



PATIENT

Zoe Delaportas

SPECIES

Canine

BREED

GoldenDoodle

SEX

FS

AGE

4yr

WEIGHT

44.3lb

PRESENTING CLINICAL SIGNS

- acute vomiting
- suspicious obstructive bowel pop on radiographs
- physical exam on remarkable
- radiograph show to populations of bow

Abnormal PE/Chem/CBC/UA Results: Pending

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 5.5 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 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 0.68 cm width at the caudal pole.

IMAGING PERFORMED BY

Chloe Lowe CVT

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.

HOSPITAL NAME

Andover Animal Hospital

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Dr Lawlor

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

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non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented mild thickened wall most notable in the area of the antrum and pylorus. Intact wall layering was maintained and distinct. The pylorus wall measured 0.57 cm width. The stomach contained a mild amount of anechoic fluid.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Empty small intestine lumen without mechanical/ metabolic ileus or shadowing content to the level of the colon with mild segmental intestinal gas.

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

SEX

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.

AGE

Free Abdomen

4yr

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

WEIGHT

ULTRASONOGRAPHIC FINDINGS

44.3lb

Primary

- Mild hypomotile gastritis pattern
- Sonographically normal empty small intestine
- Normal area of pancreas

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

No evidence of gastrointestinal mechanical obstruction or foreign material. Empirical therapy for gastritis or non-specific gastroenteritis should prove beneficial. Dietary indiscretion, infectious disease, non-structural to acute inflammatory bowel episode or mild pancreatitis which may present sonographically normal, all potentials.

IMAGING PERFORMED BY

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A GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol is warranted. Recheck sonogram is recommended if non-responsive or continued gastrointestinal signs. No indication for surgical intervention.

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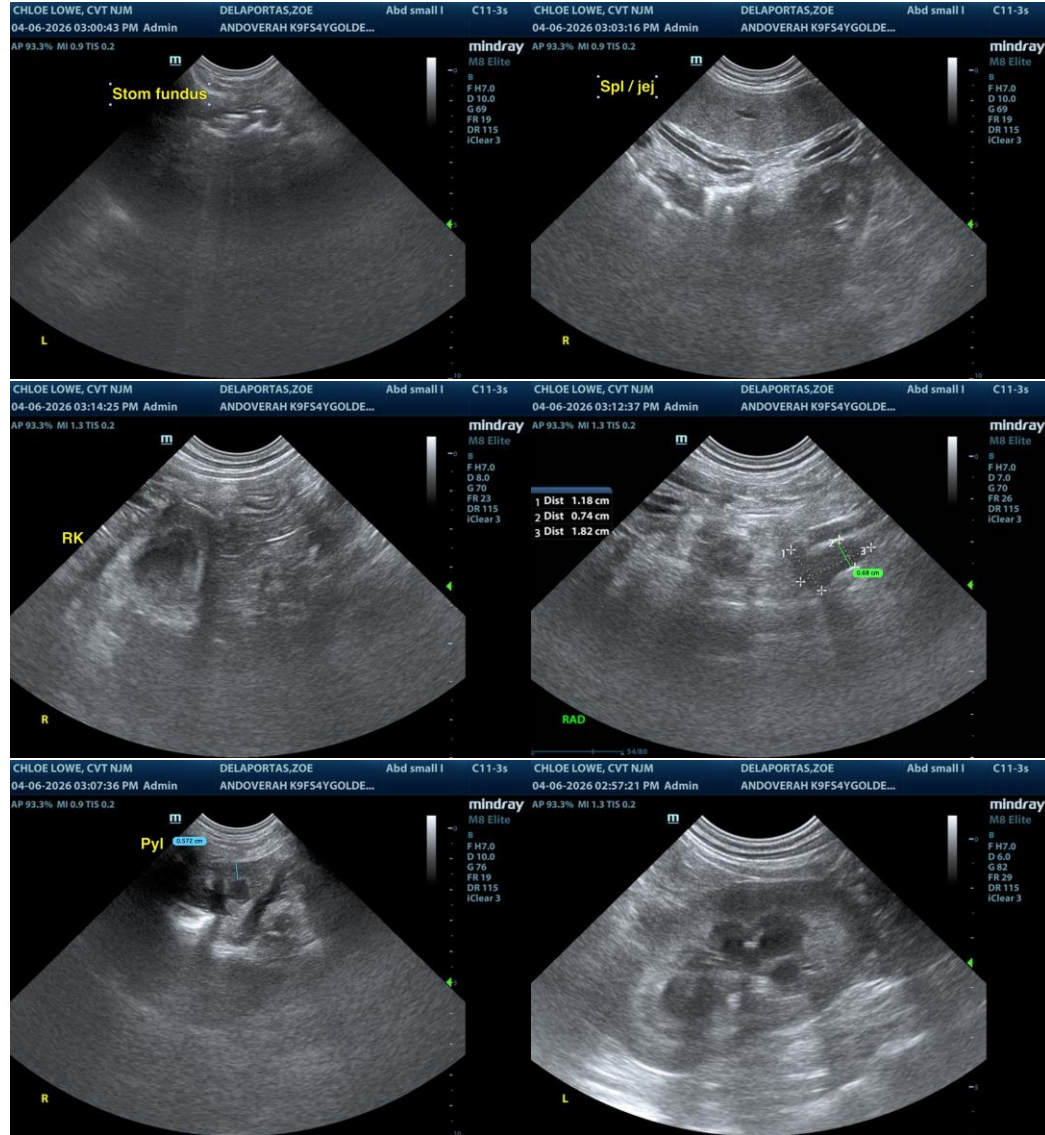
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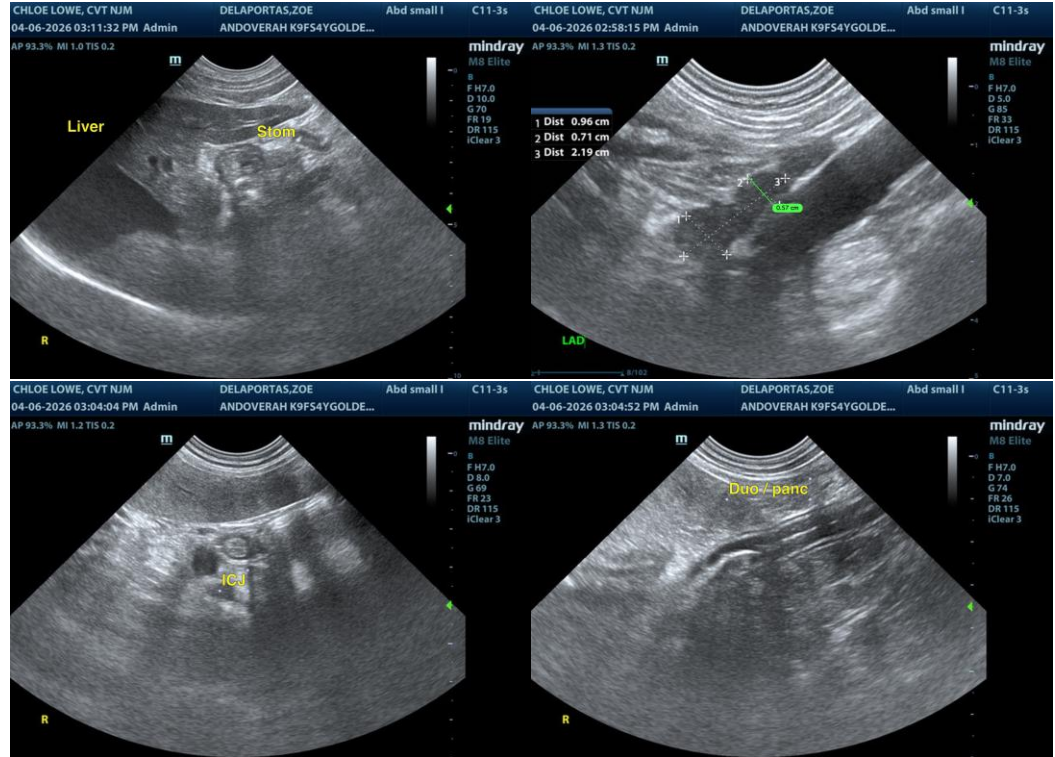
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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