



PATIENT

Nana Lie

SPECIES

Canine

BREED

Labrador Retriever

SEX

F

AGE

6mo

WEIGHT

17kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Moataz Galal

INVOICE

24471

DATE

04/12/2026

PRESENTING CLINICAL SIGNS

Presented for acute vomiting.

Starting thursday, P had V+ up all of her food around 5am. Ate breakfast, all came up. Had some dinner, all came up again.

On Friday, BM gradually became more liquid/runny, until complete liquid.

Friday and saturday(V+ some more). Tried giving food again w/ probiotics and soften the food. V+ back up.

Has been very lethargic friday and thursday.

Abnormal PE/Chem/CBC/UA Results: Rads trend submitted to radiologist: "- A small gastric foreign body is identified. While it is unlikely to be the sole cause of the clinical signs, it may be contributing to gastroenteritis. Gastric stasis and gastric delayed emptying are considerations. A portion of distended bowel and foreign material is observed; however, given the location, it cannot be differentiated from the colon. A definitive small intestinal mechanical obstruction and/or obstructive foreign material are not identified." BW unremarkable.

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.

No evidence of pathology in the area of the uterus or bilateral ovaries.

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 6.1 cm in length. The right kidney measured 6.4 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 0.4 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 0.59 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.

Liver/Gallbladder



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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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly prominent wall layering with mildly prominent rugal folds. The stomach contained retained fluid and a strongly shadowing lumen echo appearing to extend into the pyloric outflow. The stomach echo measured 5-6 cm in diameter.

The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Primarily empty intestinal lumen with mild segmental ileus and retained fluid. Concurrent similar appearing strongly shadowing jejunal echo to possible echoes.

Normal visible colon wall layers were present with shadowing feces in 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 was evident.

Free Abdomen

No visualized overt lymphadenopathy or peritoneal effusion was present.

Subtle peri-intestinal hyperechoic omentum was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastric and small intestinal foreign material with retained gastric fluid
- Possible passed foreign material in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gastrotomy and enterotomy or potential enterotomies is recommended. Ovariohysterectomy may be considered at time of surgery if not previously done or if patient is not intended for breeding.



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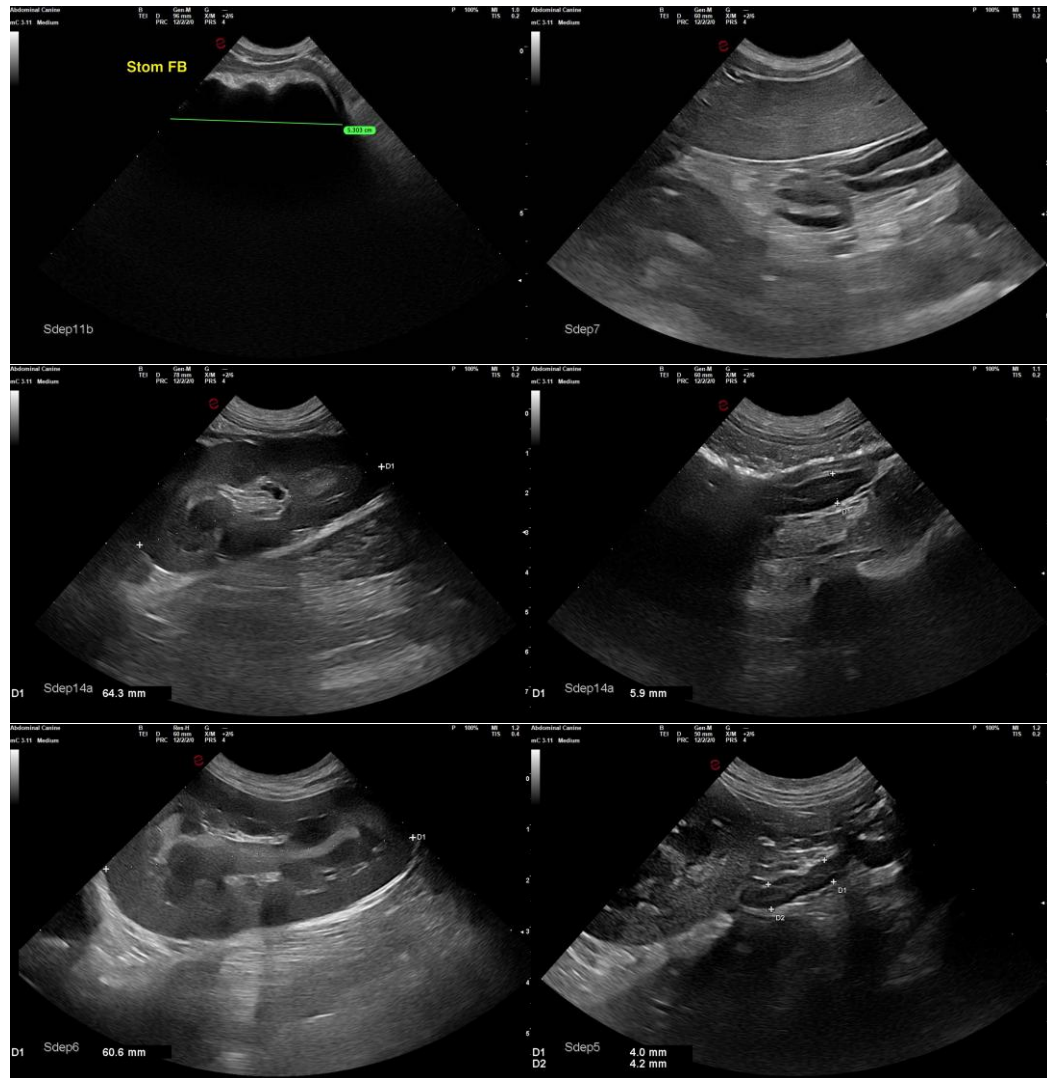
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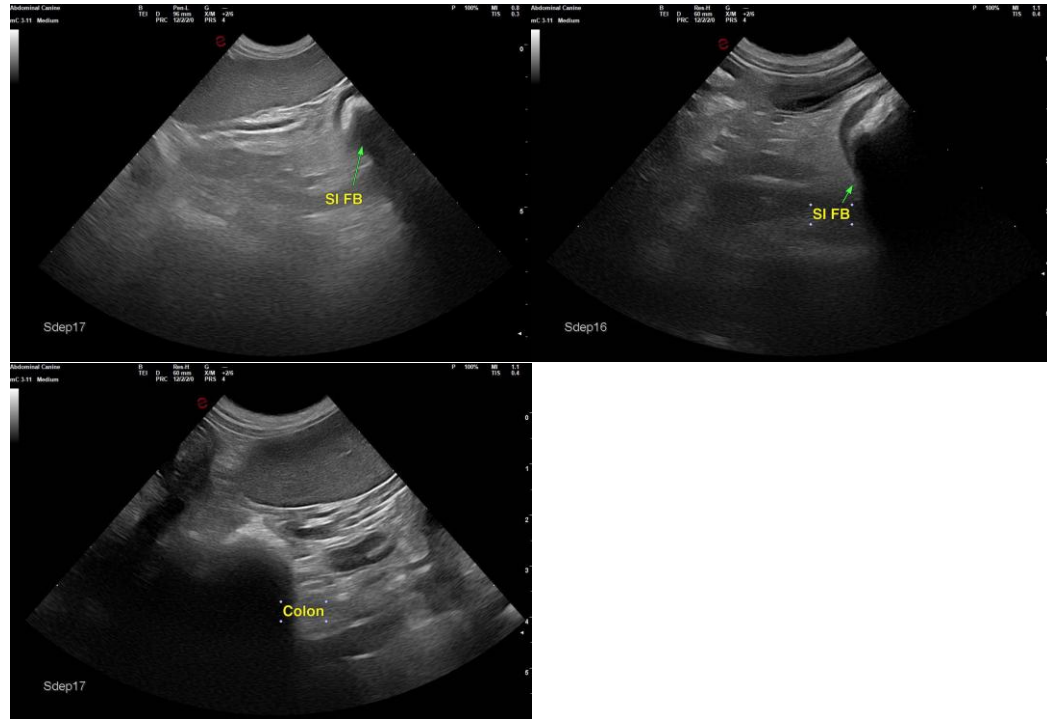
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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