



PATIENT

Bella Martin

SPECIES

Canine

BREED

Cattle Dog Mix

SEX

FS

AGE

5.5 y

WEIGHT

17.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

10686

DATE

3/18/26

PRESENTING CLINICAL SIGNS

History:

- Patient presented for regurgitation (owner did not notice any abdominal contractions) containing food, then later bilious vomit for 24h. Decreased water intake and hyporexia.

Abnormal PE/Chem/CBC/UA Results: PE: MM tacky, CRT 2-3s. Otherwise NSF. Intake dx: EPOC: HCT 62%, Lac 3.73, otherwise NSF PCV/TS: 65%/6.2 Radiographs: Stomach mildly filled with heterogenous material. Colon filled with gas. Otherwise NSF CBC: HCT 64.95, otherwise NSF Chem: ALT 248, GGT 17, Tbil 1.9 QPL: 51 WNL

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 changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 5.1 cm in length. The right kidney measured 5.5 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 0.45 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 0.56 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 presented normal in size, contour, and vascular volume. The hepatic parenchyma was mildly homogeneous and hypoechoic with mild increased prominence of the portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-



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distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented normal intact wall. The stomach exhibited moderate distention with retained, primarily anechoic fluid and a small amount of nonspecific, nonshadowing, hyperechoic ingesta/ content.

The small intestine presented overall intact wall layering with a maintained wall layer ratio. Segmental to generalized mildly hyperechoic duodenojejunal mucosa was noted. Segmental to primarily generalized variable small intestinal ileus was present with segmental fluid-dilated jejunal segments. Focal to segmental, similar appearing, nonshadowing, hyperechoic intestinal content was present.

Normal visible colon wall layers were present with non-formed 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

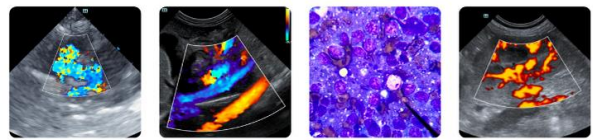
ULTRASONOGRAPHIC FINDINGS

- Moderate hypomotile stomach containing retained fluid and mild nonobstructive hyperechoic content
- Nonspecific enteropathy exhibiting duodenojejunal mucosa hyperechogenicity, primarily generalized to variable intestinal ileus, and segmental mild nonobstructive hyperechoic intestine content
- Non formed fecal matter in colon
- Normal area of pancreas
- Mild likely acute hepatopathy
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evidence of definitive mechanical gastrointestinal obstruction was not obvious, which may suggest primarily generalized metabolic or functional gastrointestinal ileus secondary to nonspecific gastroenterocolitis. A small amount of non-obstructive to potentially passing granular-like gastrointestinal foreign material is suspected. A non-visualized area of mechanical intestinal obstruction, given variable fluid-distended intestinal segments, is not definitively excluded.

Hospitalization with 24-hour gastrointestinal support including IV fluids to correct dehydration and promote gastrointestinal motility, with clinical and sonographic monitoring, including a documented 12-hour fast, is recommended. If persistent / progressive gastrointestinal ileus in combination with gastrointestinal signs, exploratory laparotomy with gastrointestinal +/- hepatic biopsies (assuming normal clotting status) may be indicated.



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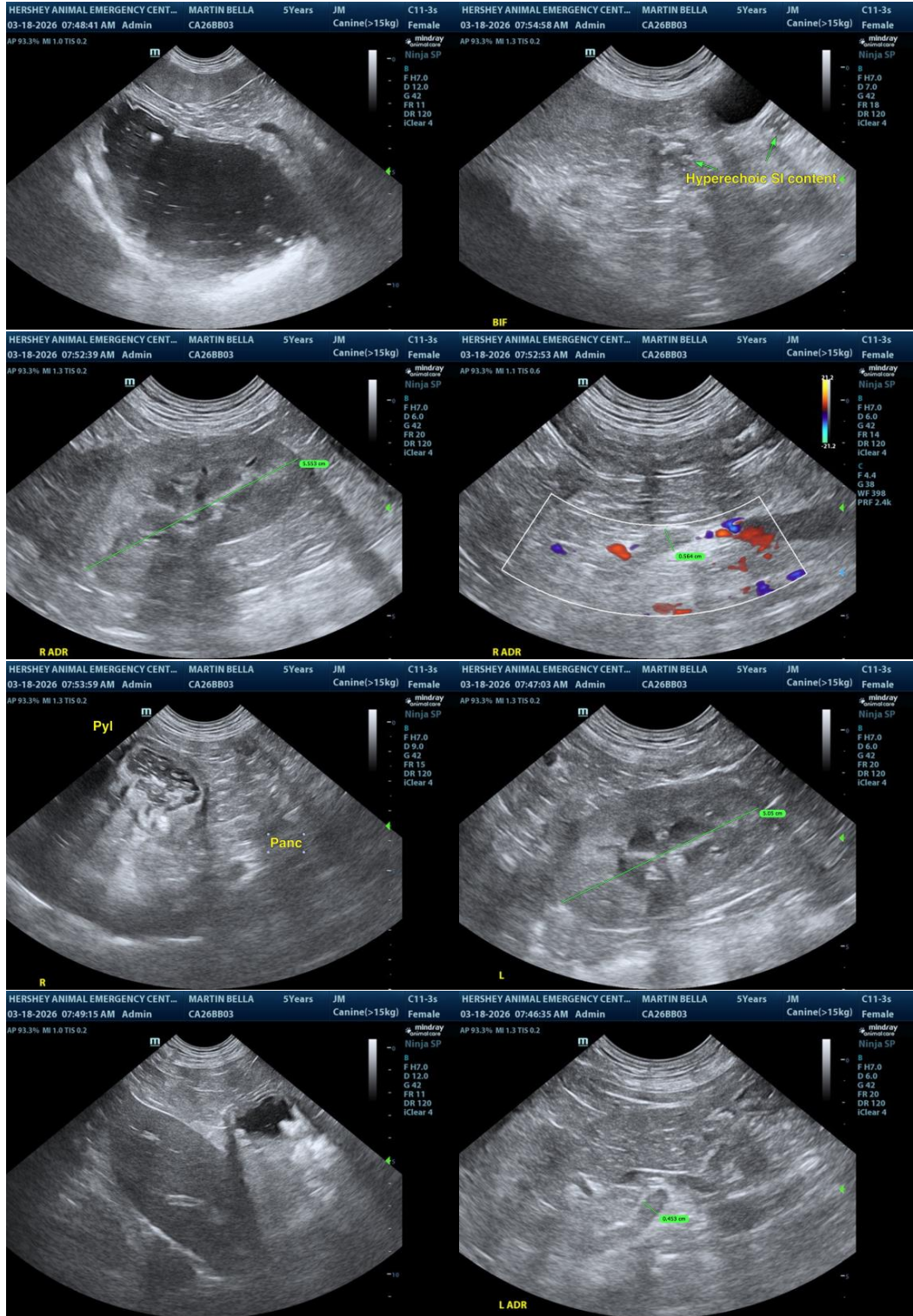
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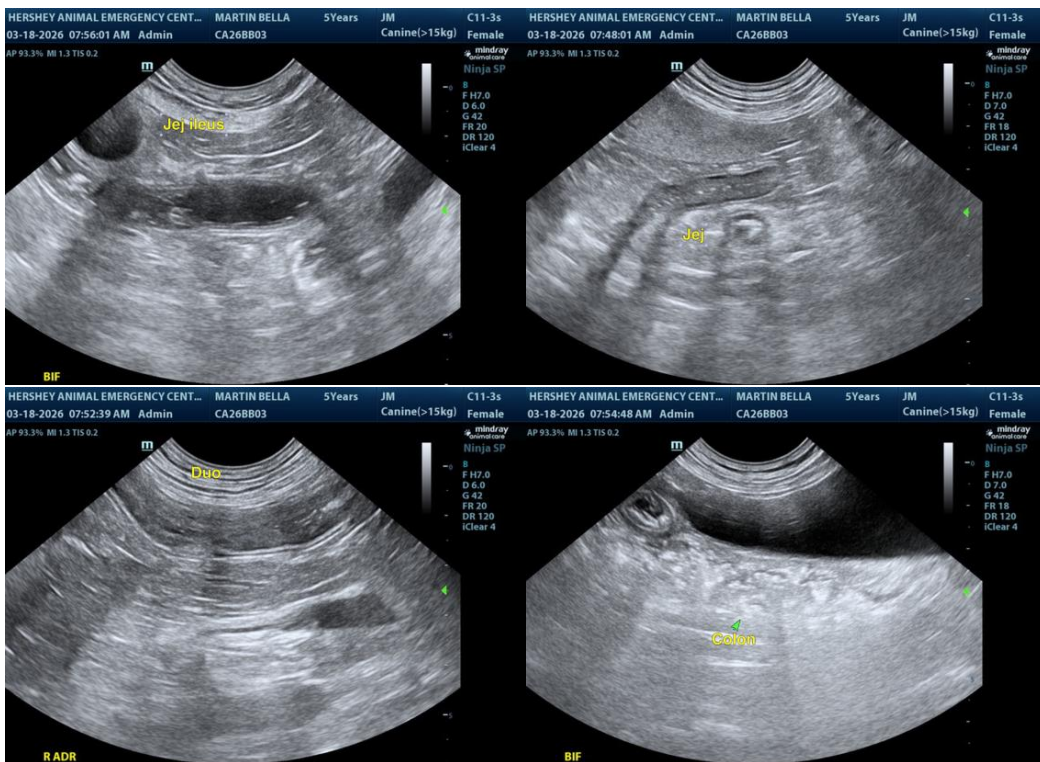
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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