



PATIENT

Monte Moatz

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

7 Years

WEIGHT

23.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Kimberly Davidson

INVOICE

15009

DATE

04/10/26

PRESENTING CLINICAL SIGNS

Previous hx of acid reflux, treated with prevacid. dx pancreatitis yesterday. Began OP treatment.

Abnormal PE/Chem/CBC/UA Results: multiple regurgitations during exam/care - tense and painful on abdominal palpations - tacky MM rDVM 4/9: CBC: HCT 61 (H), HGB 22.3 (H), MCV 74 (H), MCH 26.7 (H), Retic 120.9 (H), NEU 12.7 (H), EOS 0.03 (L), MPV 14.2 (H), PDW 8.2 (H) Chem: Amylase >2500, Lipase 5862 (H)

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 residual prostate appeared normal and free of pathology.

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 6.6 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The area of the left and right adrenal glands were free of pathology.

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

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

Gastrointestinal

The stomach was significantly distended with retained anechoic fluid. Overtly normal intact visible stomach wall.

The small intestine presented with moderate generalized duodenal distention with fluid exhibiting oral/aboral fluid movement to the level of the duodenal flexure. Indistinct yet suspicious shadowing



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intestinal content in the area of the duodenal flexure as well as the right cranial abdomen was present. Concurrent empty intestinal segments suspect distal to the fluid dilated duodenum and suspicious shadowing intestinal content in the right cranial abdomen to the level of the colon.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt visualized significant omental lymphadenopathy or peritoneal effusion was present.

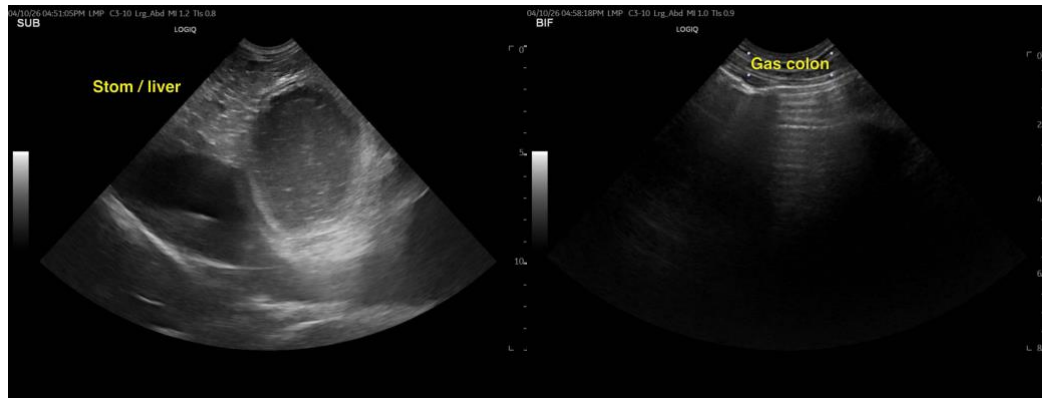
ULTRASONOGRAPHIC FINDINGS

- Suspicious shadowing intestinal content subjective level of the duodenal flexure and right cranial abdomen with obstructive gastroduodenal pattern.
- Primarily empty small intestine likely distal.
- Mild heterogeneous pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant or active pancreatitis. The shadowing content is suspected to be just distal to the duodenum within the right cranial abdomen and highly suggest foreign material in combination with obstructive gastroduodenal pattern.

Exploratory laparotomy with gross inspection of the gastrointestinal tract with expectation toward probable enterotomy +/- intestinal or pancreatic biopsies regardless of exploratory findings is recommended.





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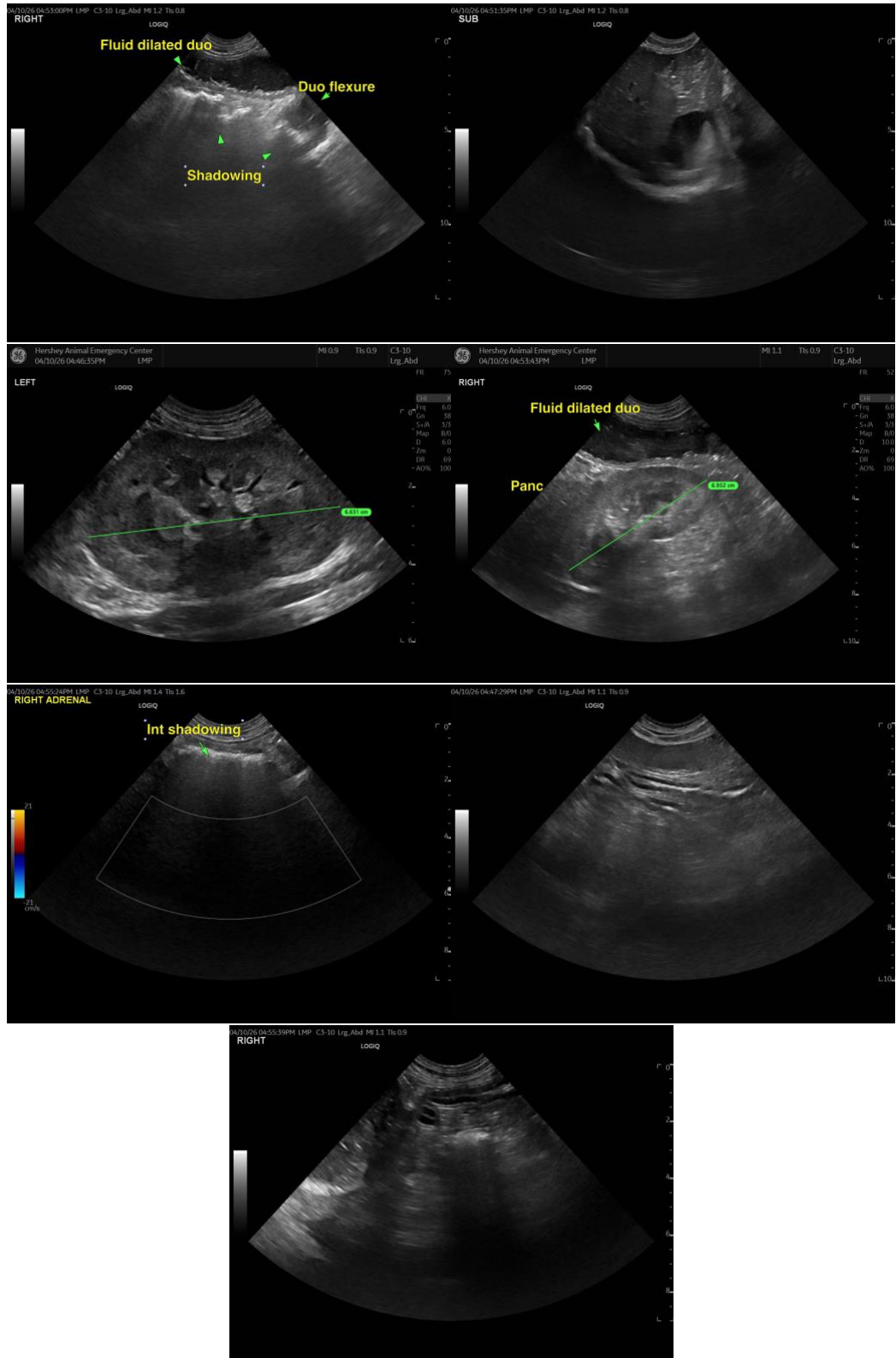
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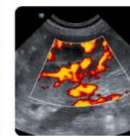
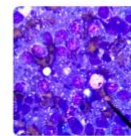
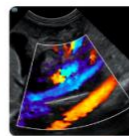
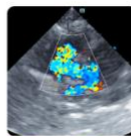
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com