

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Cinnamon Pedrick	Vomiting Abnormal PE/Chem/CBC/UA Results: WBC: 10.7, Neut; 57, Eos: 18
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<i>Urinary System</i>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 changes were noted.
Shepherd X	
<b>SEX</b>	No evidence of pathology in the area of the aortic trifurcation.
FS	
<b>AGE</b>	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 6.1 cm in length. The right kidney measured 7.2 cm in length.
3.5Y	
<b>WEIGHT</b>	<i>Adrenal Glands</i>
95lbs	The adrenal glands were indistinctly visualized exhibiting subjective subnormal size. Left subjectively measuring 0.47 cm width. Right subjectively measuring 0.44 cm width at the caudal pole.
<b>INTERPRETED BY</b>	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<i>Liver/ Gallbladder</i>
Rodriguez	The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.
<b>HOSPITAL NAME</b>	<i>Gastrointestinal</i>
Foxfield Veterinary Services	Overtly normal visible stomach wall. The stomach presented intact wall layering with a normal wall layer ratio. No obvious obstruction to the pyloric outflow. Mild to moderate variably echogenic nonshadowing ingesta was present in the lumen without signs of obstruction or foreign material.
<b>REFERRING VET</b>	
Rodriguez	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental minor similar appearing nonshadowing intestinal ingesta/chyme to the level of the colon was present. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.
<b>INVOICE</b>	
74894	Normal visible colon wall layers were present with formed feces in lumen.
<b>DATE</b>	
5-6-26	



## PATIENT

Cinnamon Pedrick

## SPECIES

Canine

## BREED

Shepherd X

## SEX

FS

## AGE

3.5Y

## WEIGHT

95lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rodriguez

## HOSPITAL NAME

Foxfield Veterinary  
Services

## REFERRING VET

Rodriguez

## INVOICE

74894

## DATE

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## *Pancreas*

The area of the pancreas was sonographically normal.

## *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract with nonshadowing gastric and segmental minor intestinal ingesta/chyme.
- Subjective subnormal adrenal glands.
- Normal area of the pancreas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mural pathology, mechanical obstructive pattern, or active pancreatitis. Dietary intolerance, nonspecific structurally insignificant gastroenteropathy, low grade pancreatitis may present sonographically normal. If documented NPO at the time of the ultrasound, some degree of metabolic or nonobstructive gastrointestinal ileus or potentially nonobstructive to inefficient gastric emptying could be possible. Screening cortisol level with full ACTH stimulation test is resting cortisol level is less than 2.0 is recommended.

Concurrent GI panel to include PLI/TLI/Cobalamin/Folate could be considered.

Small or more frequent feedings of a canned novel protein or hydrolyzed diet trial and as needed gastroprotectants, which may include Ranitidine trial, which has mild gastrointestinal promotility effects, may prove beneficial.

Sonographic reassessment or monitoring is indicated if evidence of persistent gastric or gastrointestinal ileus.



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**REFERRING VET**

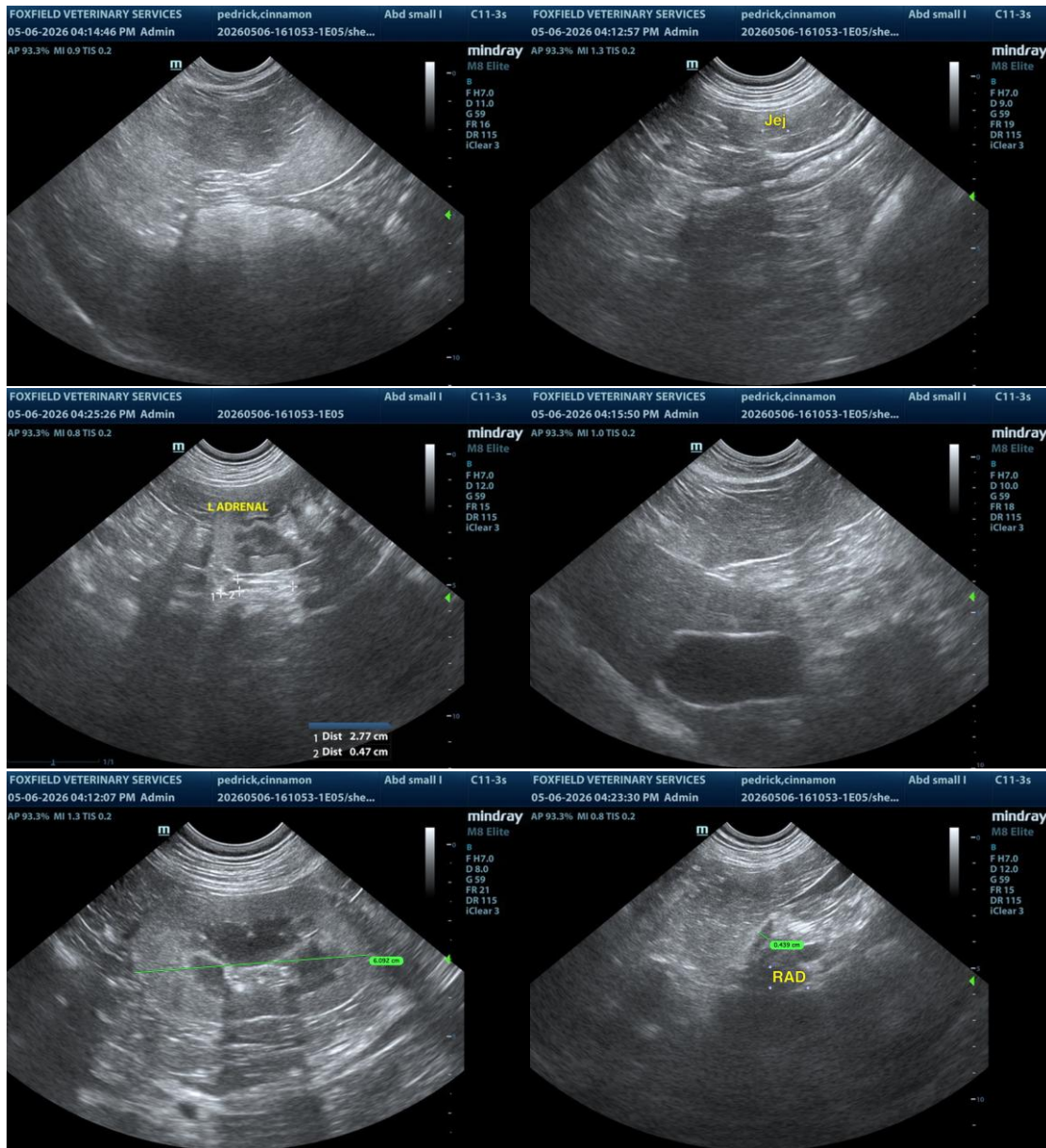
Rodriguez

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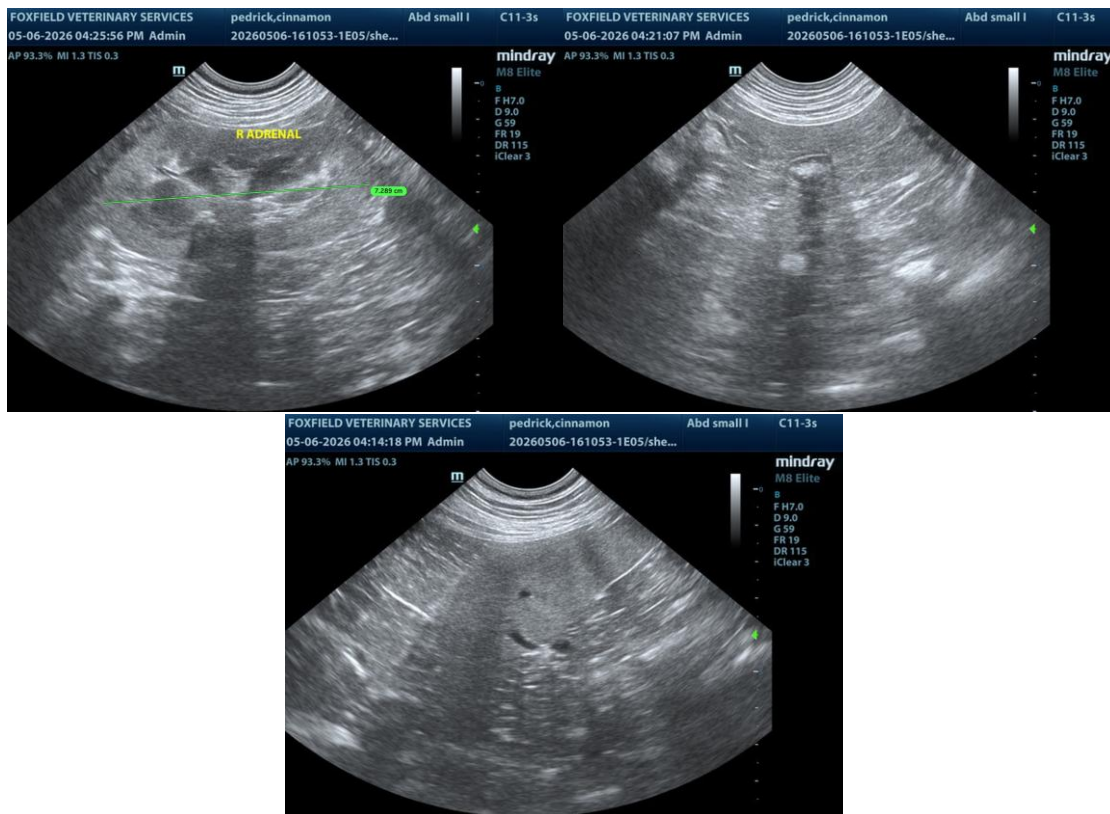
Rodriguez

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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)  
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