



PATIENT

Julia Wyatt

SPECIES

Canine

BREED

German Wirehair
Pointer

SEX

FS

AGE

10yr

WEIGHT

68lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency
Veterinarians of Idaho,
LLC

REFERRING VET

Juli Sorenson

INVOICE 24075

DATE
03/02/2026

PRESENTING CLINICAL SIGNS

- transfer from rDVM for concerns for a "bloat"
- X-rays done overnight concerning for obstruction at level of duodenum.
- Hypochloremic metabolic alkalosis
- Mild azotemia
- mild hypokalemia
- Stress hyperglycemia
- Marked hemoconcentration
- Abnormal PE/Chem/CBC/UA Results: See above

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.0 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 0.49 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited normal size and contour with primarily homogenous parenchyma. A solitary mildly expansive yet non-capsule deforming non-homogenous hypoechoic mid to caudal splenic nodule was present measuring 1.1 cm in diameter.

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 mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a moderate amount of retained anechoic fluid and primarily non-shadowing to focally shadowing ingesta without overt obstruction to pyloric outflow. The pylorus wall measured 0.60 cm in width.



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The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Generalized mild retained duodenal non-shadowing chyme/fluid exhibiting mild oral/aboral fluid movement. A focal non-obstructive hyperechoic duodenal lumen echo was visualized with potential indistinct lumen shadowing at the level of the distal duodenum vs lumen gas. The overall visualized jejunum exhibited empty lumen without mechanical/metabolic ileus to the level of the ileum and colon.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Retained gastroduodenal chyme/fluid with oral/aboral duodenal fluid movement
- Focal non-obstructive shadowing gastroduodenal content vs distal duodenal lumen gas
- Overall empty jejunum and ileum to level of the colon
- Mild expansive yet non-capsule deforming solitary splenic nodule

Secondary

- Mild gallbladder debris
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive area of mechanical gastroduodenal obstruction was not obvious yet given retained duodenal fluid/chyme exhibiting mild oral/aboral content movement in conjunction with overall empty jejunum, distal duodenal or upper jejunal obstruction is suspected.

The splenic nodule is non-specific and may indicate lymphoid hyperplasia, hematopoiesis, granuloma, hematoma, focal inflammation, or emerging nodular neoplasia/emerging tumor. Assuming normal clotting status and using 25ga needle, a splenic nodule FNA cytology with 24 hour IV fluid/gastrointestinal support and sonographic monitoring/ reassessment of the gastrointestinal tract could be considered. Otherwise, exploratory laparotomy with gross inspection of the small intestine, potential for enterotomy, and diagnostic/prophylactic splenectomy is warranted. Three view chest radiographs recommended prior to surgical considerations.



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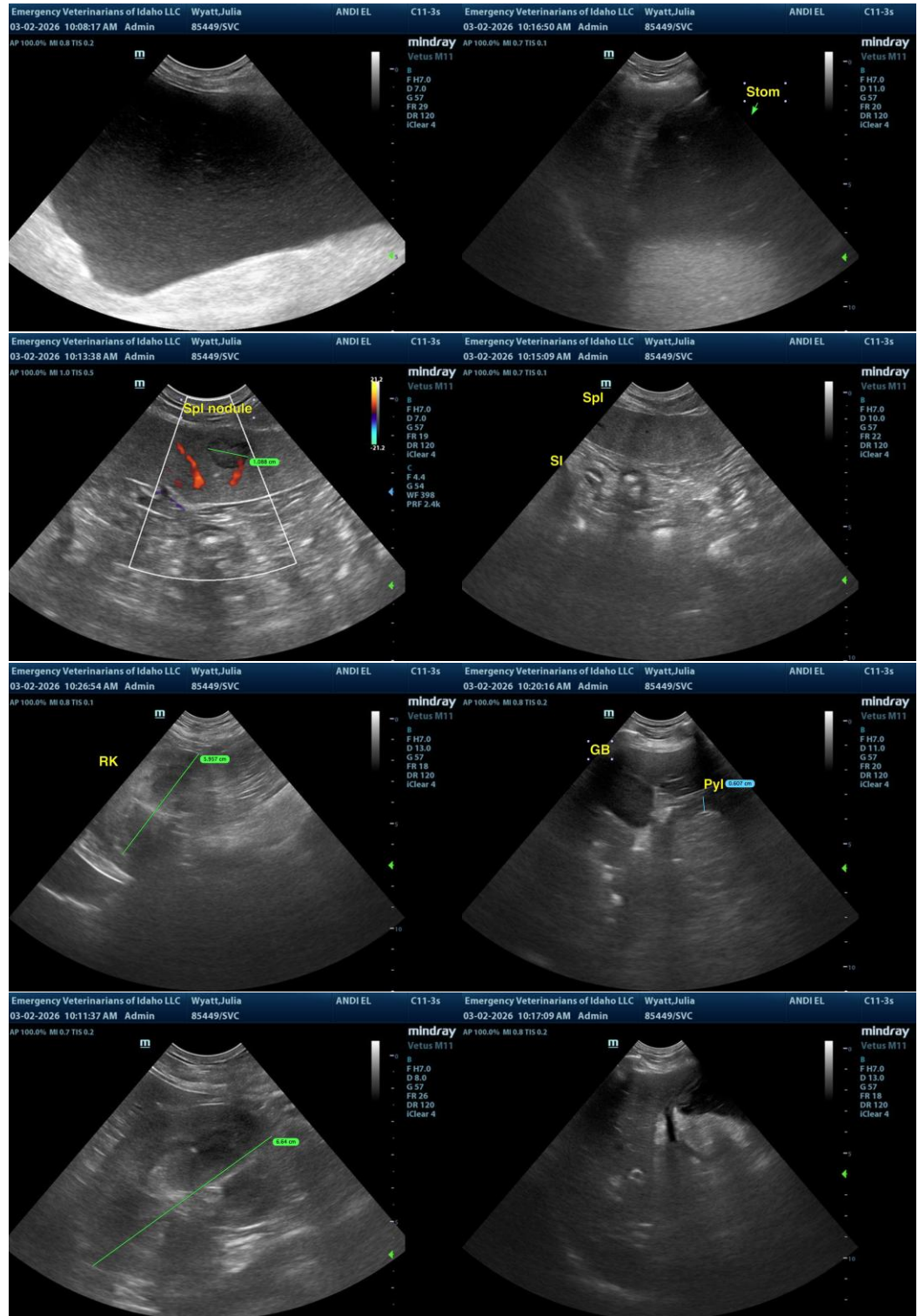
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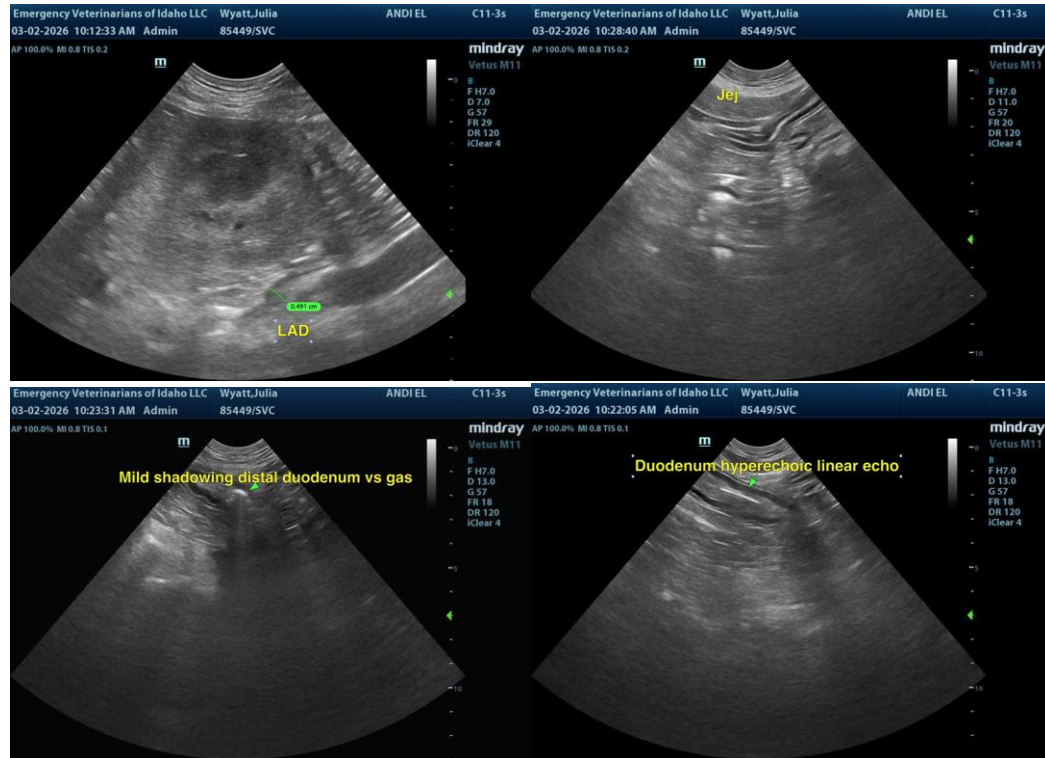
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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