**PATIENT**

Churro Elorz

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

MN

**AGE**

2yr

**WEIGHT**

5.95kg

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

Dr Sookhoo

**HOSPITAL NAME**Calusa Veterinary  
Center**REFERRING VET**

Dr Ordenez

**INVOICE**

25134

**DATE**

06/18/2026

**PRESENTING CLINICAL SIGNS**

Presented for vomiting twice this morning -light pink color. 6 months ago hospitalized for pancreatitis.

Abnormal PE/Chem/CBC/UA Results: CPL 875 PCV 56, TP 6

**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 4.0 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and 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 0.53 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 0.44 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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**



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The stomach presented intact mildly prominent wall layering. The lumen of the stomach was empty with no signs of retained fluid, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental non-obstructive intestinal gas pattern was present.

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

## *Pancreas*

## BREED

Dachshund

The area of the pancreas was sonographically normal.

## *Free Abdomen*

No evidence of peritoneal effusion was present.

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Intermittent mildly prominent to enlarged jejunal 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 measured 1.3 cm x 0.51 cm.

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## ULTRASONOGRAPHIC FINDINGS

### Primary

- Non-specific gastroenteritis pattern with generalized empty gastrointestinal tract
- Normal area of pancreas
- Mild benign jejunal lymphadenopathy

## WEIGHT

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical /metabolic ileus, foreign material or sonographically active pancreatitis. Given patient history recurrent low grade or chronic pancreatitis may present sonographically normal. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may correlate with recurrent low grade pancreatitis is recommended. Gastrointestinal support with empirical therapy for possible mild pancreatitis and clinical monitoring recommended. Recheck sonogram if persistent or recurring gastrointestinal signs as non-structural primary gastrointestinal disease not definitively excluded. A screening cortisol level or GI panel to include PLI/TLI/cobalamin and folate may be considered.

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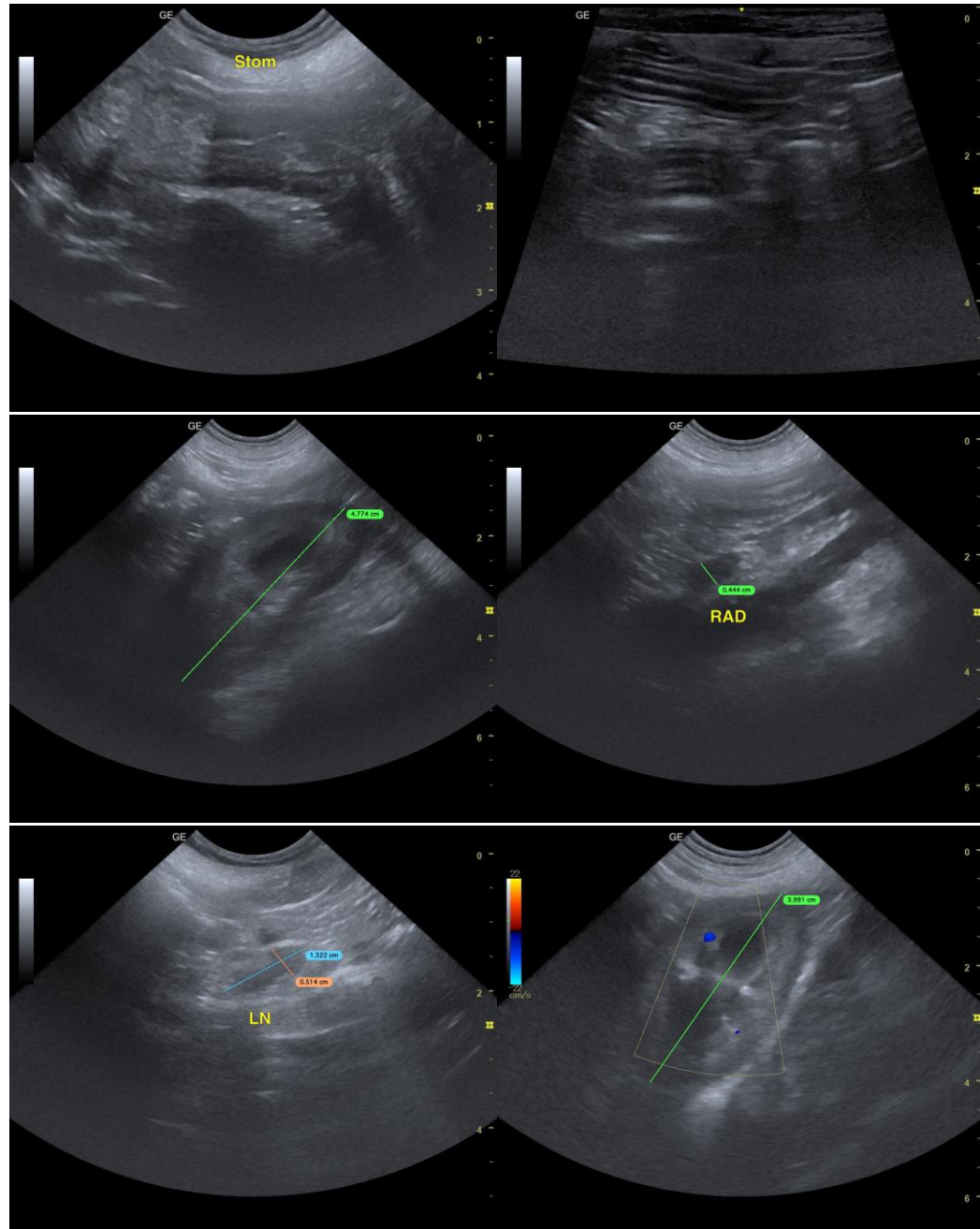
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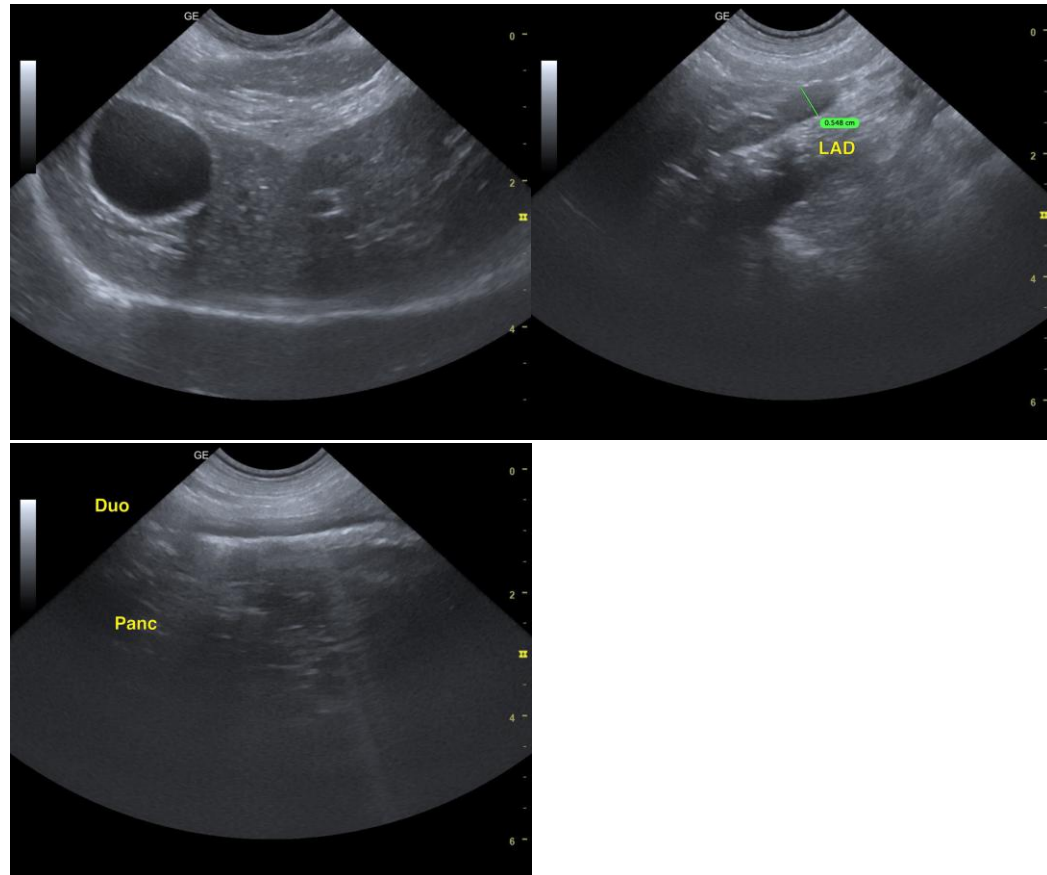
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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