



## PATIENT

Lucas Valdez

## SPECIES

Canine

## BREED

Mini Schnauzer

## SEX

Intact

## AGE

5 years

## WEIGHT

13 lbs

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

## IMAGING PERFORMED BY

Dr. Gabriel Ferrer

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dr. Mario Roman

## INVOICE

11433

## DATE

3/10/2026

## PRESENTING CLINICAL SIGNS

- Presented for abdominal ultrasound to evaluate 2 weeks history of Vomiting, Anorexia and weight loss
- Prior to starting clinical signs a diet change was done from Simple Nourish Lamb/Oats to Lamb Peas
- Bloodwork unremarkable except for Leukocytosis

Abnormal PE/Chem/CBC/UA Results: Fecal Negative Radiographs and Bloodwork attached CBC: WBC: 34k, Neutro: 30 k CPI: neg.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present.

Left kidney 4.73 cm in length, and the right kidney measures 5.0 cm in length.

### Reproductive System

Both testicles are subjectively normal in size and shape with homogenous parenchyma free of masses and normal median raphe visualized.

The prostate is uniformly moderately enlarged and hyperechoic. No mineralization, evidence of masses or fluid accumulations consistent with cyst or abscess visualized.

### Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable.

Right adrenal measures 2.41 cm in length, 0.46 cm at the caudal pole and 0.53 cm at the cranial pole. Left adrenal measures 1.79 cm in length, 0.56 cm at the caudal pole and 0.65 cm at the cranial pole.

### Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

### Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or



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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

### **Gastrointestinal**

The stomach contains gas shadowing, and a small amount of fluid in the pylorus. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The duodenum is non-distended with normal wall thickness and layering. In the jejunum there is a loop of distended bowel echogenic non-shadowing material. There appears to be intestine telescoping into this loop, most consistent with an intussusception. There is no overt shadowing foreign material visualized, though there is some gas shadowing which may be obstructing visualization.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### **Pancreas**

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

### **Free Abdomen**

There is scant free fluid noted near the spleen.

### **ULTRASONOGRAPHIC FINDINGS**

- Obstructive lesion in the jejunum, suspect intussusception.
- Scant free fluid.

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

The lesion within the jejunum is most consistent with an intussusception. There is not overt significant signs of obstruction oral to this lesion and an intermittent intussusception is possible. It is also possible that gas shadowing is obstructing full visualization and a partial foreign body, which may or may not be shadowing, could also be predisposing to intermittent intussusception. Ultimately, abdominal exploratory surgery is recommended to further define.



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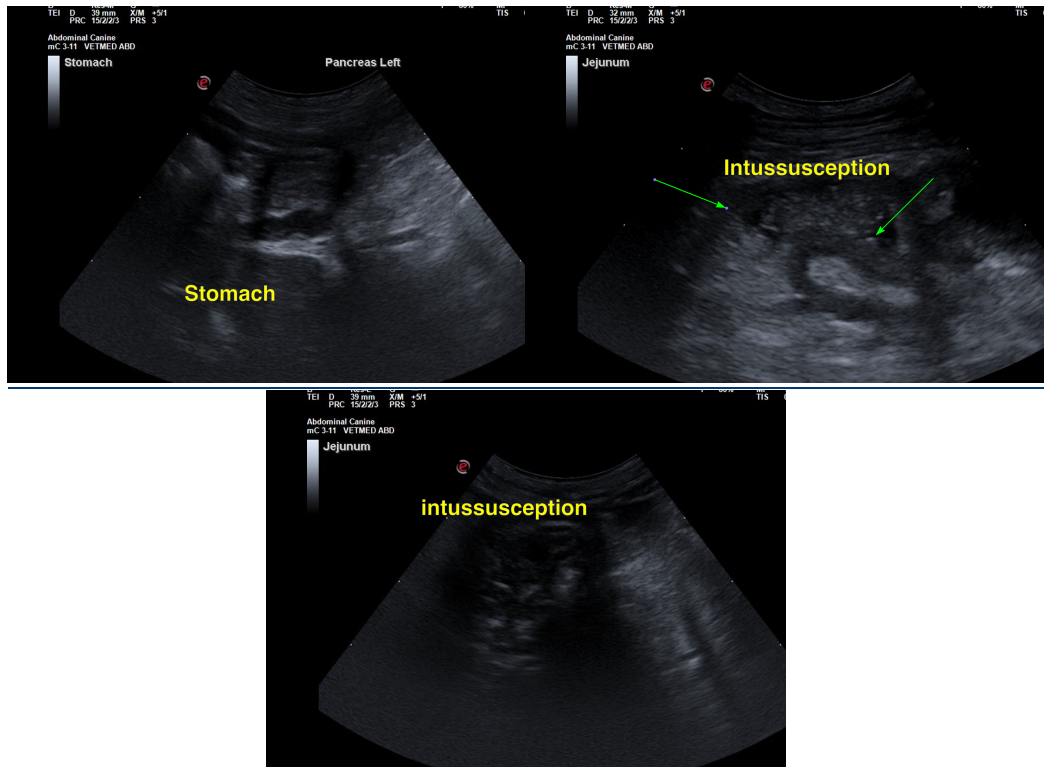
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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