



PATIENT

Chubbs Plempel

SPECIES

Canine

BREED

Pug Mix

SEX

Male

AGE

4 Years

WEIGHT

7.68 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Julia Kerr

INVOICE

15005

DATE

04/10/26

PRESENTING CLINICAL SIGNS

P initially seen on 4/8 for hematochezia. P was adopted by owner just 2 days prior (from a neighbor). New owner was told P is up to date on vaccines. No other prior health records available to owner. P had ingested about a 4 inch in length pedigree dental chew (P has had before). P did eat well on 4/7. P treated as outpatient with SQ fluids, Cerenia SQ, methadone IM. P sent home with proviable paste, proviable capsules, Cerenia tablets, owner to start famotidine, bland diet. *P represented today 4/10 for worsening hematochezia. P has been eating small amounts of bland diet. P did not eat today. Nausea noted today. P painful. *concern for worsening AHDS, gi FB, pancreatitis, other

PE: dull, depressed; severe pain 4/4, hunched over and straining noted; tense and reactive to abd palpation; MM tacky 4/8: Liver Panel WNL; EPOC WNL Abdominal Radiographs: empty stomach, no overt obstructive pattern or foreign body, Soft stools in the colon. Vcheck CPL 163.2 Normal 4/10: parvo negative cbc: neu 13.48 H, hct 39.2% epoc: pO2 56.7 H, pH 7.340 L chem: pending results

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 change were noted.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.2 cm in diameter.

Normal size and margination was 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 4.2 cm in length. The right kidney measured 4.6 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 0.57 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 0.53 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.



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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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild to moderate nonshadowing ingesta without signs of obstruction or foreign material. No evidence of obstruction to pyloric outflow. The pylorus wall measured 0.35 cm wall width.

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 ileus, obstruction or foreign material.

The colon walls presented intact yet mild thickened wall layering. Soft fecal matter and lumen gas was present in the colon lumen consistent with patient's history.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Colitis with generalized soft fecal matter.
- Sonographically normal gastrointestinal tract with nonshadowing gastric ingesta- consistent with food echogenicity.
- Normal area of the pancreas.

Secondary Findings

- Minor nonorganized gallbladder debris.
- Mild benign prostatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or gastroenterocolic foreign material. Correlation with most recent meal ingestion is recommended. If documented NPO, non-obstructive or metabolic gastric stasis given presence of gastric ingesta is suspected. Definitive area of abdominal pain was not obvious. Mild pancreatitis at times may present sonographically normal.

A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and cortisol level are recommended. Correlation with pending chemistry panel is



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recommended. Gastrointestinal support, empirical therapy for nonspecific colitis with clinical monitoring and sonographic reassessment if continued or progressive gastrointestinal signs is recommended.

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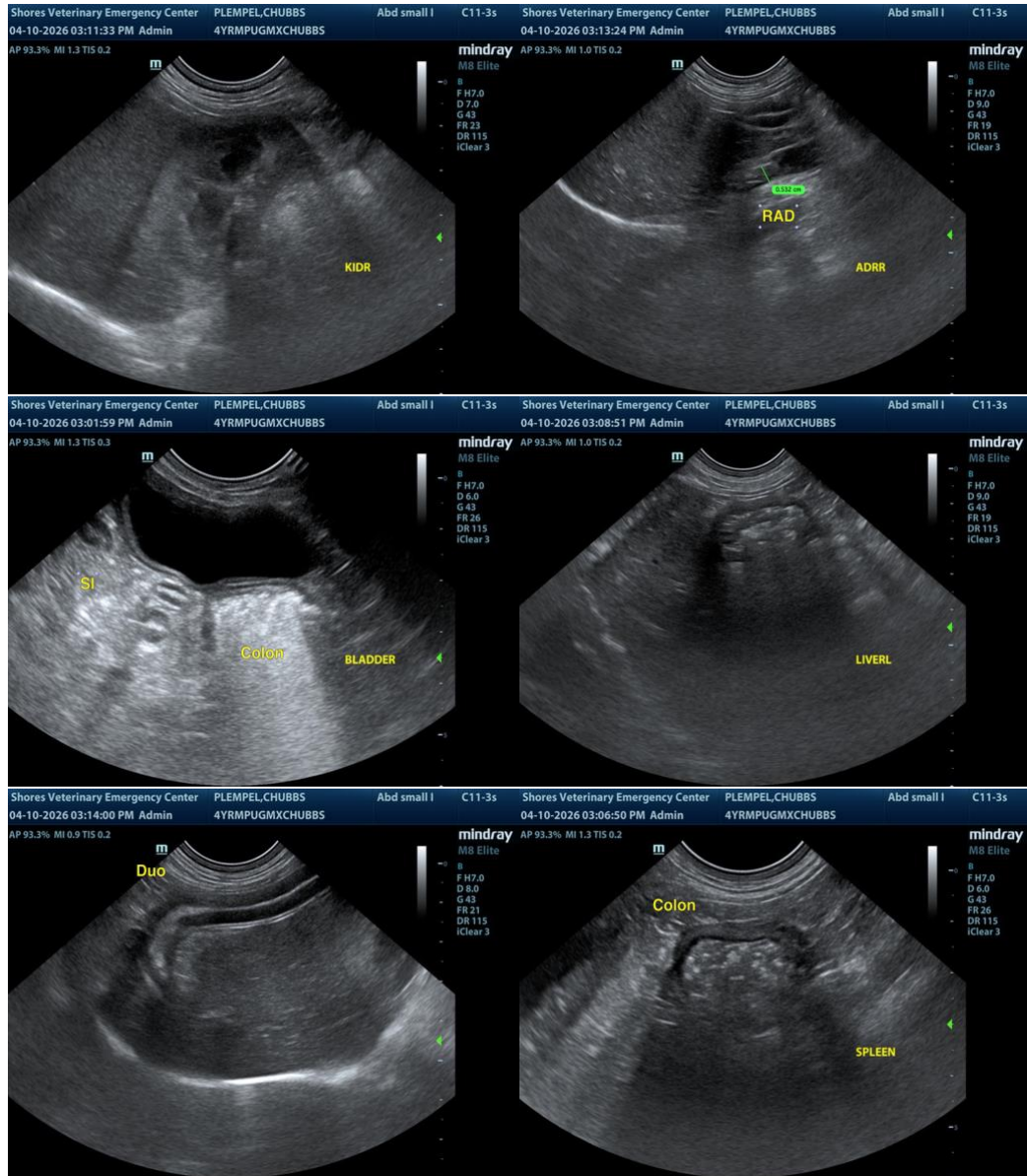
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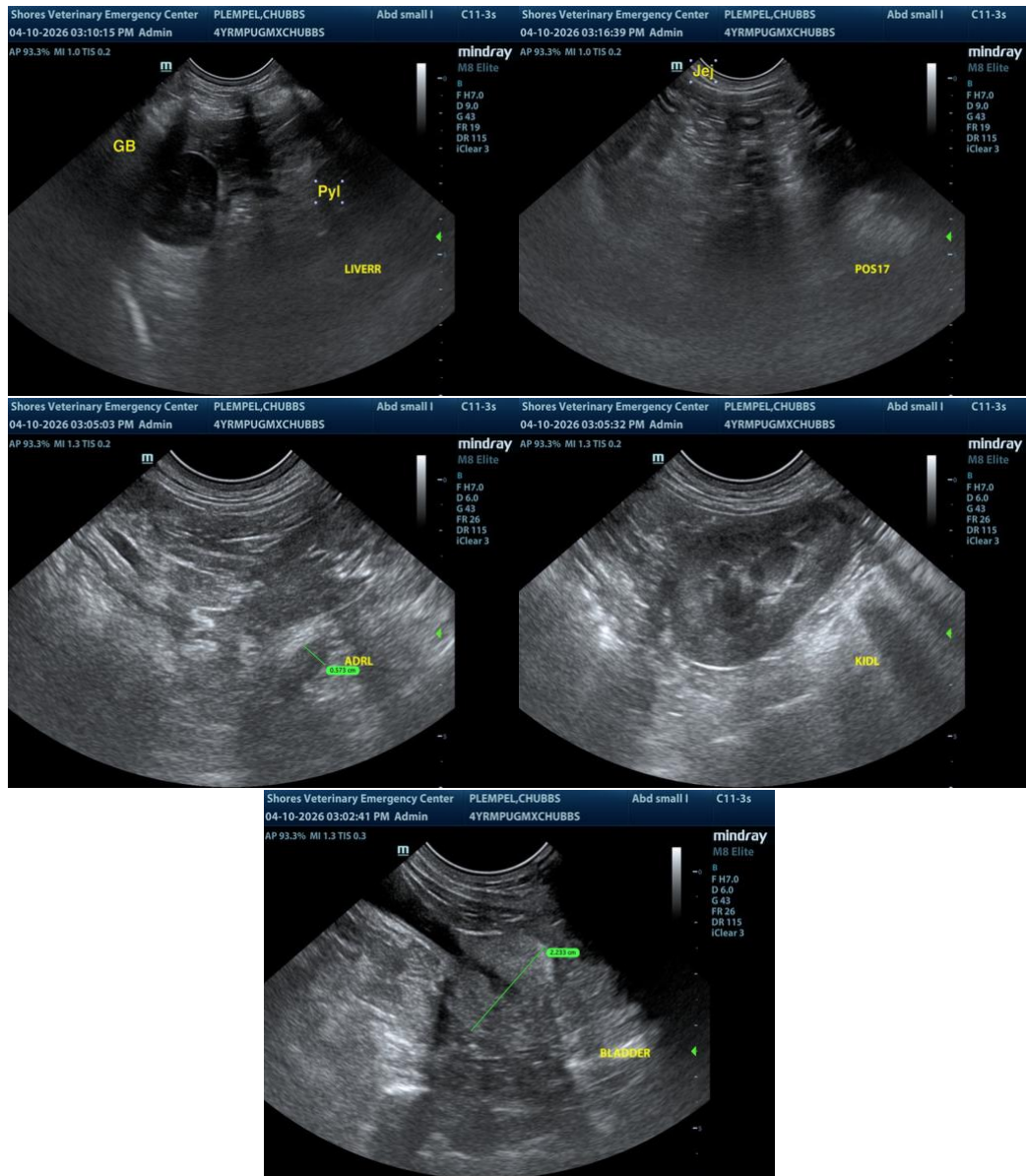
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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