



PATIENT

Jed Dyl

PRESENTING CLINICAL SIGNS

Pet is having vomiting x 3 days after eating pet got Cerenia while in the hospital went home drank water and vomited it up after. radiographs and blood done today.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Bloodwork pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Mixed

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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

MN

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 6.0 cm in length. The right kidney measured 6.4 cm in length.

AGE

7yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

66

Adrenal Glands

The left adrenal gland was not definitively visualized, no overt pathology in the area of the left adrenal gland. The right adrenal gland subjectively exhibited potential for subnormal size although indistinctly visualized. The right adrenal gland subjectively measured 0.39 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Marco Lichfield

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.

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr Sova

Gastrointestinal

The stomach presented intact mildly prominent stomach wall, exhibiting mild prominent rugal folds. The stomach contained mild retained anechoic fluid with a small amount of nonspecific hyperechoic non-shadowing ingesta and mild gas.

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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 mechanical/metabolic ileus, obstruction or foreign material.



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

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Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

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

Mixed

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

- Mild hypomotile gastritis pattern with retained fluid and mild nonspecific hyperechoic ingesta
- Normal empty small intestine
- Normal area of pancreas
- Indistinctly visualized subnormal adrenal glands

MN

AGE

7yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

No overt mechanical gastrointestinal obstructive pattern. The small amount of hyperechoic gastric ingesta does not appear to be obstructive yet is nonspecific. Empirical therapy for hypomotile gastritis with clinical monitoring and sonographic reassessment of the gastric interior if persistent vomiting is recommended.

66

INTERPRETED BY

Correlation with pending lab work to assess for underlying metabolic disease is suggested. Screening cortisol level to rule out occult disease is recommended. Upper gastrointestinal endoscopy, if available, could be considered for further assessment of the gastric interior and potential for biopsies.

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(Canine and Feline)

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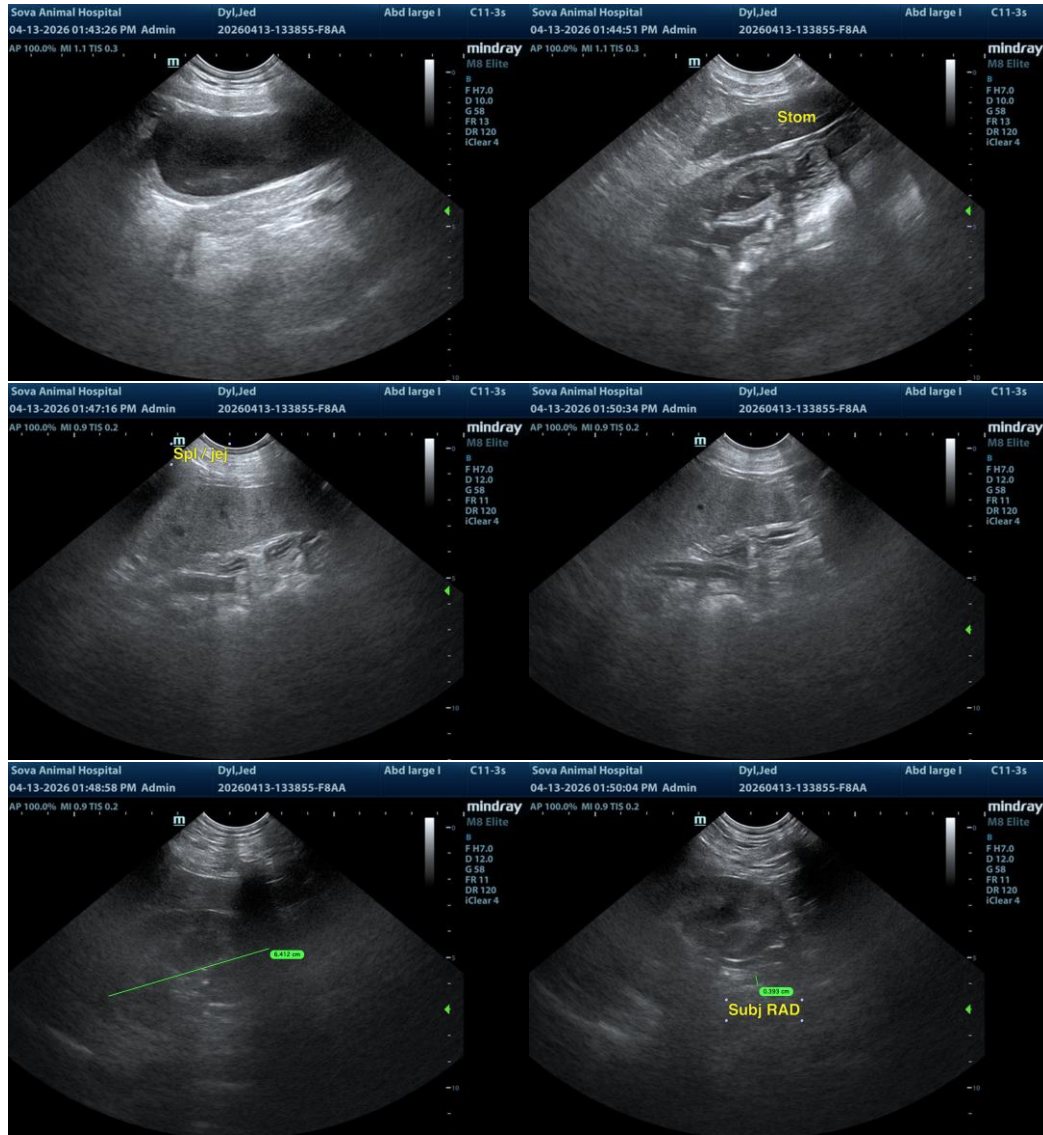
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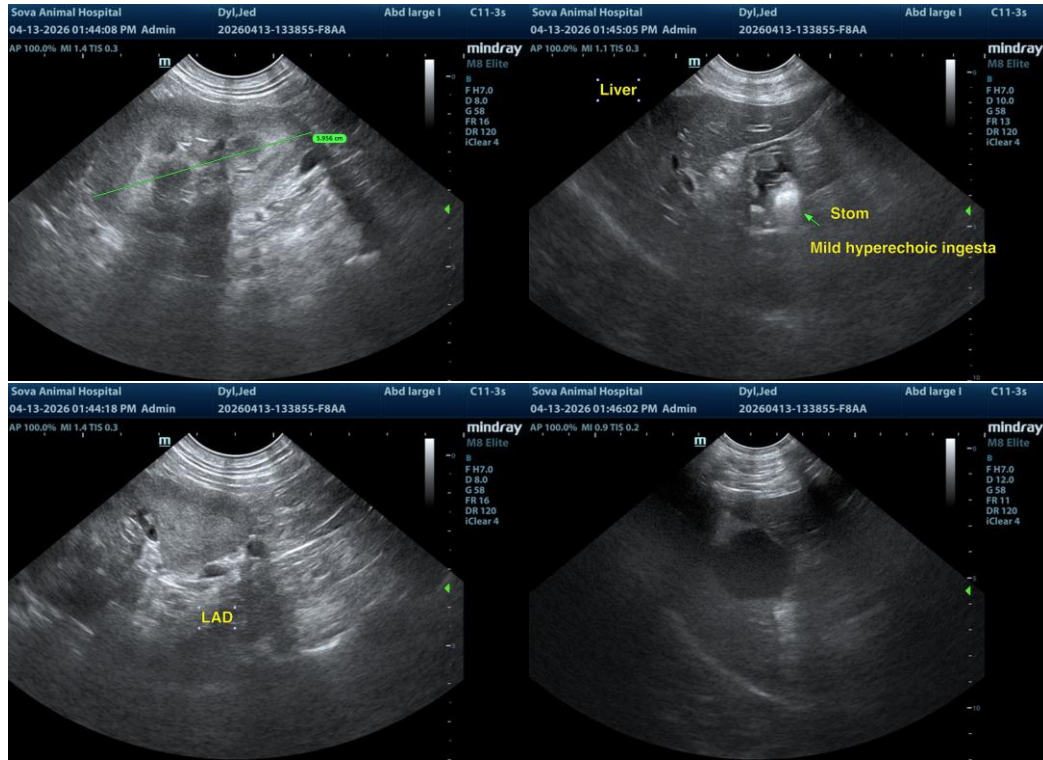
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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