



**PATIENT**

Gradey Chan

**SPECIES**

Canine

**BREED**

Goldne Retriever

**SEX**

MI

**AGE**

9mo

**WEIGHT**

22.3kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hamilton Region  
Veterinary Emergency  
Clinic

**REFERRING VET**

Ho

**INVOICE**

24630

**DATE**

04/27/2026

**PRESENTING CLINICAL SIGNS**

history of ingestion of foreign material (plastic & part of human shoe insole) about 3-4 days ago, plastic pieces in bowel movement, 1 episode of blood in stool, no diarrhea but intermittent softer bowel movements, evidence of abdominal discomfort at home, acute decreased appetite & vomiting this morning, demonstrated hematemesis in clinic. PE: 5% dehydration, tense abdomen, did not allow rectal exam.

Current Medications dexmedetomidine & methadone for IVC placement & sample collection, maropitant

**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.

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 6.8 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The left /right testicles were sonographically normal. The prostate exhibited expected size and presentation for a young intact male canine measuring 2.3 cm in diameter.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 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 0.53 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**

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.



**PATIENT** *Gastrointestinal*

Gradey Chan The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained gastric fluid with no signs of shadowing content, obstruction or foreign material.

**SPECIES**

Canine The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio to the level of the ileum. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. No evidence of obstructive pathology at the level of the ileocolic junction. Subjective intact mildly thickened ileum wall was present measuring ~ 0.45 cm in width.

**BREED**

Goldne Retriever The colon walls presented intact yet mild thickened wall layering. The colon was overall non-distended exhibiting segmental empty lumen with concurrent distal colon segmental semi-formed mildly shadowing fecal matter.

**SEX**

*Pancreas*

MI

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.

**AGE**

9mo

*Free Abdomen*

No evidence of peritoneal effusion was present.

**WEIGHT**

22.3kg

Intermittent mildly to variably prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.4 cm x 1.0 cm.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Overall empty gastrointestinal tract with segmental semi-formed to focally shadowing fecal matter in colon
- Probable mild ileocolitis
- Intermittent mild to variable mesenteric lymphadenopathy -suggestive of benign criteria such as reactive hyperplasia or mild lymphadenitis secondary to inflammatory gastroenterocolic episode

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of current gastrointestinal foreign material or obstructive pattern. Distal small intestine and colon inflammation with potential mild generalized gastroenterocolitis, secondary to dietary indiscretion or passed material potentially within the distal colon / colorectum is suspected. No evidence of gastrointestinal macroulceration although microulceration given reported hematemesis is possible.

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No indication for immediate surgical intervention. Gastrointestinal support and rehydration with clinical monitoring over the next 24-48 hours is recommended. Although considered less likely, screening cortisol level to rule out occult Addison's disease may be considered.

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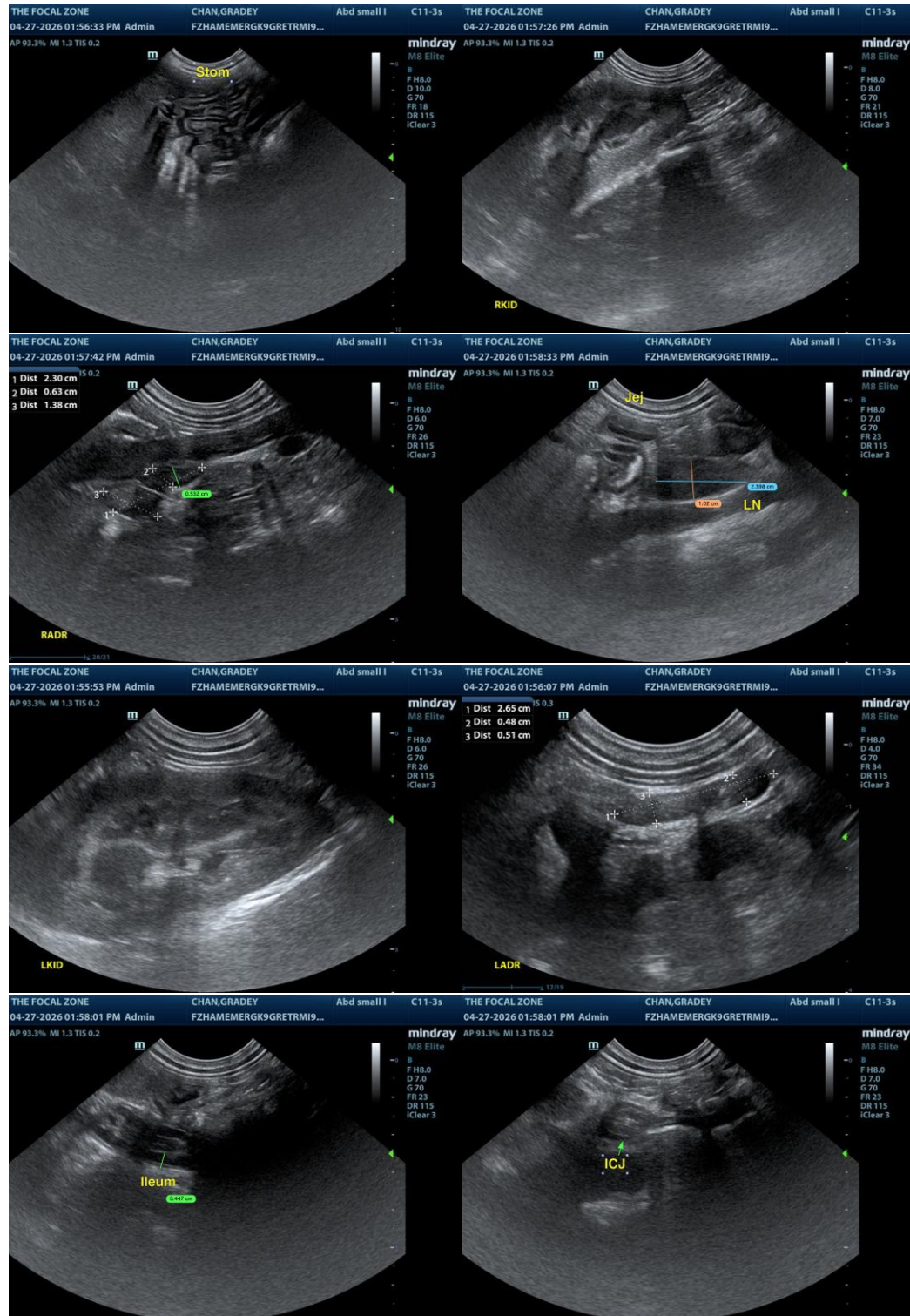
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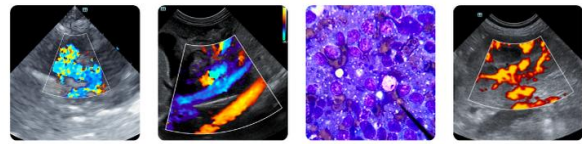
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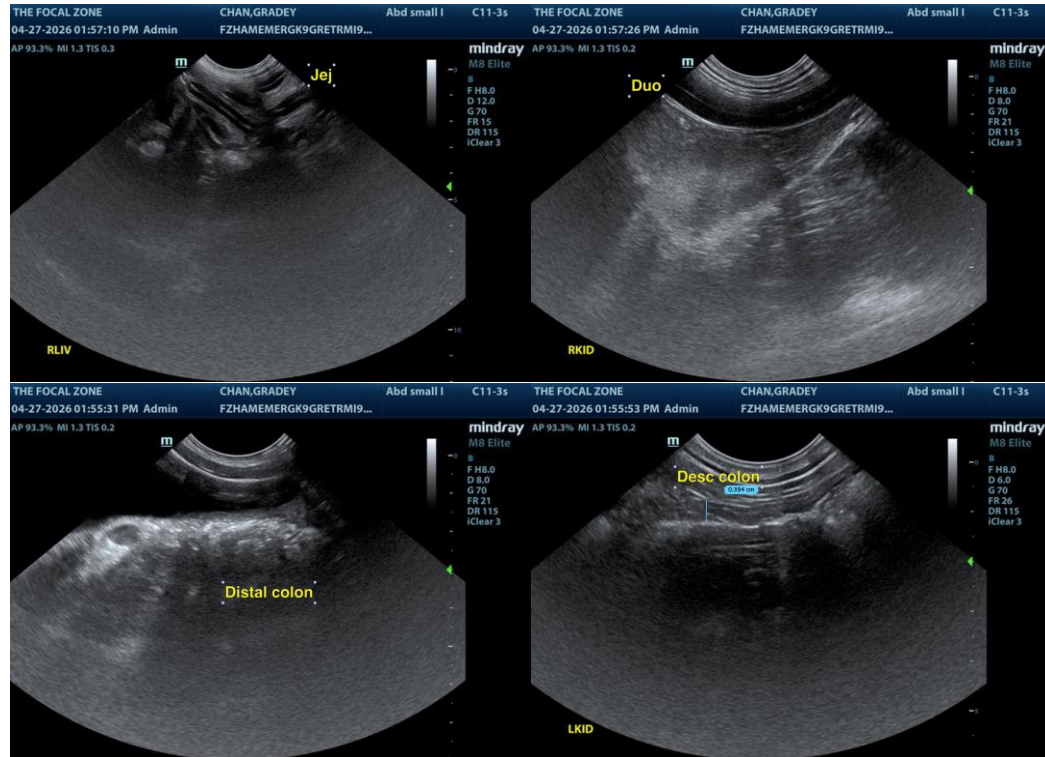
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)