



PATIENT

Sadie Spahn-Jones

SPECIES

Canine

BREED

Border Collie

SEX

FS

AGE

6yr

WEIGHT

14.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Novel Vet

REFERRING VET

Gibbs

INVOICE

24346

DATE

03/30/2026

PRESENTING CLINICAL SIGNS

- 9 day history of low appetite and low energy following 2 days of vomiting
- Goes to golf course multiple times per week and is allowed to run free, known stick eater
- Xrays suspicious of linear FB but not concerning enough to go straight to surgery and no further vomiting since initial episode
- Will be given Trazodone and sedation for US
- Abnormal PE/Chem/CBC/UA Results: CBC/Chem Mar 23 was WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 4.8 cm in length. The right kidney measured 5.0 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 0.55 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 0.50 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 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 was empty with mild lumen gas no signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental non-obstructive intestinal gas and no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal non-distended visible colon wall layers were present with soft feces in lumen.

SPECIES

Pancreas

Canine

The area of the pancreas was sonographically normal.

BREED

Free Abdomen

Border Collie

No peritoneal effusion was present.

SEX

Intermittent mildly enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.9 cm x 0.51 cm.

FS

ULTRASONOGRAPHIC FINDINGS

AGE

Primary

6yr

- Overall sonographically normal empty gastrointestinal tract with mild non-obstructive gastrointestinal gas
- Non-distended colon with soft fecal matter
- Normal area of pancreas
- Mild mesenteric lymphadenopathy - suspect reactive hyperplasia or mild lymphadenitis owing to inflammatory bowel episode

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

No evidence of gastrointestinal obstructive pattern, intestinal plication or foreign body. Supportive care for non-specific gastroenteritis, potentially secondary to dietary indiscretion and clinical monitoring is recommended. A GI panel to include PLI/TLI/cobalamin/folate and although thought less likely given normal adrenal presentation, a screening cortisol level may be considered. Sonographic reassessment indicated if non-responsive or continuing gastrointestinal signs.

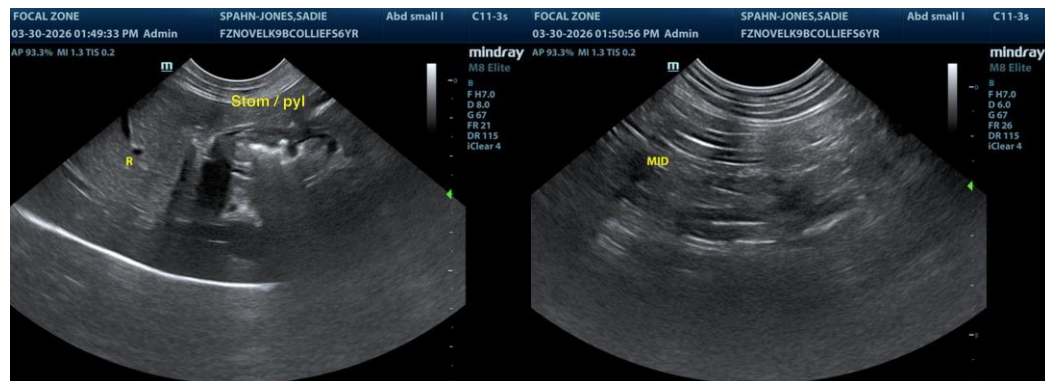
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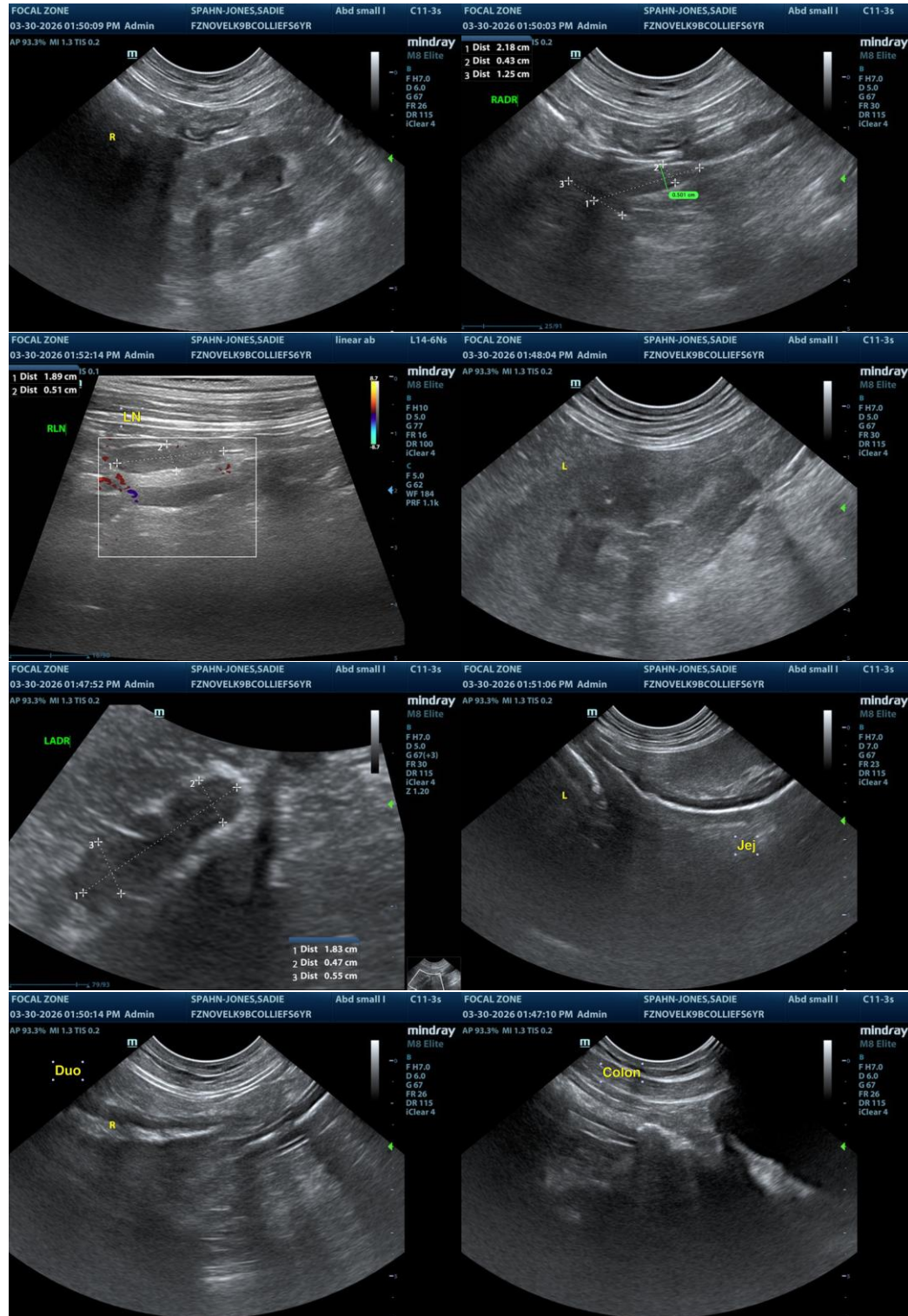
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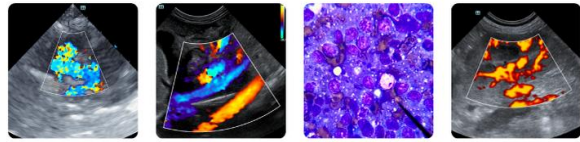
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The information and recommendations provided are based on the images presented by the referring



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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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