



PATIENT

Pixie Pie

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

11yr

WEIGHT

15lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency
Veterinarians of Idaho

REFERRING VET

Michael Schacher

INVOICE

24901

DATE

05/21/2026

PRESENTING CLINICAL SIGNS

vomiting with melena

X-rays has revealed gas pattern in stomach with some concern for foreign material present within the stomach. Repeat x-rays showed small stomach with some continued concern for foreign material

Abnormal PE/Chem/CBC/UA Results: bloodwork now normal but previously HCT at 65%, slight ALT increase at 127, CPLI at 213, WBC 17.09k

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 3.9 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 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 0.51 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 possible borderline enlarged. 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 mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with empty lumen. Subjective mildly prominent wall layering and rugal folds in the fundus and gastric body. Normal intact pylorus wall without obstruction to pyloric outflow was present. The pylorus wall measured 0.32 cm in width.

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The small intestine presented primarily intact wall layering with maintained wall layer ratio and generalized empty intestinal lumen with mild segmental gas. Segmental, mildly thickened, subjective distal duodenum to possible jejunum exhibiting mild indistinct associated wall layering and subtle mucosal hyperechoic speckling to striations. Intact normal appearing upper duodenum wall measured 0.35 cm in width. Normal intact jejunum wall measured 0.37 cm in width

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

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The area of the pancreas was sonographically normal.

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Pancreas

Mild increased cranial abdomen perigastric to peri intestinal omentum.

No visualized significant omental lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Empty stomach with subjective, mild prominent gastric fundus and body wall.
- Generalized empty small intestine with mild segmental non-obstructive gas
- Mildly thickened segmental subjective distal duodenum to possible jejunum, exhibiting mild indistinct wall layering
- Normal area of pancreas.
- Mild cranial abdomen perigastric / peri intestinal hyperechoic omentum.
- Sonographically normal borderline enlarged liver - most consistent with probable mild benign hepatopathy
- Mild gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal foreign material or mechanical obstructive pattern. Mild to possibly resolving pancreatitis may be suspected if cranial abdomen or subxiphoid discomfort on palpation in conjunction with mild hyperechoic cranial abdomen omentum in the area of the upper gastrointestinal tract and pancreas. Concurrent segmental duodenojejunal inflammation possible while emerging to occult segmental intestinal neoplastic process is not definitively excluded. Potential for micro ulceration associated with intestinal pathology possible given melena.

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No indication for immediate surgical intervention with gastrointestinal support, including broad spectrum gastroprotectants and empirical deworming with clinical monitoring recommended. Sonographic reassessment recommended if non-responsive or persistent gastrointestinal signs. Intestinal biopsies may be required for definitive diagnosis. Although considered unlikely, screening cortisol level to rule out occult Addison's disease is recommended.



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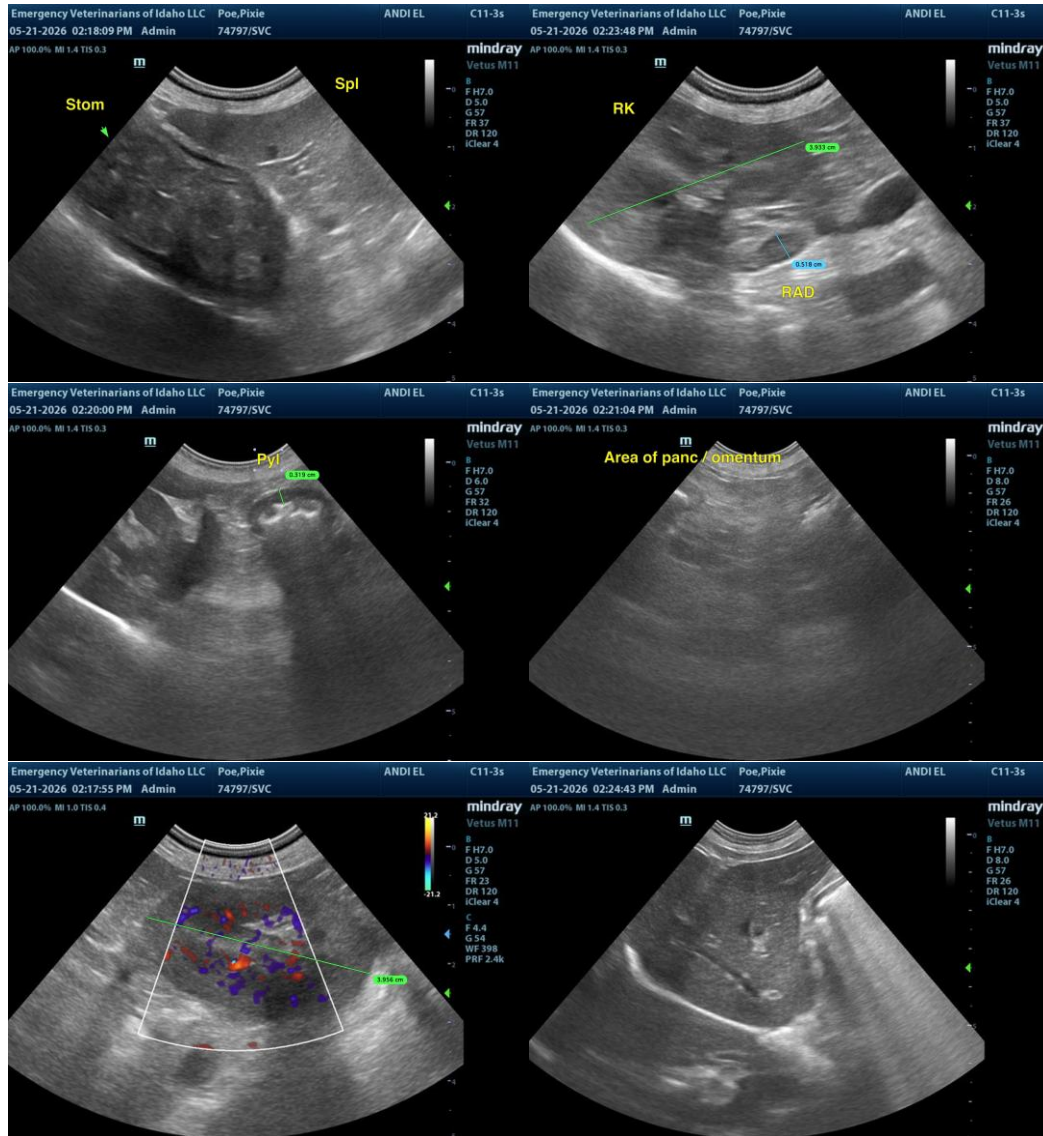
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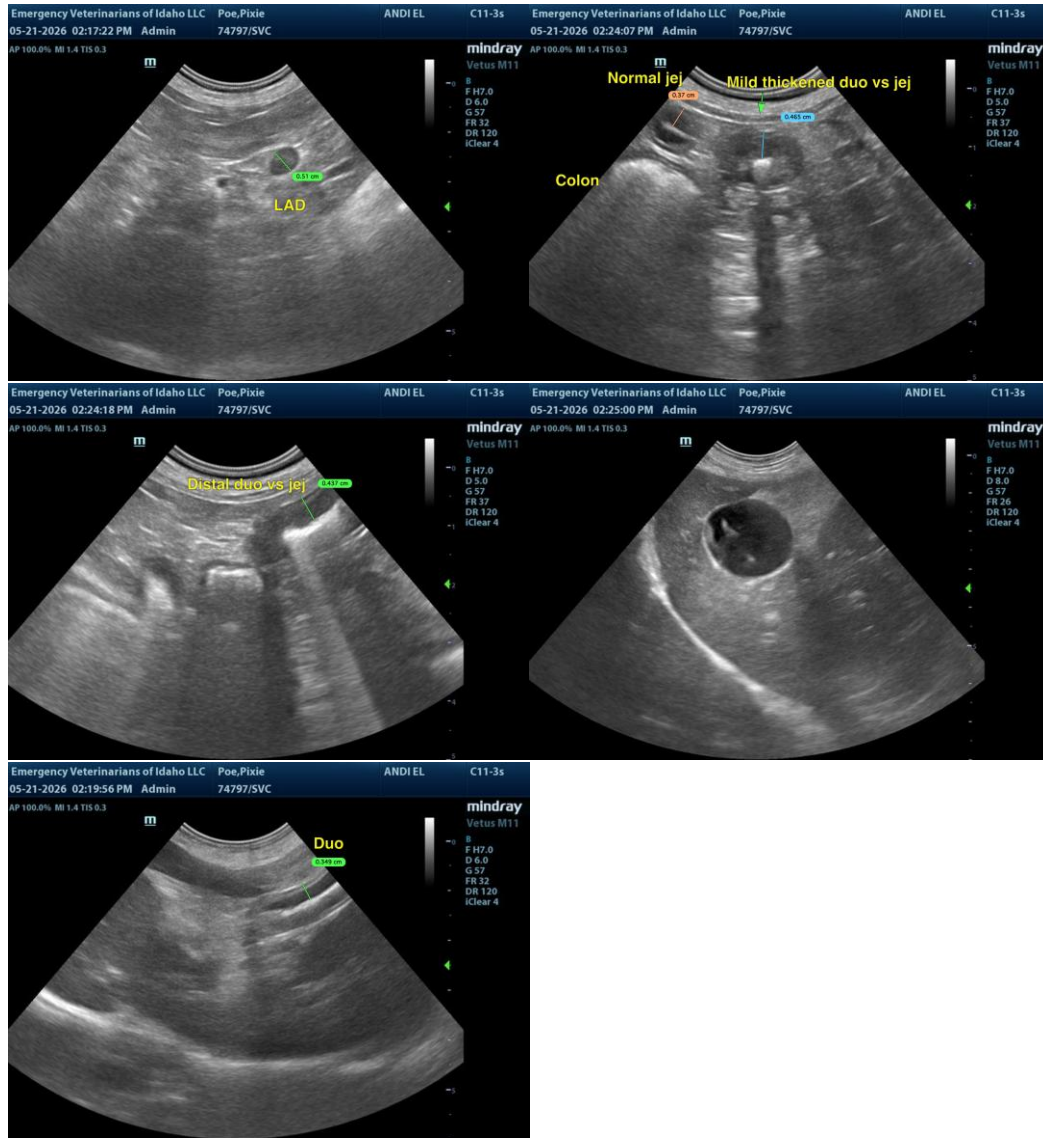
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com