



PATIENT

Eeyore Crosby

SPECIES

Canine

BREED

Basset Hound

SEX

MI

AGE

11mo

WEIGHT

40lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr Shelby Young

INVOICE

24981

DATE

06/01/2026

PRESENTING CLINICAL SIGNS

Presented 5/20 - No e/d since 5/29, vomited up grass, could have ate a slug. R lateral radiograph showed rock, unable to determine if in colon or intestines. Hospitalized overnight wih fluids, NPO. Liquid diarrhea & soft stool today, no FB palpated on rectal exam. BAR, energetic otherwise. AFAST, no fluid dilated intestines or stomach, suspect rock is in transverse colon.

Current Medications: None

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): CBC - hct 65.1%, mono 1.25k, all else wnl Chem 10 - TP 9.2, alb 4.3, glob 4.9, all else wnl Radiographic Findings (if applicable): Large radiopaque round object caudal abdomen. Recheck 3 view radiographs obtained today, rock in similar location

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 7.2 cm in length. The right kidney measured 7.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate exhibited expected size and presentation for a young intact male canine without pathology.

Adrenal Glands

The area of the left adrenal gland was free of obvious pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 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 intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with lumen gas and no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present. The colon exhibited mild to variable generalized distention with non-formed fecal matter. Within the subjective descending colon medial to the spleen, a solitary strongly shadowing colon lumen echo consistent with a colon foreign body was present measuring ~ 2 cm in diameter. This likely correlates with radiographic findings and suspect non-obstructive colon rock.

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 or peritoneal effusion was present.

Intermittent mildly prominent to enlarged jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.5 cm in diameter.

Generalized normal omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Primarily empty normal gastrointestinal tract with mild gastric gas
- Mild to variable generalized colon distention with non-formed fecal matter and descending colon foreign body / rock
- Normal area of the pancreas
- Intermittent mild jejunocolic lymphadenopathy- consistent with benign criteria i.e. mild reactive hyperplasia, possible lymphadenitis or immunologic immaturity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern or definitive foreign material. Passed foreign objects, i.e. rock present in the descending colon without evidence of obstruction. Monitoring of fecal output and gastrointestinal support indicated. Dietary indiscretion, infectious disease, enterotoxin, non-structural inflammatory bowel or mild pancreatitis which may present sonographically normal, occult parasitism, occult Addison's disease as contributing factors possible.



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A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol may be considered.

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A recheck sonogram if non-responsive or persistent gastrointestinal signs is warranted.

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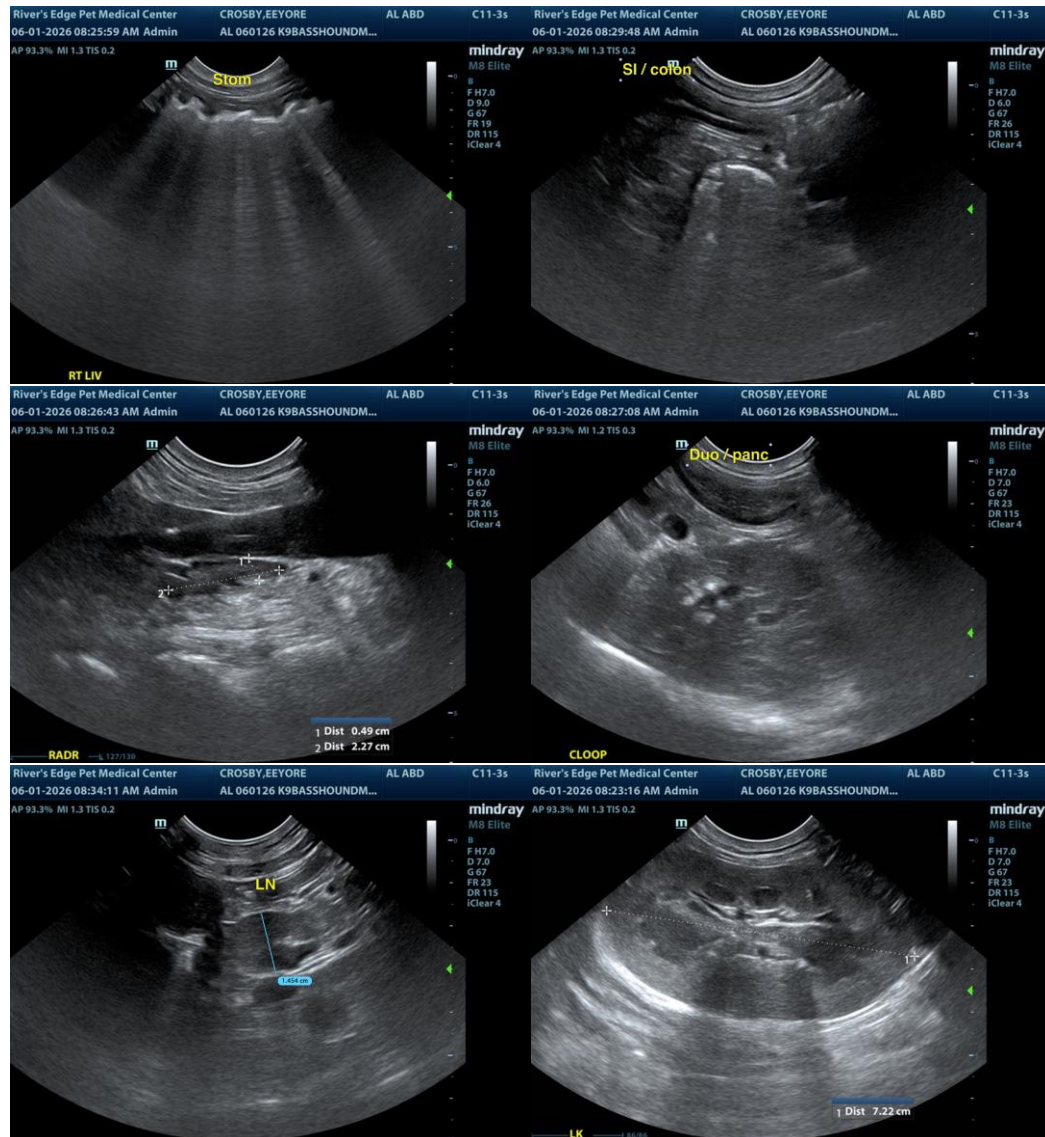
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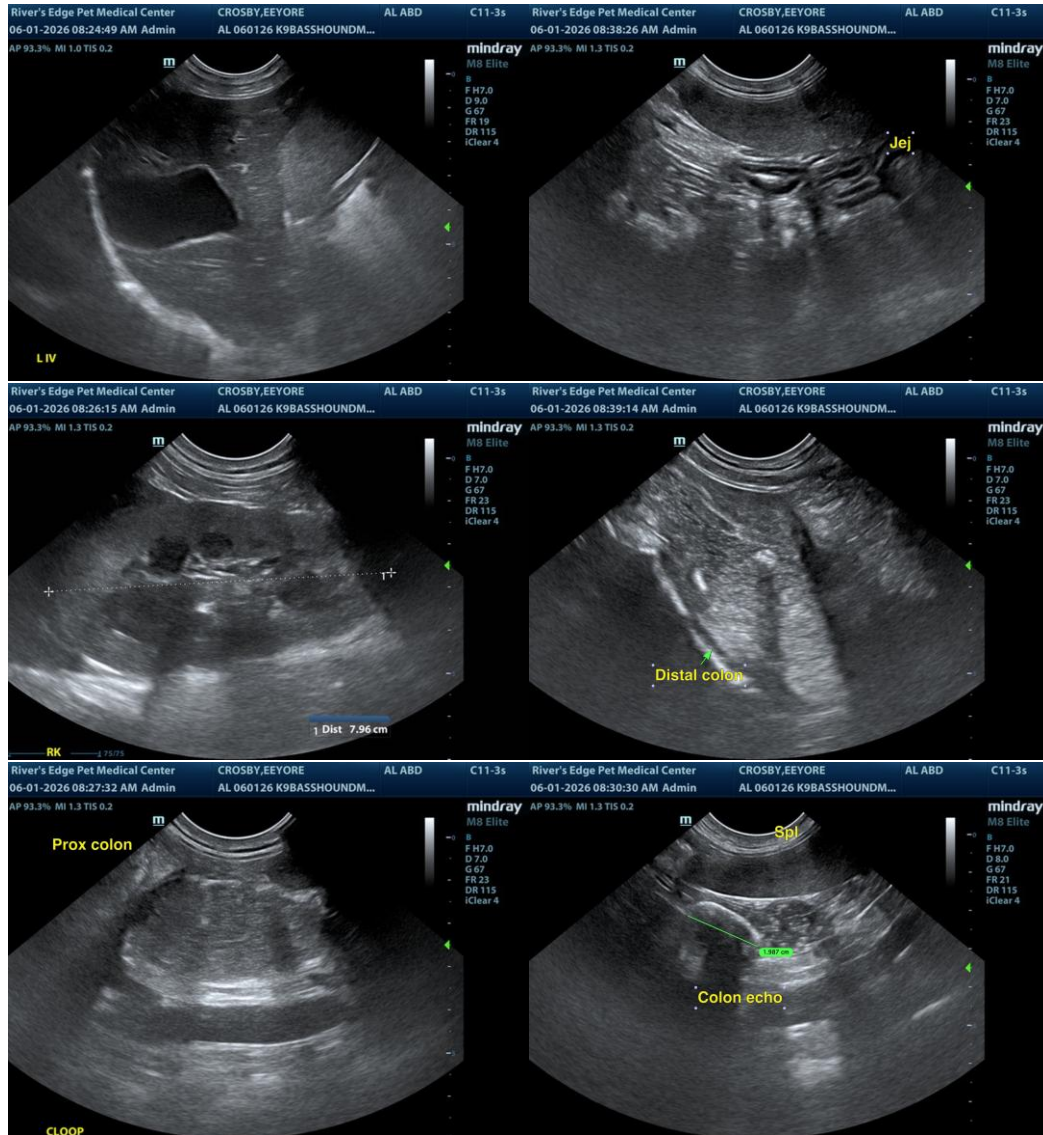
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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