



PATIENT

Kenji Morales

SPECIES

Canine

BREED

Akita Mix

SEX

MN

AGE

15yr

WEIGHT

36.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr Shelby Young

INVOICE 24559

DATE
04/22/2026

PRESENTING CLINICAL SIGNS

Repeated vomiting overnight 4/20/26. Anorexic since. See on 4/20, 3 view radiographs & AFAST done - stagnant GI, mildly dilated intestines throughout entire GIT, no foreign object or obstruction seen. Treated with supportive care: cerenia, SQF, and metoclopramide. Regurgiting overnight 4/21. Continued inappetence. PE: kyphosis, head hung low, very stiff gait, tachycardic (~140bpm), BV sounds clear bilaterally, no tensing on abdominal palpation. No diarrhea. Hyperemic sclera, MM hyperemic, CRT <2s

Current Medications: methocarbamol 500mg 1 tab PO BID, body sore herbal chinese supplement 2 cap PO AM 1 cap PO PM, cosequin EOD, ketamine SQ injection 0.5mg/kg every other week, fish oil supplements, gabapentin 100mg PRN (but makes pt sedate)

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): cbc/chem 17/lytes/panc lipase all wnl Radiographic Findings (if applicable): intestines diffusely and mildly dilated, gas in cecum, one population of intestinal gas dilation seen in L lateral dorsal to stomach, stomach empty, no mass effect, good serosal detail

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was normal in size and contour with mild heterogeneous parenchyma consistent with age-related change. Mild non-obstructive prostatic urethral dilation was present. Normal post-prostatic urethra structure and tone to a depth of 3.0 cm.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.68 cm width in the caudal pole. The right adrenal gland measured 0.79 cm width in the caudal pole.

Spleen

The spleen was normal in size with mild asymmetrical capsule contour and mild parenchyma heterogeneity. Focal to intermittent well demarcated non-capsule deforming hypoechoic splenic nodules were present, an example measured 1.4 cm in diameter.



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Liver/Gallbladder

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size primarily occupied by variably congealed to emerging organized bile debris. No evidence of peripheral gallbladder inflammation or wall edema was present.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate distension with retained fluid and mild non-shadowing chyme. No overt obstruction to pyloric outflow.

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A generalized ileus pattern is present without obstruction or foreign material. Concurrent segmental intestinal gas. Subjective mildly thickened cecum exhibiting indistinct cecal wall layer detail.

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Normal visible colon wall layers were present. The colon exhibited generalized distension containing primarily soft and non-formed fecal matter with areas of fecal shadowing in the descending colon.

Pancreas

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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.

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Free Abdomen

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Intermittent mildly enlarged non-homogenous to cystic mesenteric lymph nodes were present. No overt peritoneal effusion.

An example of a lymph node measured 4.1 cm x 1.4 cm.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Acute gastroenteropathy exhibiting generalized gastrointestinal ileus and segmental intestinal gas
- Subjective thickened cecum - possible typhlitis
- Distended colon with generalized soft /non-formed fecal matter and focal fecal shadowing
- Small splenic nodule- lymphoid hyperplasia or hematopoiesis favored, minor potential for emerging splenic neoplastic nodule
- Intermittent mild non-homogenous cystic mesenteric lymph nodes
- Hepatic parenchymal remodeling with immature gallbladder mucocele

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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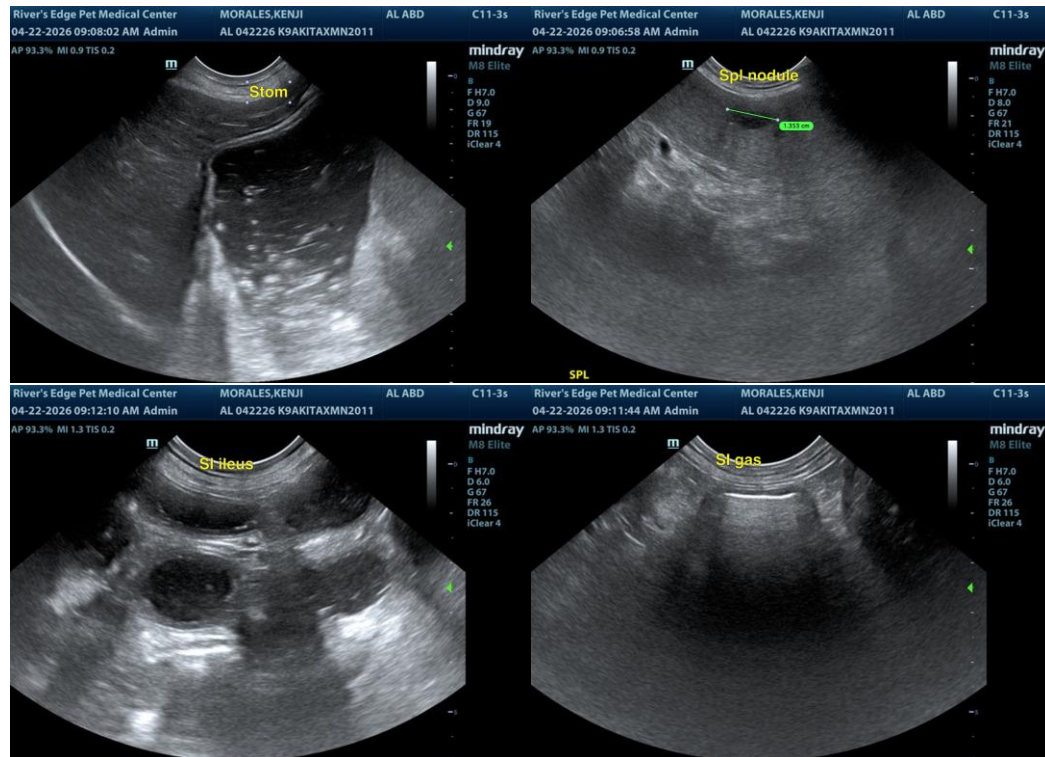
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Diffuse to significant metabolic gastrointestinal ileus secondary to acute gastroenteropathy potentially secondary to dietary indiscretion, infectious disease, enterotoxic insult, acute inflammatory bowel, typhlitis, mild pancreatitis or occult neoplasia all potentials. A definitive area of mechanical intestinal obstruction was not obvious and considered less likely yet not technically excluded given segmental intestinal gas artifact and focal shadowing fecal material. Continued gastrointestinal support over the next 18 to 24 hours with close clinical monitoring would be reasonable.

If non-responsive or progressive gastrointestinal signs and persistent gastrointestinal ileus, exploratory laparotomy with gross inspection of the gastrointestinal tract and with biopsies considered essential should be considered. Sonographic monitoring of the splenic nodule and gallbladder is recommended vs gross inspection if surgery is elected.





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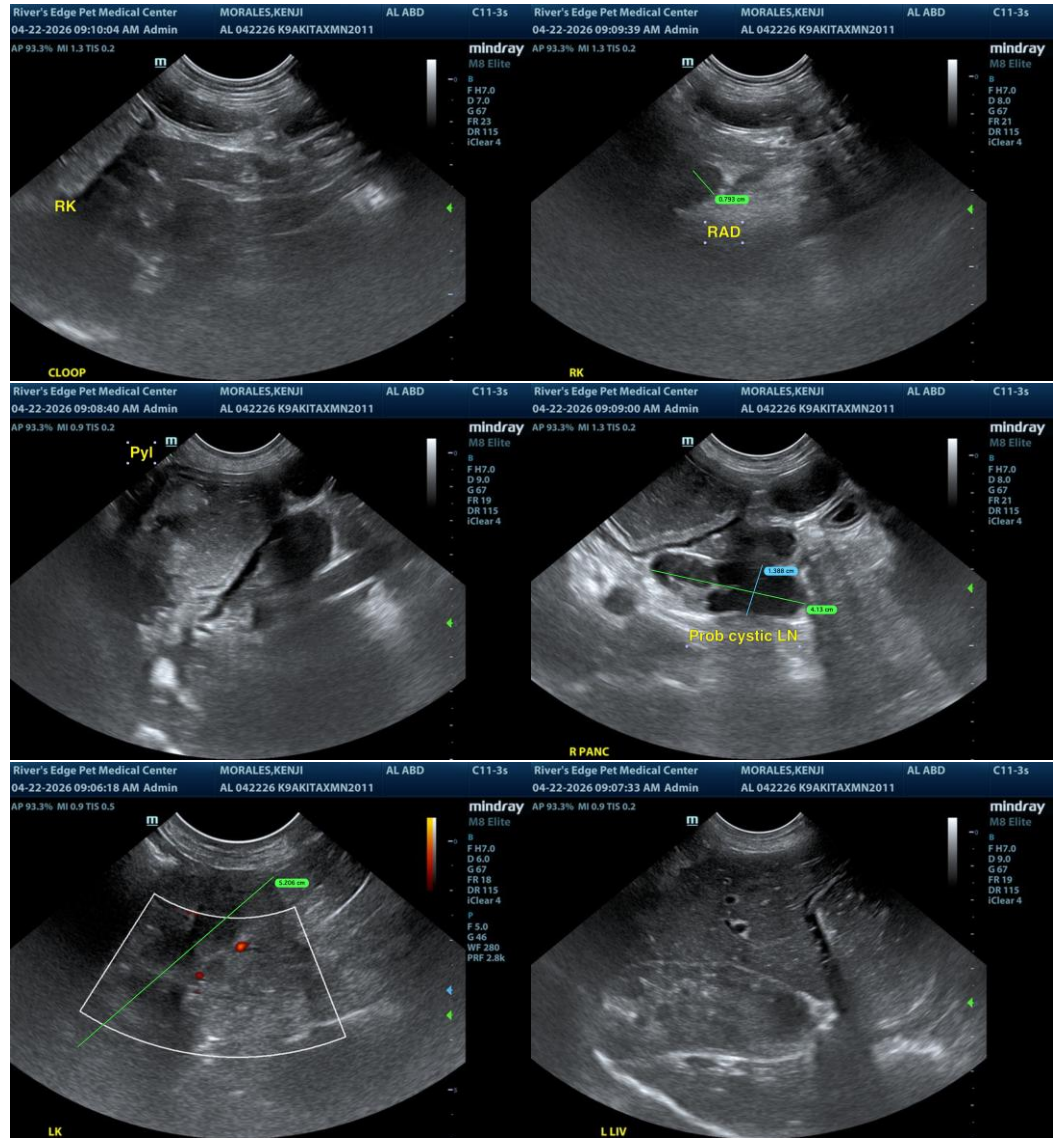
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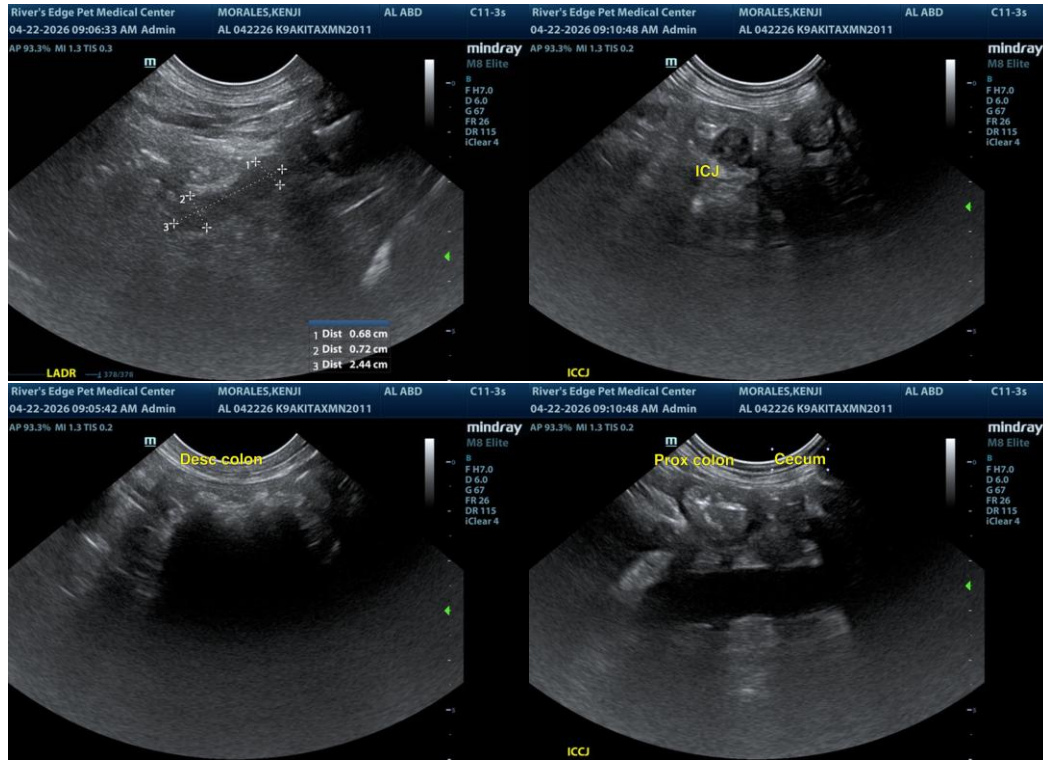
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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