



## PATIENT

Maverick Bennett

## SPECIES

Canine

## BREED

GSD

## SEX

MN

## AGE

7yr

## WEIGHT

39.4kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Lydia Coogan

## INVOICE

25031

## DATE

06/08/2026

## PRESENTING CLINICAL SIGNS

Presented Saturday 6/6 at 4:15p as transfer fbo needing surgery. 3 weeks decreased appetite and 7 days anorexia- concern for gastric fb.

PE:Abd: Tense cranial abdomen

Musc: Crepitus right stifle, decreased ROM of hips bilaterally

Abnormal PE/Chem/CBC/UA Results: CBC: Reticulocytes 5.9 (L) Lymphocytes 0.91 (L) Eosinophils 0.04 (L) EPOC: Unremarkable Chem15: Cholesterol 95 (L) Pancreatic Lipase: 59 (n) Rads: Enteritis-gastroenteritis: Possible causes includes dietary indiscretion, inflammatory-infectious, pancreatitis, toxic or systemic diseases. 6/7 Day: BP: 8a- 173/96(110), 3p- 141/72(87) PCV/TS: 44%/5.2 clear EPOC: pO2 89.2 (H) cSO2 97.1 (H) Repeat Rads -A GI obstruction is not identified. A partial small bowel obstruction is thought to be unlikely but cannot be entirely ruled out. -A definitive anatomic cause for the gastroenteritis is not identified. A nonspecific gastroenteritis is likely present. 6/7 Overnight: BP: 9p- 145/78(95), 2a- 138/82(95) PCV/TS: 45%/5.2 clear EPOC: pO2 74.9 (H) cSO2 95.5 (H) SNAP 4DX: neg x4 Cortisol: 2.89

## 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 mild non-dependent particulate sediment. 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 7.8 cm in length. The right kidney measured 8.2 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 0.60 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 0.67 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



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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 mild primarily gravity dependent non-organized mild hyperechoic debris. The cystic and common bile ducts were normal.

### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild to moderate amount of retained echogenic fluid and chyme, along with mild lumen gas. No evidence of shadowing content or obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A primarily mild generalized ileus pattern is present without obstruction or foreign material.

The duodenum wall measured 0.54 cm width. The jejunum wall measured 0.41 cm width. No obvious visualized pathology at the level of the ileocolic junction, although not definitively visualized.

Normal visible colon wall layers were present. Generalized mild colon distension containing primarily soft to non-formed fecal matter. Solitary visualized subjective non-obstructive descending colon lumen fecal content vs echo, measuring ~ 4 cm in diameter was present.

### **Pancreas**

The area of the pancreas was sonographically normal.

### **Free Abdomen**

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Diffuse primarily mild gastrointestinal ileus
- Semi-formed to soft fecal matter in colon with distal descending colon shadowing fecal matter vs echo
- Normal area of pancreas
- Mild non-organized gallbladder debris

### **Secondary**

- Mild urine sediment

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of definitive gastrointestinal mechanical obstruction or foreign material with generalized gastrointestinal ileus suggestive of metabolic gastrointestinal ileus, potentially secondary to dietary intolerance/ indiscretion, infectious disease, enterotoxin, non-structural inflammatory bowel, low-grade pancreatitis which may present sonographically normal, occult neoplasia or other. Distal descending colon shadowing to foreign fecal content possible, although concern for potential passed foreign material in the distal colon warranted. Small amounts of non-visible to non-obstructive



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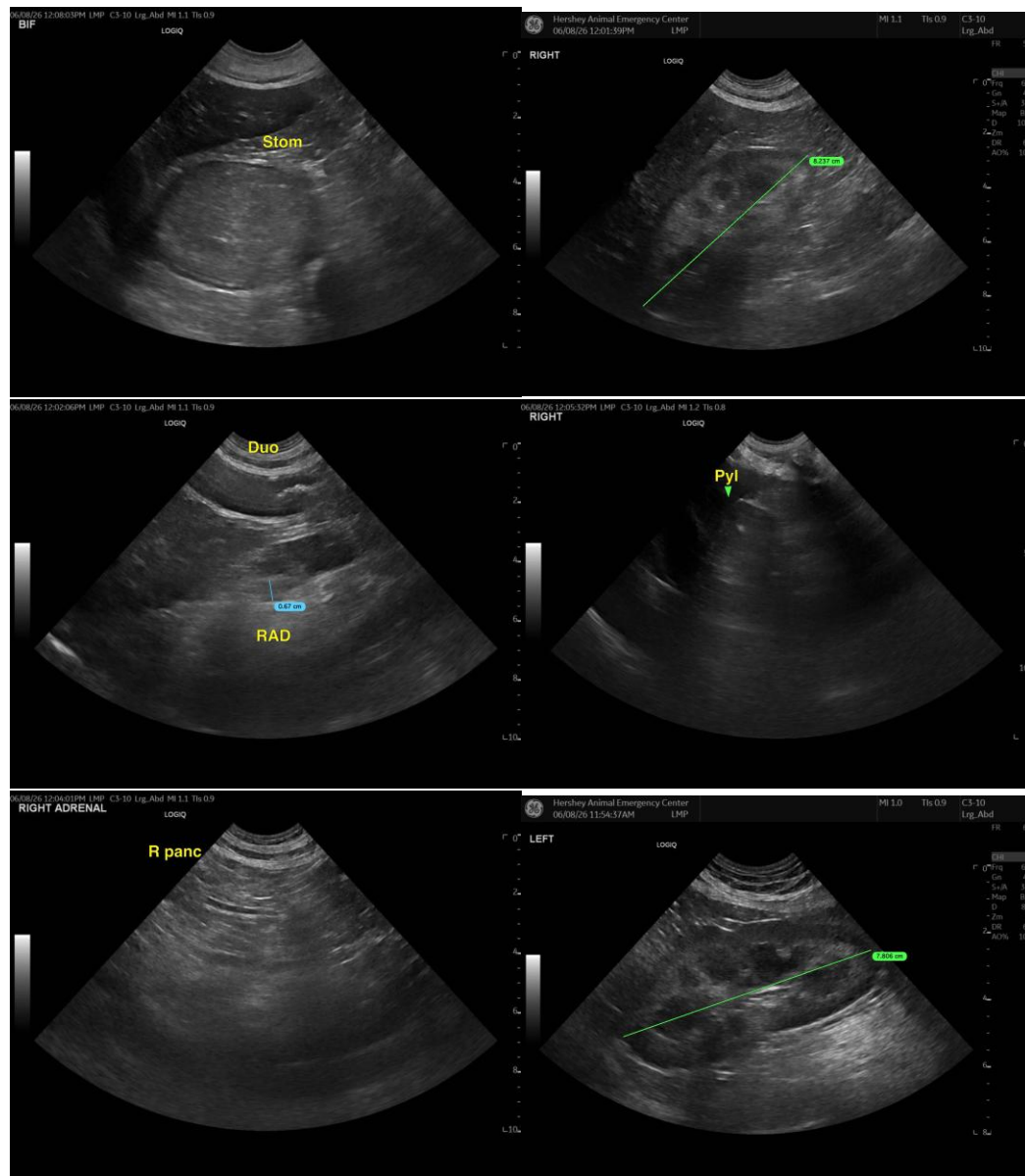
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foreign material in the small intestine felt less likely yet not definitively excluded.

Continued gastrointestinal support over the next 24 to 48 hours with clinical and sonographic monitoring of the gastrointestinal tract as well as monitoring of fecal output is recommended. Definitive diagnosis would require gastrointestinal biopsies, which should be considered if non-responsive or progressive gastrointestinal signs or gastrointestinal ileus.





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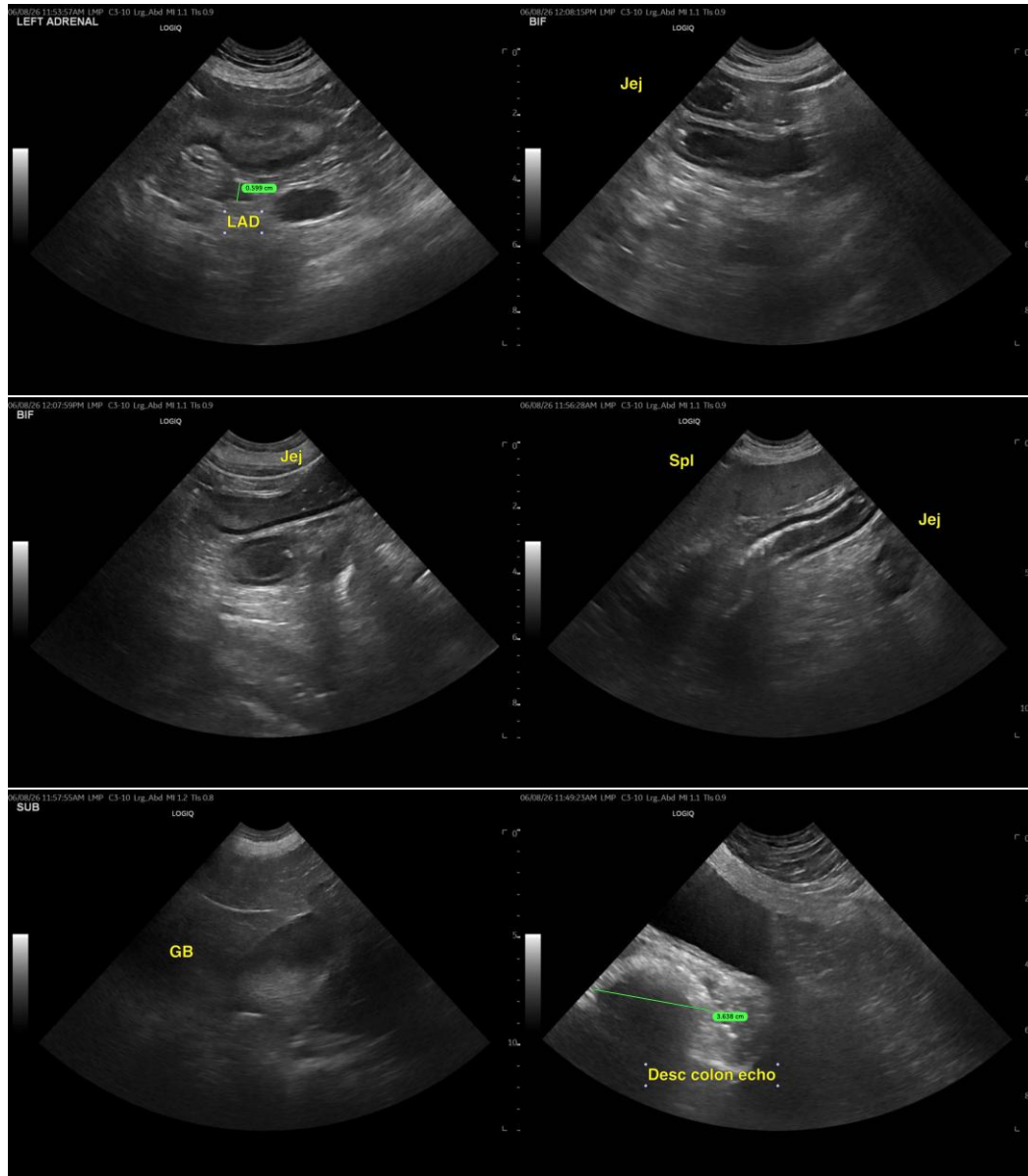
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)