



## PATIENT

Thor Glave

## SPECIES

Canine

## BREED

Corgi

## SEX

MN

## AGE

8yr

## WEIGHT

38lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kari Cameron

## HOSPITAL NAME

Moyock Animal  
Hospital

## REFERRING VET

Tracy Eure

## INVOICE

24111

## DATE

03/04/2026

## PRESENTING CLINICAL SIGNS

- Seen at ER 2/26/26 for bloody vomiting; abdominal discomfort on exam; elevated Amyl/Lipa/HCT (63%); treated w/ SQF/cerenia inj/sucralfate/probiotic
- Seen w/ us today for continued vomiting (no blood noted), lethargy, & decreased appetite
- P has intermittently been on a 2 week course of Carprofen75mg 1/2 BID for joint pain (last Rx'd 12/30/25)
- Abnormal PE/Chem/CBC/UA Results:      • Exam = tense, guarded abdomen      • Labs = improving but still elevated Lipa, elevated

## 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 5.5 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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

### Gastrointestinal

The stomach was indistinctly visualized. No evidence of gastric distension with retained ingesta, fluid or foreign material. Suspect mild lumen gas present.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

**SPECIES**

**Pancreas**

Canine

The area of the pancreas was sonographically normal.

**Free Abdomen**

**BREED**

Corgi

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

**SEX**

- Indistinctly visualized non-distended stomach
- Sonographically unremarkable empty small intestine
- Semi-formed fecal matter in colon
- Normal area of pancreas

**MN**

**AGE**

8yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

38lb

No evidence of visible significant gastrointestinal or pancreatic pathology. No evidence of mechanical gastrointestinal obstruction or foreign material. Gastritis is suspected. Potential for mild pancreatitis, which may present sonographically normal may be suspected if cranial abdomen/ subxiphoid discomfort on palpation.

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Gastrointestinal support and empirical therapy for mild to possibly resolving pancreatitis would be appropriate with clinical monitoring. Sonographic reassessment indicated if continued or non-responsive gastrointestinal signs. A screening cortisol level to rule out occult Addison's disease is recommended.

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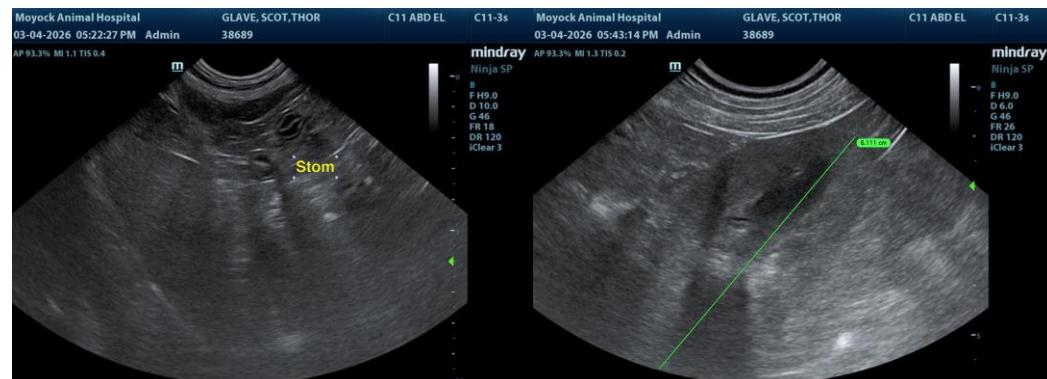
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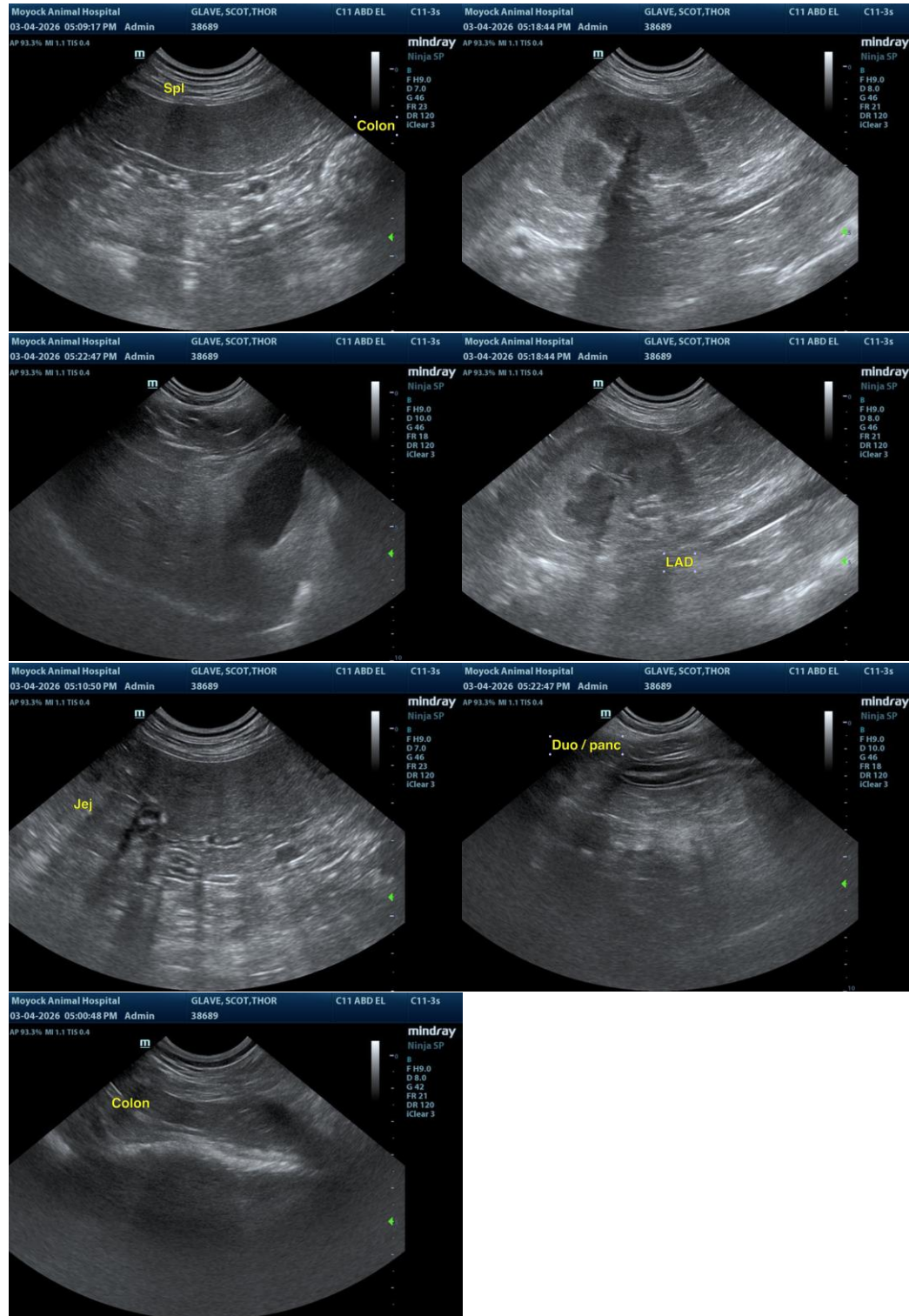
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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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[info@sonopath.com](mailto:info@sonopath.com)

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