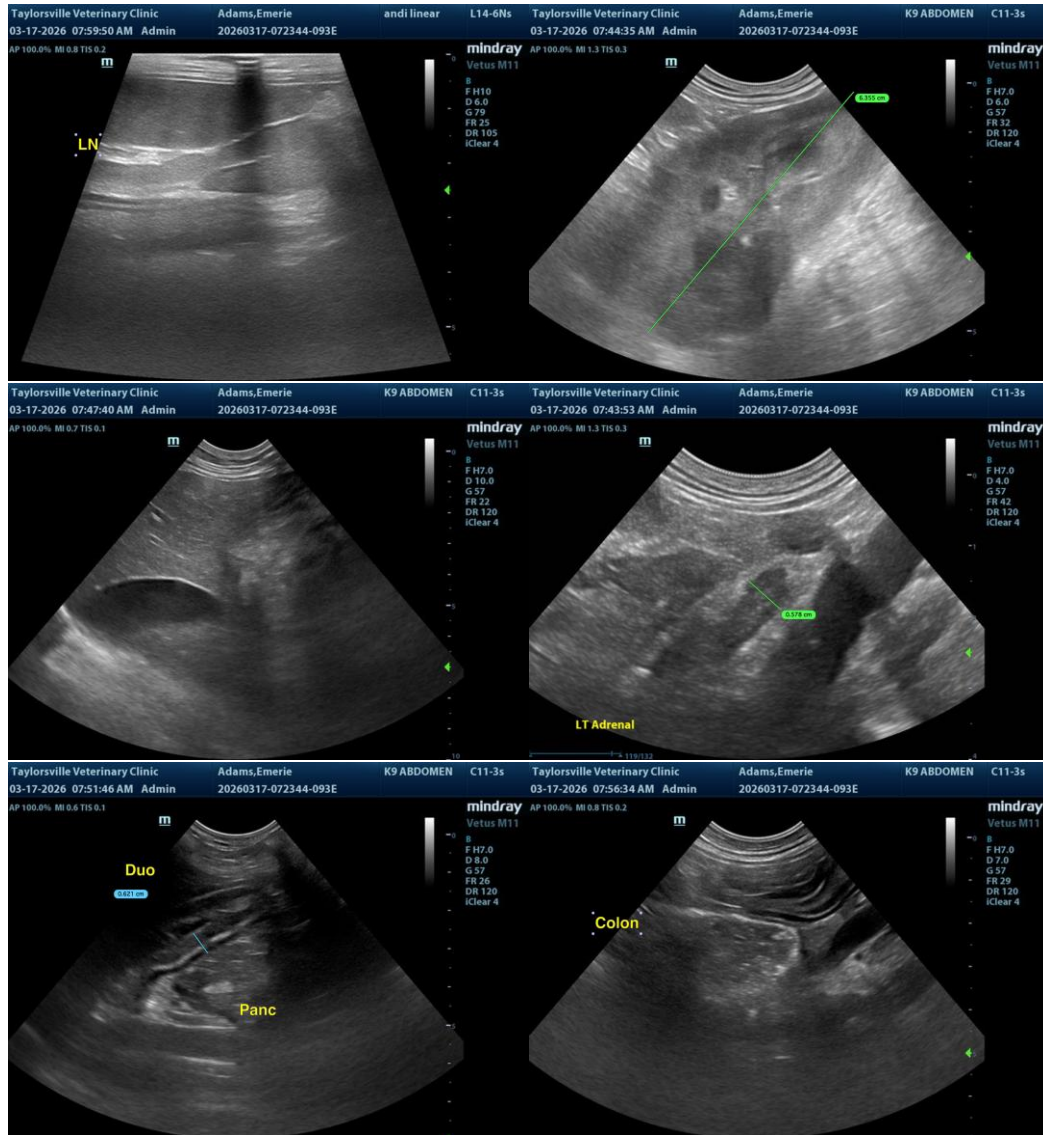
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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