



**PATIENT**

Mae Reynolds

**SPECIES**

Canine

**BREED**

Silky Terrier

**SEX**

Intact Female

**AGE**

1 Year 6 Months

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Pet Stat Animal Urgent  
Care

**REFERRING VET**

Dr. Payne

**INVOICE**

14371

**DATE**

03/17/26

**PRESENTING CLINICAL SIGNS**

- decreased appetite
- diarrhea
- 3/14/26 and mass palpated

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

***Urinary System***

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 uterus and bilateral ovaries were sonographically normal.

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 3.6 cm in length. The right kidney measured 3.7 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 0.44 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 0.46 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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild retained nonshadowing ingesta without overt obstruction to pyloric outflow.



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The small intestine presented overall intact wall layering and maintained wall layer ratio. A segment of intestine contained strongly shadowing irregular lumen echo, potentially measuring 2.0 cm to 4.0 cm in length. Variable fluid distended intestinal segments with variable echogenic to nonshadowing ingesta, chyme and fluid adjacent to the intestinal echo and suspected to be proximal, consistent with segmental intestinal obstructive pattern. Concurrent empty intestinal segments likely distal.

Normal visible colon wall layers were present with semi formed to soft fecal matter.

***Pancreas***

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***

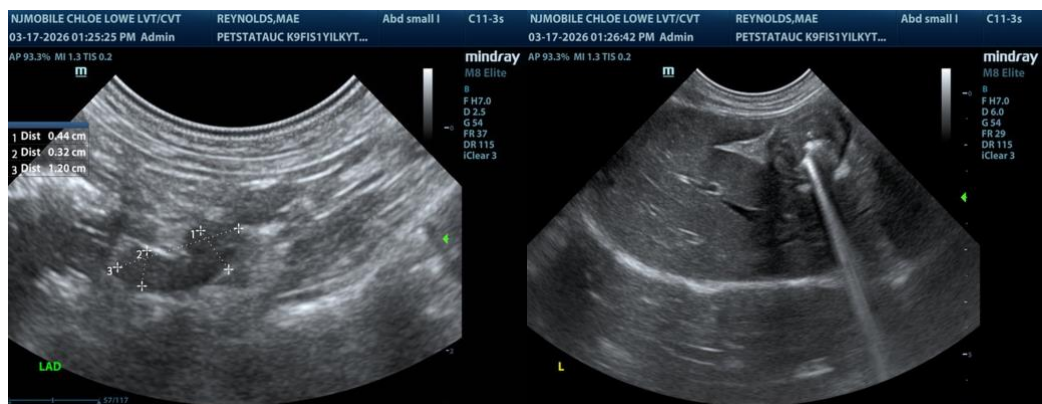
No obvious visualized significant omental lymphadenopathy was present. Minor pockets of peritoneal effusion were present.

**ULTRASONOGRAPHIC FINDINGS**

- Small intestine foreign body with segmental intestinal obstructive pattern proximal, empty small intestine distal.
- Mild retained nonshadowing gastric ingesta/chyme.
- Semi formed to soft fecal matter in colon.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory laparotomy with gross inspection of the gastrointestinal tract and expectation toward enterotomy is recommended. Suspect distal duodenal or upper jejunal location for the foreign body. Intestinal biopsies +/- ovariohysterectomy if the patient is not intended for breeding purposes, is suggested at the time of surgery.





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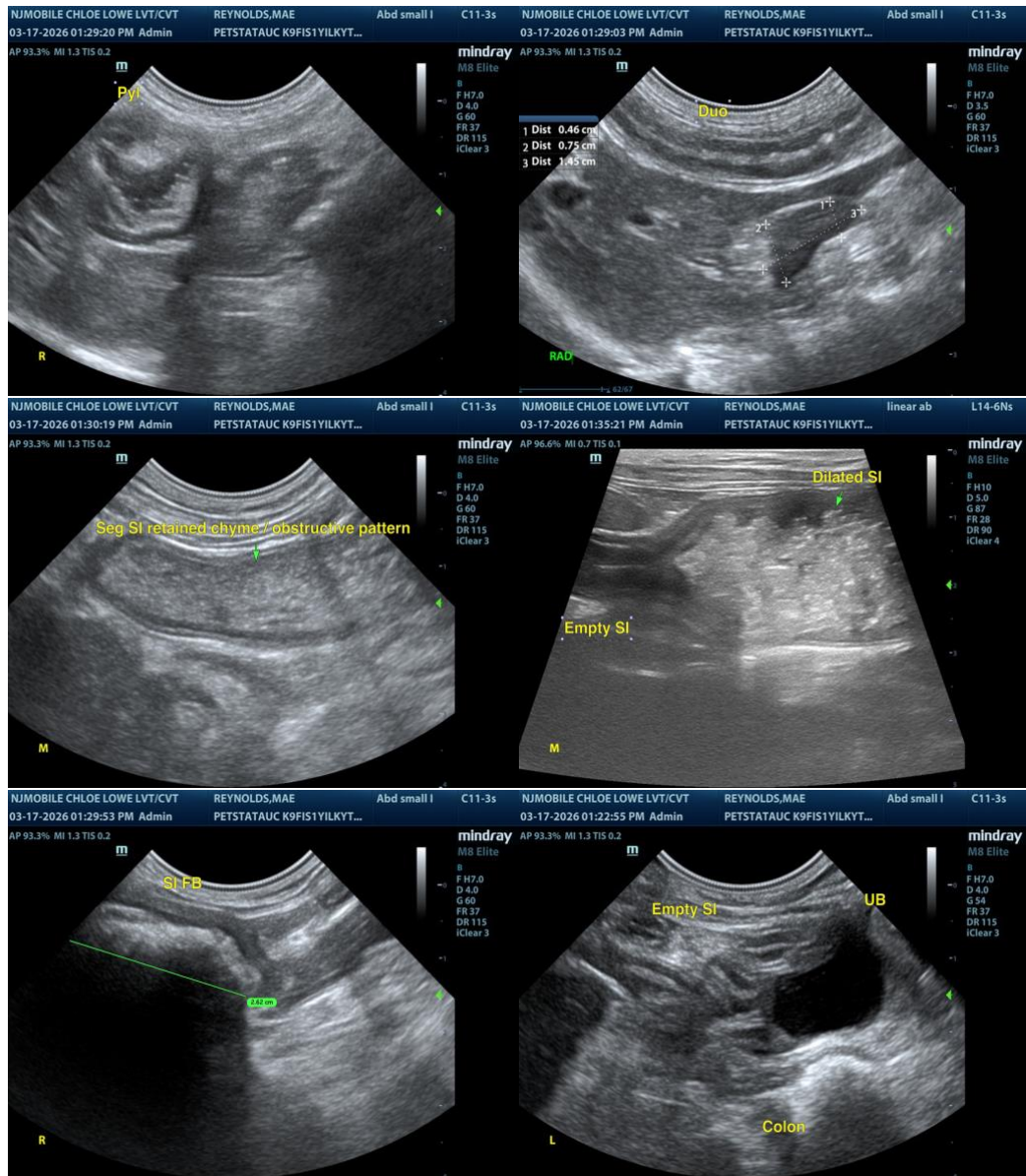
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)