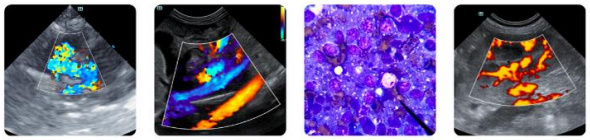




**PATIENT**

Gunner Smith

**SPECIES**

Canine

**BREED**

German Shorthaired Pointer

**SEX**

MN

**AGE**

3y, 8m

**WEIGHT**

52 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kari Cameron

**HOSPITAL NAME**

Moyock AH

**REFERRING VET**

Tracy Eure

**INVOICE**

10746

**DATE**

4/1/26

## PRESENTING CLINICAL SIGNS

History:

- vomiting after every meal & diarrhea since 3/28 after getting into trash on 3/26
- p vomited consolidated foreign material today in hospital (possibly wad of paper towels)

Abnormal PE/Chem/CBC/UA Results: QAR, mildly guarded on abdominal palpation, tacky mm
Bloodwork - NSF

## 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.

The area of the residual prostate appeared normal and free of pathology

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 6.3 cm in length. The right kidney measured 6.7 cm in length.

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized.

### *Spleen*

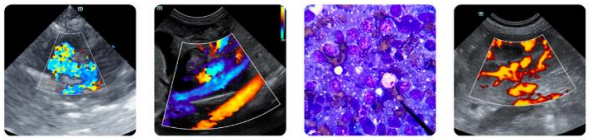
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### *Liver/ Gallbladder*

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 an overtly normal intact wall. The stomach exhibited moderate, strongly shadowing lumen content extending into the pyloric outflow. Area of shadowing stomach content measured ~5.0-6.0 cm in diameter.





**PATIENT**

Gunner Smith

**SPECIES**

Canine

**BREED**

German Shorthaired Pointer

**SEX**

MN

**AGE**

3y, 8m

**WEIGHT**

52 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kari Cameron

**HOSPITAL NAME**

Moyock AH

**REFERRING VET**

Tracy Eure

**INVOICE**

10746

**DATE**

4/1/26

The small intestine presented overall intact wall layering with a maintained wall layer ratio. The lumen of the small intestine was empty. Similar appearing, shadowing upper to mid-duodenal content was present without overt evidence of an intestinal obstructive pattern to the level of the colon.

The colon walls presented intact yet thickened wall layering. Variably formed to focally shadowing fecal matter was present in the colon 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 were evident.

### *Free Abdomen*

No significant omental lymphadenopathy was visualized. Mild increased peri gastric to peri duodenal omental echogenicity was noted with minor lateral abdomen effusion.

## ULTRASONOGRAPHIC FINDINGS

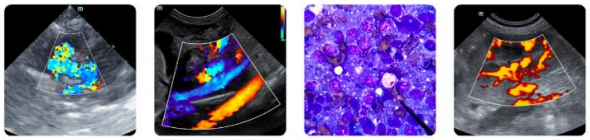
- Strongly shadowing gastric and upper to mid-duodenal content – consistent with foreign material
- Primarily empty small intestine
- Colitis pattern with variably formed to shadowing fecal matter
- Minor peritoneal effusion

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the timeframe between ultrasound study and interpretation, sonographic reassessment of the upper gastrointestinal tract is recommended to ensure persistent shadowing gastric and upper intestinal content. If not possible, exploratory laparotomy with gross inspection of the gastrointestinal tract, potential manual manipulation of duodenal foreign material into stomach with gastrotomy or potential concurrent enterotomy is recommended.

Biopsy at the time of surgery may be considered to assess for underlying gastrointestinal disease or based on gross gastrointestinal inspection. A small amount of nonobstructive, passed material in the colon is possible. Perioperative gastrointestinal support and empirical therapy for enterocolitis are recommended.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



*Clinical Sonography & Telecytology*
*Educational Teleconsultation Services™*

SonoPath.com | info@sonopath.com | 1.800.838.4268

**PATIENT**

Gunner Smith

**SPECIES**

Canine

**BREED**

German Shorthaired Pointer

**SEX**

MN

**AGE**

3y, 8m

**WEIGHT**

52 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kari Cameron

**HOSPITAL NAME**

Moyock AH

**REFERRING VET**

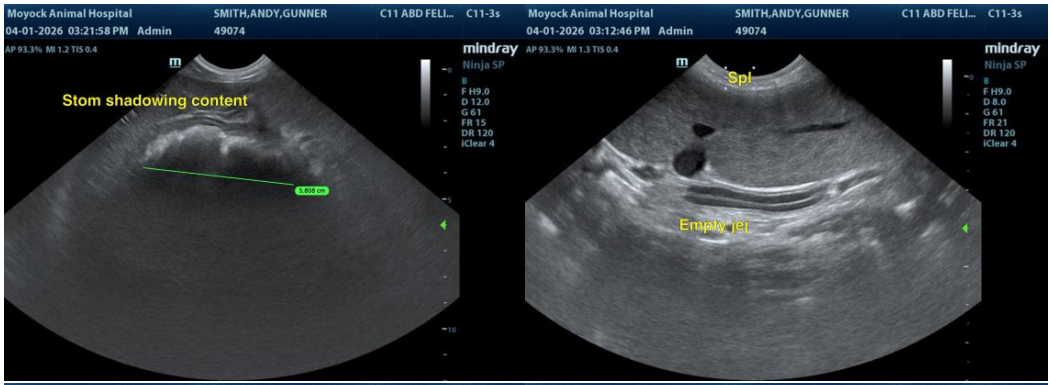
Tracy Eure

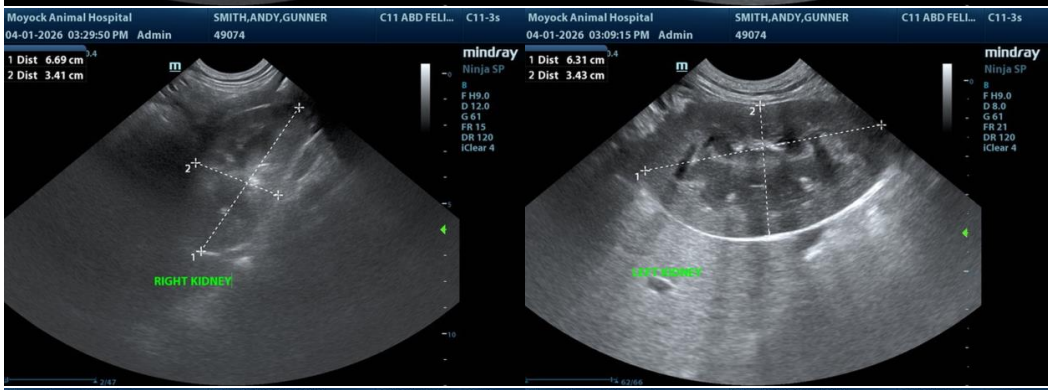
**INVOICE**

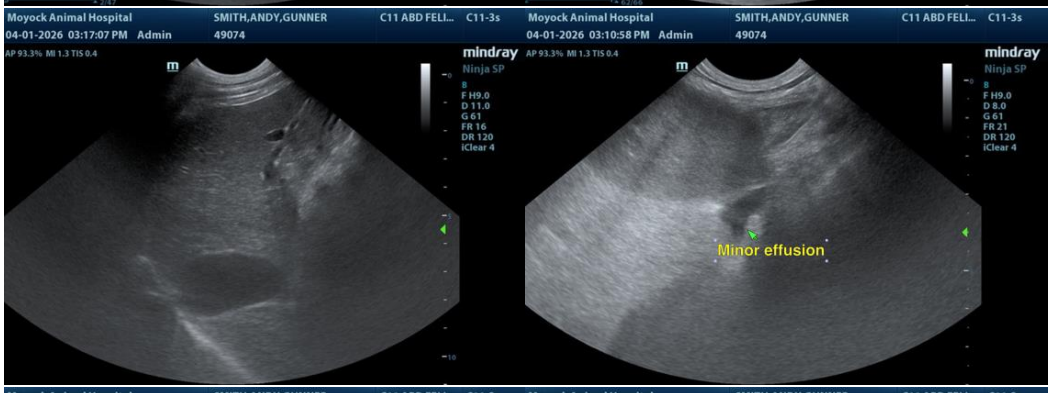
10746

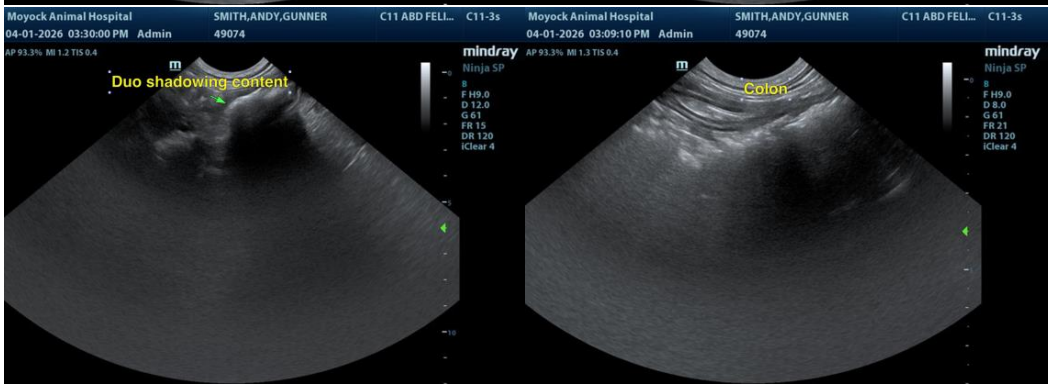
**DATE**

4/1/26

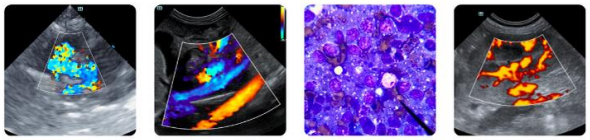


SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

**PATIENT**

Gunner Smith

**SPECIES**

Canine

**BREED**

German Shorthaired Pointer

**SEX**

MN

**AGE**

3y, 8m

**WEIGHT**

52 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kari Cameron

**HOSPITAL NAME**

Moyock AH

**REFERRING VET**

Tracy Eure

**INVOICE**

10746

**DATE**

4/1/26

**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