



PATIENT

Tucker Ondeck

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

9 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Shonts

INVOICE

16219

DATE

05/15/26

PRESENTING CLINICAL SIGNS

Starting early this am - pt V+ multiple times. Once O got home pt had V+ bile/water multiple times across the house and had a semi formed pile of Dh. Last time pt had vomited there was blood-tinged parts and smelled of iron. Pt did get into the trash prior and on Monday there was some foil pieces in his stool.

CBC: WBC 22.30, NEU 19.78, HCT 76.3, HGB 24.1, RBC 10.99, RETIC 134.1 - remainder WNL
Chemistry: BUN 34.7, CREA 1.9, PHOS 10.0, tCA 13.7, TP 9.3, ALB 5.2, GLOB 4.1, GLU 183, CHOL >450, ALP 443 - remainder WNL EPOC: pCO2 54.2, PH 7.218, BE -5.7, LAC 6.58, BUN 28, CREA 2.24, GLU 195, HCT >75 - remainder WNL cPL: >551.7 Three view abdominal radiographs: adequate serosal detail throughout the peritoneum; gas and heterogenous soft tissue material within gastric lumen which may represent normal ingesta or foreign material; the bowel loops are largely fluid and gas filled with a small focal segment of bowel containing heterogenous soft tissue opacity material which may represent non-obstructive foreign material.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible post prostatic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was 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 minor pyelectasia. The left kidney measured 5.7 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.7 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 0.56 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 presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a



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mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non distended in size with mild nonorganized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

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The stomach presented overtly normal intact wall. The stomach was moderately distended with echogenic fluid and lumen gas. No evidence of obstruction to pyloric outflow.

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The small intestine presented overall intact wall layering with 1:3 muscularis/mucosa ratio. Subjective decreased mucosa echogenicity with mild upper to mid duodenal retained fluid and nonshadowing chyme. Segmental jejunal corrugation with generalized empty small intestine lumen to the level of the colon.

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

Pancreas

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The pancreas presented mildly prominent in size with capsule asymmetry and nonhomogenous hypoechoic parenchyma.

Free Abdomen

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No visualized significant omental lymphadenopathy or peritoneal effusion was present. Peripancreatic to mid abdomen peri-intestinal mild hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach with retained echogenic fluid, chyme and lumen gas.
- Subjective acute enteropathy pattern exhibiting mild nonobstructive upper to mid duodenal ileus and segmental jejunal corrugation with primarily empty small intestinal lumen.
- Pancreatitis.
- Peripancreatic to regional peri-intestinal hyperechoic reactive omentum.
- Benign hepatopathy pattern with nonorganized gallbladder debris (non-mucocele).
- Sonographically normal kidneys with minor pyelectasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A definitive area of mechanical gastrointestinal obstruction was not obvious which may suggest gastric and mild upper duodenal metabolic ileus secondary to pancreatitis and acute nonspecific gastroenteropathy. A small amount of persistent retained non-obstructive gastric foreign material obscured by gas given patient history as well as gastric micro-ulceration is not definitively excluded. However, no definitive evidence of visible intestinal foreign material.

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Hospitalization with 24-36-hour gastrointestinal support, empirical therapy for pancreatitis including rehydration protocol and close clinical monitoring would be reasonable. Sonographic reassessment with consideration for diagnostic exploratory laparotomy and biopsies are indicated if non-responsive or progressive gastrointestinal signs, evidence of persistent progressive gastrointestinal ileus, abdominal pain, or evidence of peritonitis.

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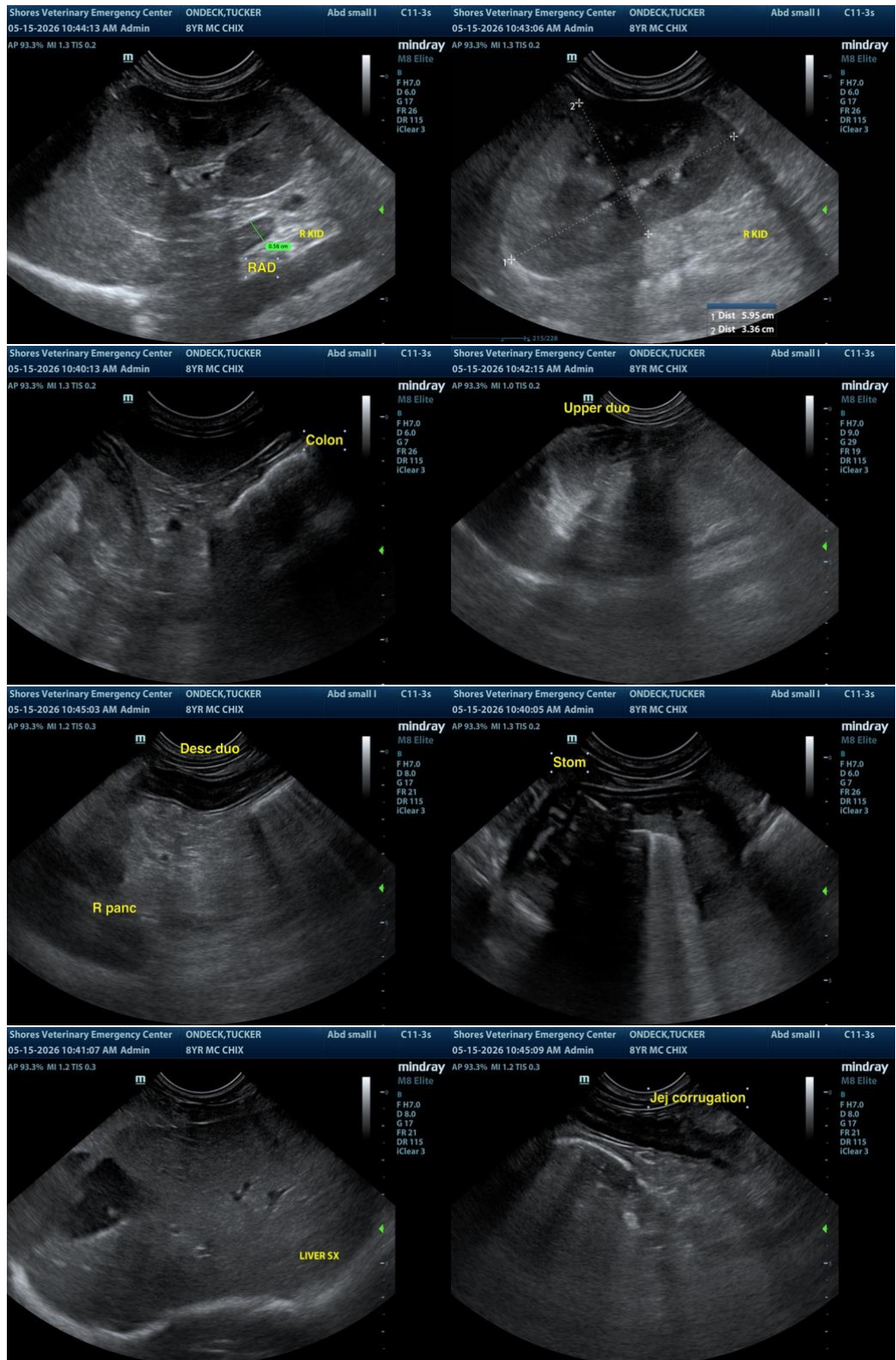
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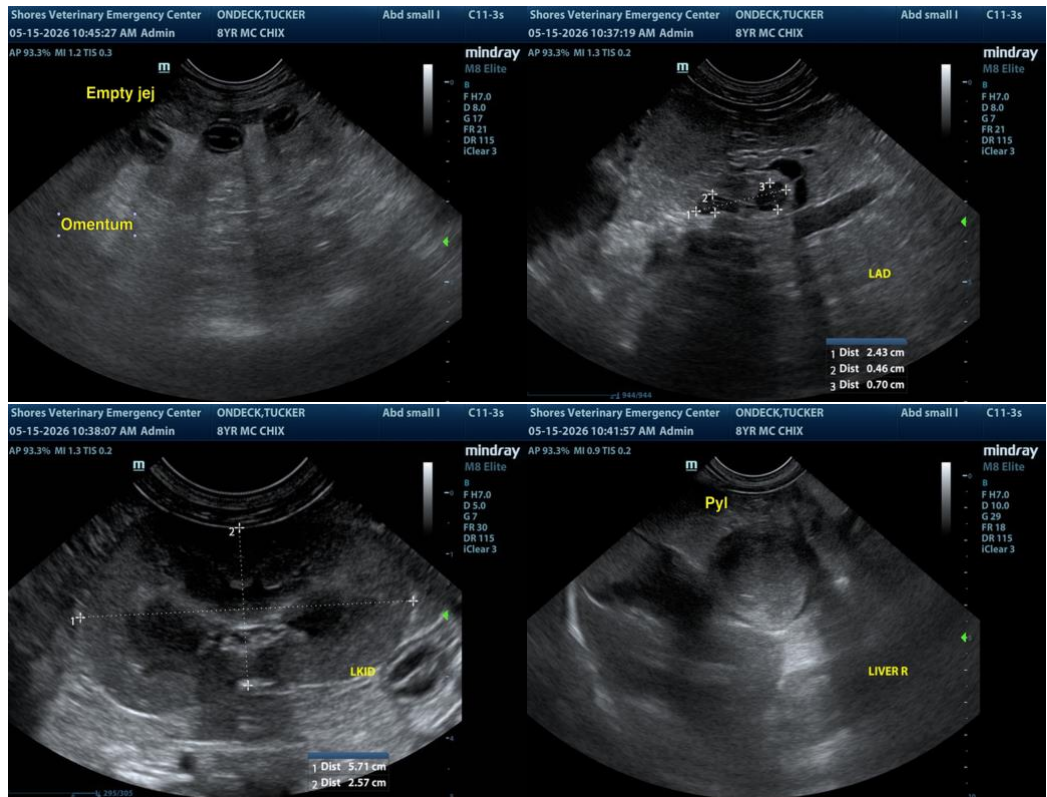
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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