



PATIENT

Lily Bear Terhaar

SPECIES

Canine

BREED

Mixed Breed

SEX

FS

AGE

13.8lb

WEIGHT

61.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Sarah Green

INVOICE

24824

DATE

05/13/2026

PRESENTING CLINICAL SIGNS

Presented due to acute onset anorexia, diarrhea, pu/pd and lethargy following ingestion of cat food 5 days ago.

Abnormal PE/Chem/CBC/UA Results: watery diarrhea, dehydration and lethargy. Afebrile, appears nauseated, no vomiting. CBC, chem - WNL elevated cPL =654.2 (<200) ng/mL, UA - pyuria degenerate neutrophils, possible cocci, no hematuria

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 significant non-dependent particulate sediment along with significant dependent lumen hyperechoic to shadowing sand. 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 5.6 cm in length. The right kidney measured 6.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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 possible borderline to mildly enlarged in size with symmetrical contour and mild non-homogenous remodeled parenchyma with lobar biliary tree mineral. The gallbladder was non-distended in size with thin walls and mild to moderate, gravity-dependent mineralized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited mild to moderate distention with retained variably echogenic ingesta and fluid with progressive to strongly shadowing lumen echoes. An example of lumen echo measured ~ 1.8 cm in diameter.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Empty intestinal segments with concurrent mild segmental intestinal ileus and gas distention to the level of the colon.

The visualized colon exhibited overtly normal intact wall layering. The colon exhibited generalized distention with non-formed fecal matter.

Pancreas

The area of the pancreas was indistinctly visualized yet sonographically unremarkable.

Free Abdomen

Unspecified spherical non-homogenous mass mid to possible left abdomen measuring ~ 3.3 cm in diameter was present.

No obvious effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hypomotile stomach with retained non-shadowing ingesta / fluid and focally shadowing echoes
- Nonspecific enteritis pattern exhibiting segmental mild intestinal ileus and gas pattern
- Distended colon with non-formed fecal matter
- Sonographically unremarkable area of pancreas
- Subjective mild hepatomegaly with lobar biliary tree mineralization
- Non-obstructive gallbladder mineral / choleliths
- Bilateral chronic renal changes
- Significant non-dependent to dependent urinary bladder sediment / sand
- Unspecified small mid to lateral abdomen mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient history, dietary indiscretion with secondary gastroenterocolitis or enterotoxin insult with gastric and segmental intestinal hypomotility and gas distention possible. Potential for focal non-obstructive gastric or potentially passing intestinal foreign material not definitively excluded. Recommend 24 hour hospitalization with gastrointestinal support including IV fluids, 12 to 18 hour fast and sonographic reassessment of the gastrointestinal tract.

Urine C/S on sterile urine sample indicated. The small, unspecified mass may indicate non-homogenous lymphadenopathy although unspecified neoplasia such as left adrenal mass given PU/PD not excluded. Adrenal screening and assessment of systemic BP for evidence of hypertension with sonographic reassessment of the mass is recommended.



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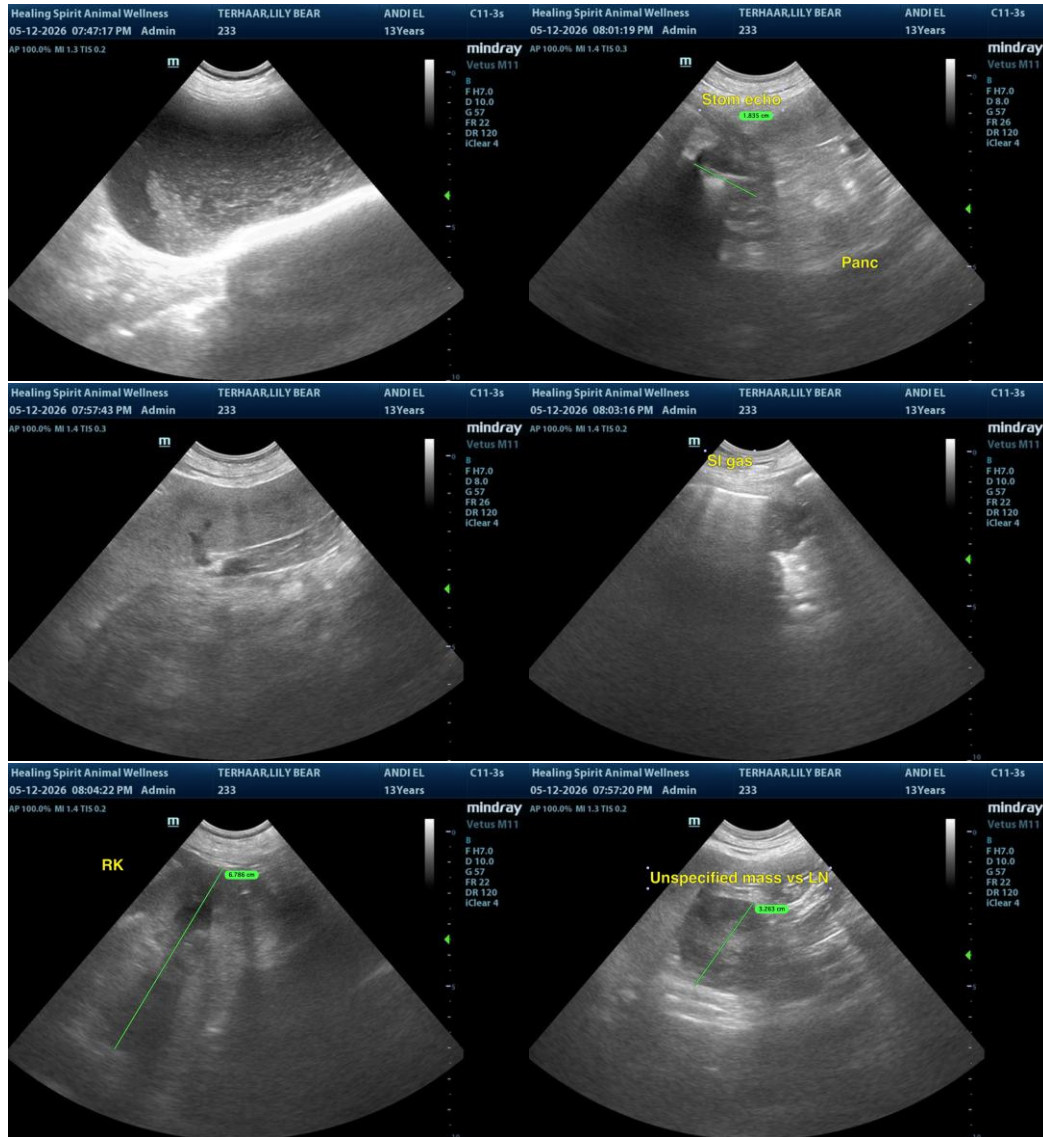
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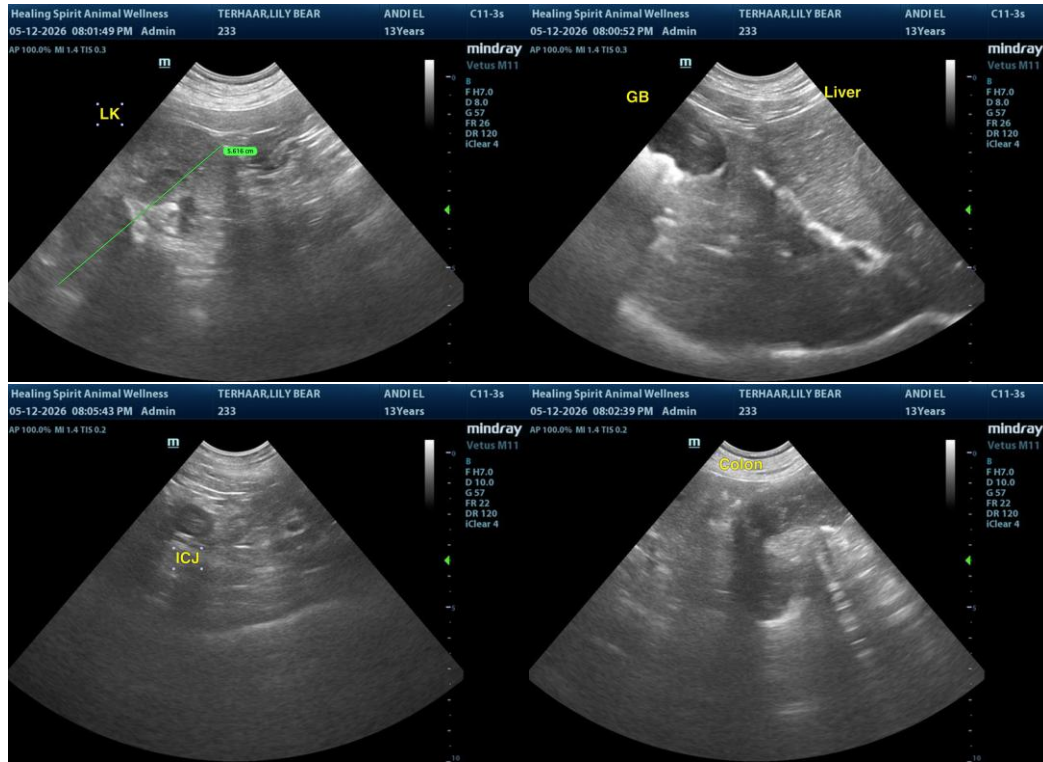
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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