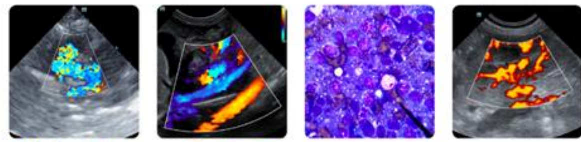


PATIENT
Ace Rockwell

SPECIES
Canine

BREED
Boxer Mix

SEX
MN

AGE
12yr

WEIGHT
21.4kg

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

IMAGING PERFORMED BY
Melissa Randolph

HOSPITAL NAME
Shores Veterinary Emergency Center

REFERRING VET
Lisa Miller

INVOICE
24853

DATE
05/18/2026

PRESENTING CLINICAL SIGNS

*P started with diarrhea on Thursday night 5/14 . Diarrhea is very loose. P also now significant flatulence. O did notice some blood in diarrhea, but P also has a lesion on his rectum. P started vomiting after dinner Friday night 5/15. P has vomited multiple times. He usually vomits his food 10 hours after eating. P history of enlarged heart, heart murmur, arthritis, PRP injections in both elbows in January. P medications: Amantadine 100mg am, Enalapril 10mg BID, Vetmedin 7.5mg BID, Carprofen 50 mg BID. Vis biome 2 caps SID (am). P was given no medications today. P is fed royal canin ultamino diet. Admitted for supportive care. iv fluids, emeprev, and ondansetron.

*concern for gastroenteritis, gi obstruction, gi mass, other

Abnormal PE/Chem/CBC/UA Results: PE: non-painful, increased gi gut sounds, heart murmur cbc: unremarkable epoc: pH 7.354 L, ica++ 1.50 H, BUN 6 L chem: BUN 7.2 L, cholesterol 313 H cPL: 90.3 normal rads: mid abdominal bowel clumping, gas filled colon, no obvious obstruction

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

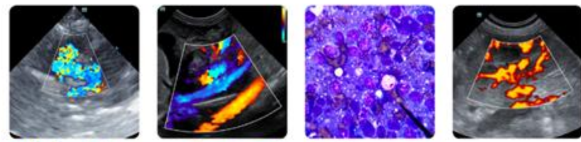
The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured subjectively 0.66 cm width at the caudal pole. The right adrenal gland subjectively measured 0.81 cm width at the caudal pole.

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



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

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The jejunum wall measured 0.55 cm in width. A segment of jejunum vs colon in the subjective mid to caudal abdomen, exhibited non-thickened wall layering, exhibiting indistinct to loss of wall layer detail with concurrent progressively shadowing ingesta vs fecal matter. Indistinct to loss of segmental small intestine vs colon wall measured 0.57 cm.

Definitive descending colon exhibited normal intact visible wall containing formed to semi-formed fecal matter and lumen gas.

Pancreas

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

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild hypomotile gastritis pattern
- Primarily sonographically unremarkable visualized small intestine and discernible colon
- Segmental small intestine vs colon exhibiting non-thickened wall, indistinct to loss of wall layer detail and progressively shadowing ingesta vs fecal matter
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern. A segmental atypical segment of small vs large intestine was visualized containing nonspecific progressively shadowing content vs fecal matter, although differentiation between small vs large intestine could not be definitively ascertained. Small vs large intestine segmental inflammatory, infectious, granulomatous or emerging neoplastic etiologies all potentials in conjunction with potential segmental non-obstructive intestinal or passed foreign material in the colon.

Without evidence of obstructive pattern, documented 12 to 18 hour fast with sonographic reassessment of the small intestine and colon is recommended. Further assessment may include full GI panel including PLI/TLI/Cobalamin/Folate and screening cortisol level to assess for occult disease as a contributing factor.

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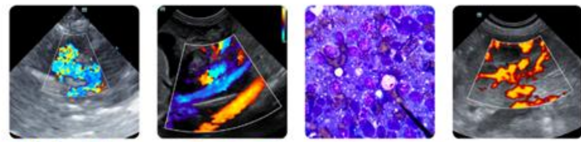

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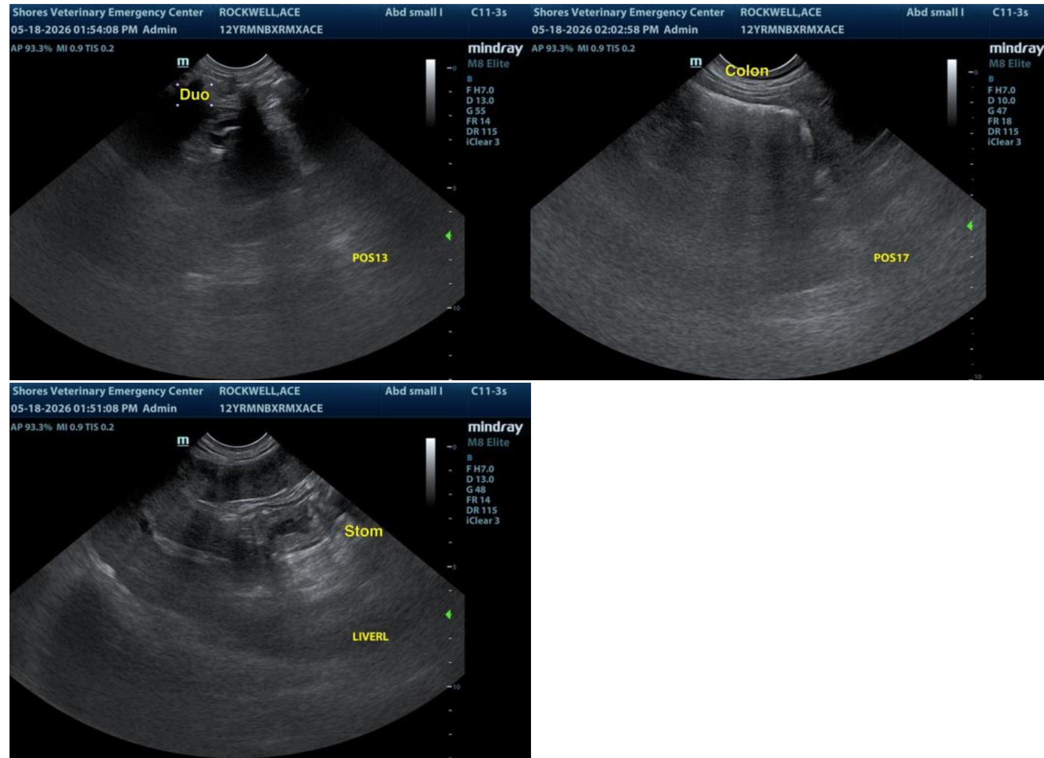

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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