



PATIENT

Hank Klemick

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

10.5yr

WEIGHT

15.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Brian G'Sullivan

INVOICE

22465

DATE

04/11/2026

PRESENTING CLINICAL SIGNS

*P initially presented on 4/8 for vomiting and being ADR. One week prior to 4/8 P was chewing on a shag rug; P then had vomiting with pieces of rug in the vomit. P had nausea and was restless. P also has prior history of gastritis, hematemesis. P prior imaging concern for gastric thickening. P medications omeprazole, ondansetron, and apoquel. P is on a hydrolyzed diet. P 4/8 was treated on outpatient basis with SQ fluids and cerenia injection. P rx'd sucralfate and emeprev; O to offer bland diet.

*P presented today 4/11 for vomiting two times and having significant diarrhea. P did eat well this morning before seen at Shores. admitted for supportive care: NG tube placed, iv fluids, famotidine, and pantoprazole.

*concern for ileus, pancreatitis, colitis, partial obstruction, functional obstruction, other
Abnormal PE/Chem/CBC/UA Results: PE: dull, depressed; pain 2/4; reactive to cranial abd palpation 4/8: CBC Slight leukopenia (WBC 4.95); Chemistry: Normal; EPOC: Normal CPL: 398 suspected 4/8 rads: Small amount ingesta in stomach, curvilinear SI with mild fluid distension/accumulation (appearance of possible segmental ileus). Formed stool in descending colon. No obvious FB/obstruction, free fluid or masses appreciated. Remainder abd organs appear WNL 4/11 rads: more gas in jejunum, still food in stomach despite vomiting today, aerophagia 4/11 epoc: anion gap 24 H, BUN 28 H, hct 56% H

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

The residual prostate appeared normal and free of pathology

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 0.53 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 0.52 cm width at the caudal pole. The right adrenal gland was indistinctly visualized, overtly normal in size, position, and shape. The right adrenal gland measured subjectively 0.45 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



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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 moderately distended with retained fluid. A small amount of hyperechoic progressively shadowing ingesta or content was present, primarily in the area of the pylorus and pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental non-obstructive intestinal ileus was present.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate fluid distended stomach with retained variable shadowing pyloric outflow content
- Mild segmental small intestine ileus - no obvious intestine obstruction
- Normal area of pancreas

Secondary

- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of gastric fluid distention with variable shadowing pyloric content is strongly suggestive of at least partial pyloric outflow obstruction secondary to partial fluid absorbing material ie carpet, fabric or similar. Recheck ultrasound given time frame between ultrasound and interpretation is recommended. If persistent, laparotomy with gastrotomy and inspection of the small intestine is recommended.



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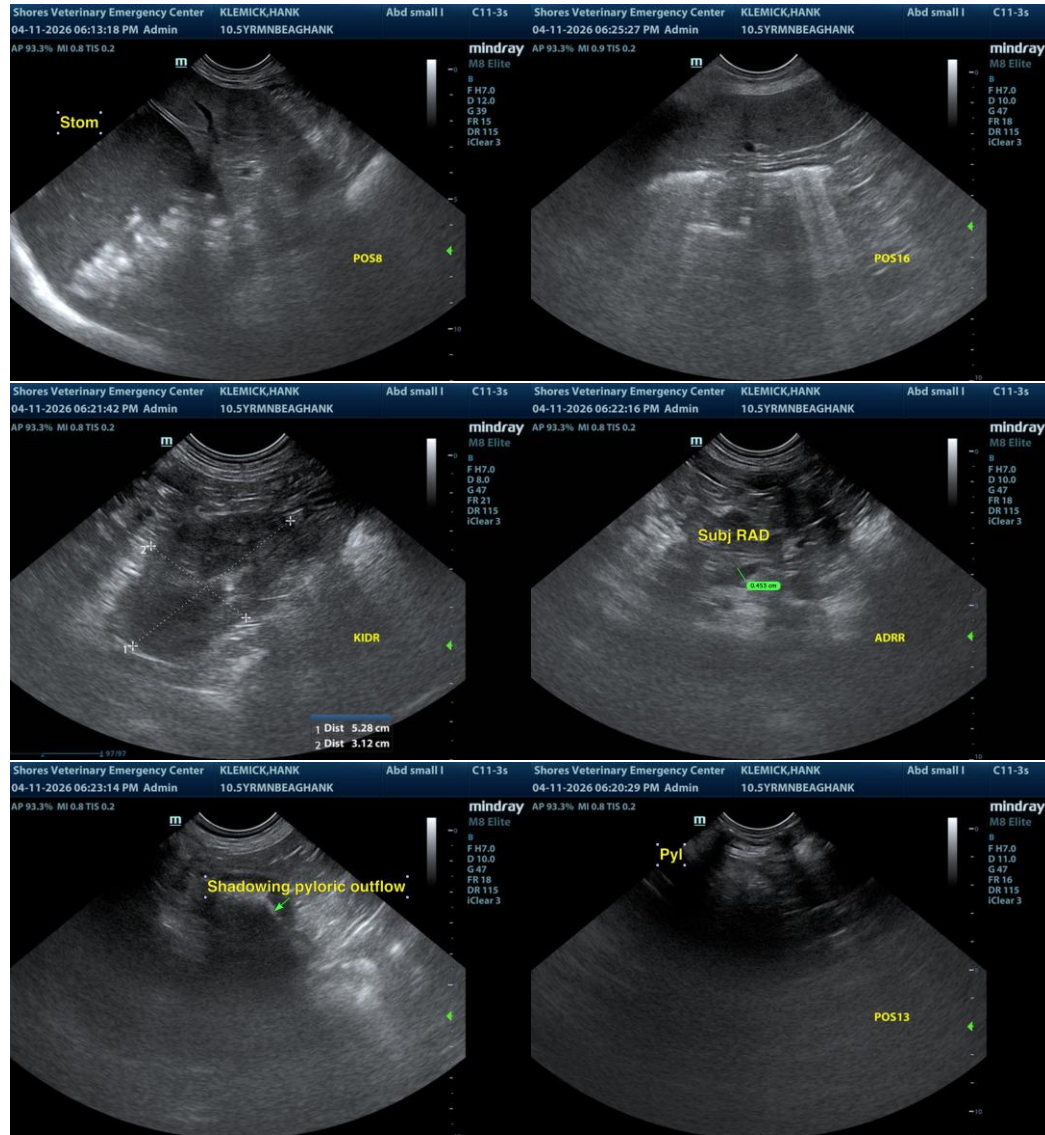
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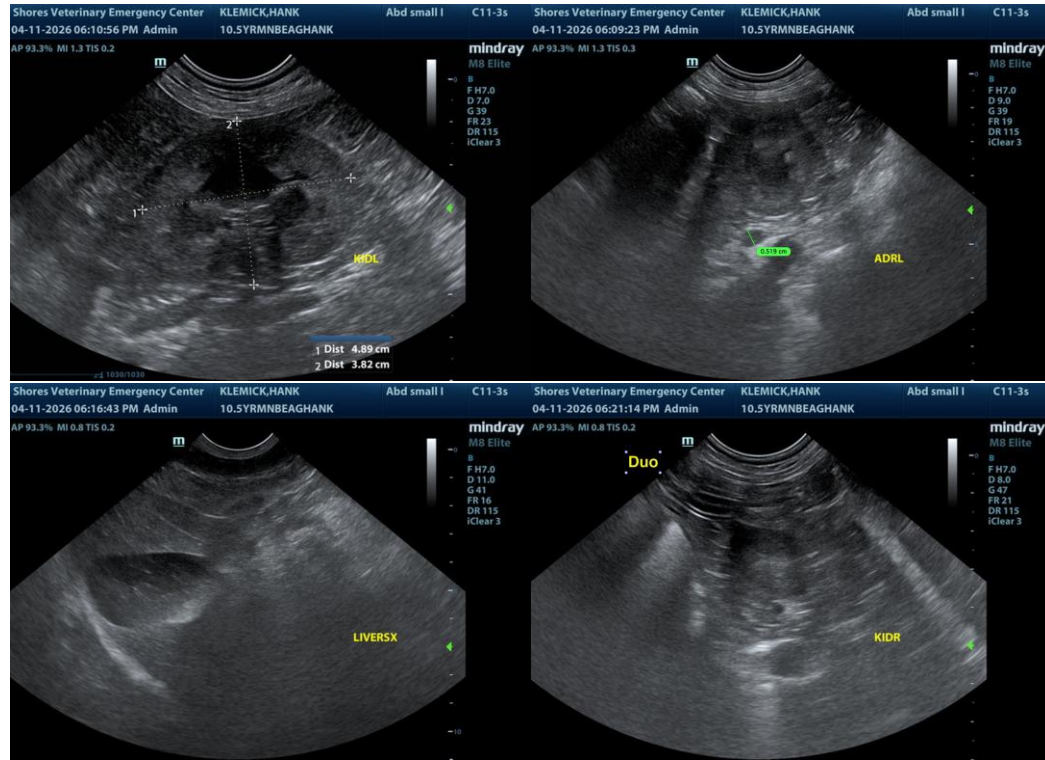
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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