



PATIENT

Ellie Millhollin

SPECIES

Canine

BREED

Labrador Retriever

PRESENTING CLINICAL SIGNS

Hx of ingesting cloth toy, owner has seen some pieces of toy in feces. Concern for FB obstruction. Patient has vomited once daily since Friday (5//8), roughly 7 hours after eating food, vomit is undigested food and bile. Concern for poss intermittent FB obstruction. Rads showed poss pyloric FB, empty small intestines with gas and soft, unformed feces in distal colon. Ultrasound to assess for FB and poss surgery.

ABNORMAL Labwork Values N/A

Current Medications Apoquel

Radiographic Findings Rads showed poss outflow obstruction in pylorus, empty small intestines with gas and soft unformed feces in distal colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

FS

AGE

5yr

WEIGHT

77.5lb

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.

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 6.5 cm in length. The right kidney measured 6.9 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 0.61 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 0.63 cm width at the caudal pole.

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany Animal
Hospital

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.

REFERRING VET

Dr Hunt

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.

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Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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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.

Normal visible colon wall layers were present. The colon was non-distended with formed fecal matter.

Pancreas

BREED

Labrador Retriever

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

SEX

FS

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

ULTRASONOGRAPHIC FINDINGS

AGE

5yr

Primary

- Empty gastrointestinal tract with formed fecal matter in colon
- Normal area of pancreas
- Normal adrenal glands

WEIGHT

77.5lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

No evidence of mechanical gastrointestinal obstruction or visualized obstructive vs non-obstructive foreign material. Potential for passed foreign material in the colon given patient history is possible. No indication for immediate surgical intervention. Mild non-specific gastroenteritis, potentially secondary to dietary indiscretion or persistent gastrointestinal irritation with potential gastritis possible given recurrent vomiting.

IMAGING PERFORMED BY

Sara Hansen

Gastrointestinal support which may include dietary therapy and gastroprotectants with clinical monitoring is indicated. Recheck sonogram if persistent gastrointestinal signs is recommended.

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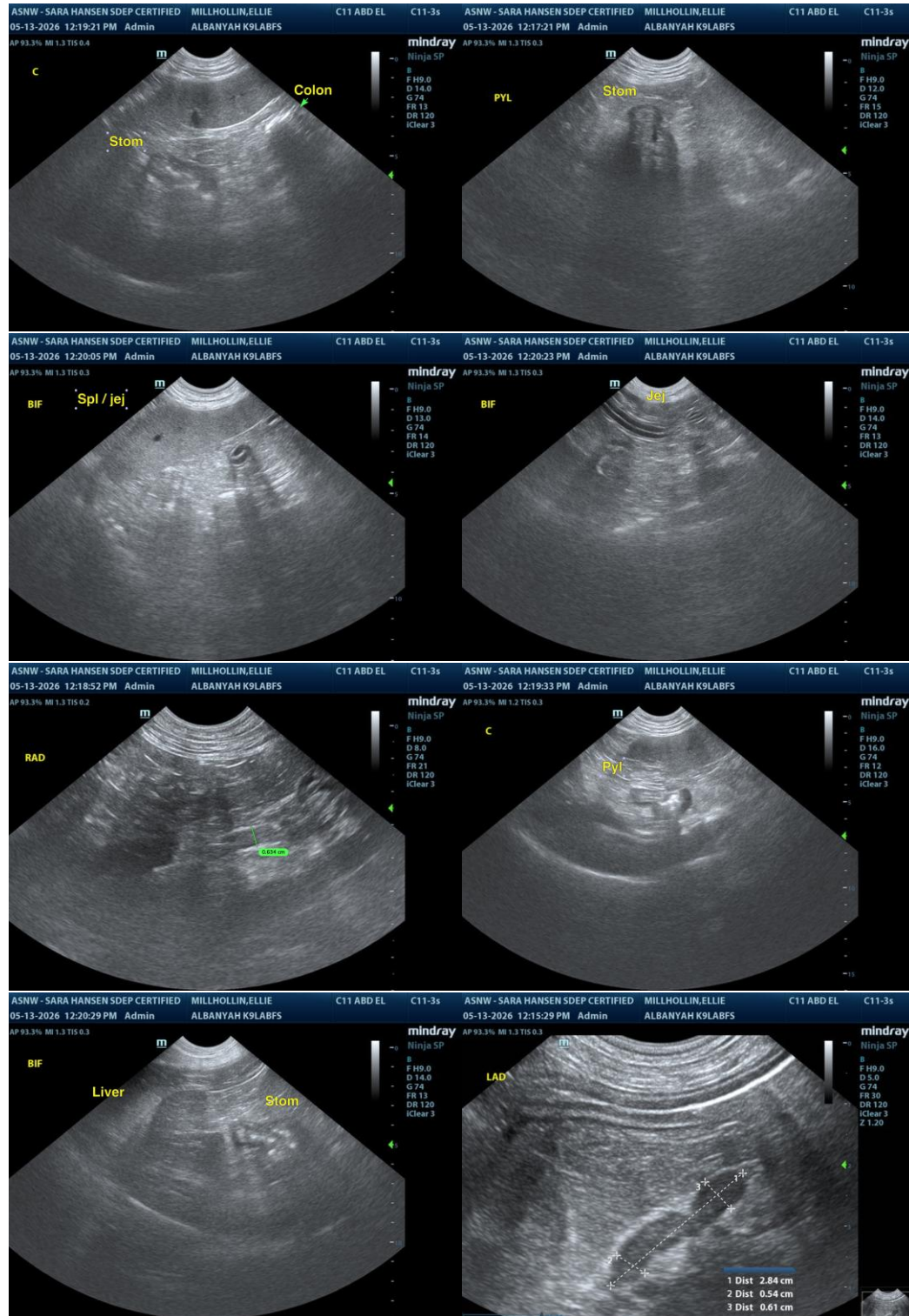
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Sara Hansen

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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