



PATIENT

Luxor Garvey

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

5.5 Years

WEIGHT

109 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Dr. Rodriguez

INVOICE

72128

DATE

1/12/26

PRESENTING CLINICAL SIGNS

Vomiting and anorexia. Vomited large amount of blood. U/S after emesis.
Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder 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.

No evidence of pathology in the area of the residual prostate.

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. Left kidney measured 7.3 cm. Right kidney measured 7.7 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measures 0.77 cm at the caudal pole. Right measures 0.50 cm 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

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized debris. The common bile duct was not visualized.

Gastrointestinal

The stomach exhibited moderate to significant distended size, containing variably echogenic to regional progressive to strongly shadowing ingesta and fluid, with concurrent lumen gas. Overall intact, mildly thickened visible splenic wall. Ventral gastric body wall measured 0.62 cm in width.

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 to the level of the colon.

Normal visible colon wall layers were present with semiformal fecal matter and luminal gas.

Pancreas

The area of the pancreas was sonographically normal.



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Free Abdomen

No visualized significant omental lymphadenopathy. No evidence of peritoneal effusion.

PRIMARY FINDINGS

- Intact, mildly thickened visible stomach wall, moderate to significant gastric distention with retained echogenic fluid, gas, and progressive to strongly shadowing ingesta.
- Sonographically normal empty generalized small intestine.
- Semiformed fecal matter in colon.
- Normal area of the pancreas.
- Normal bilateral adrenal glands.

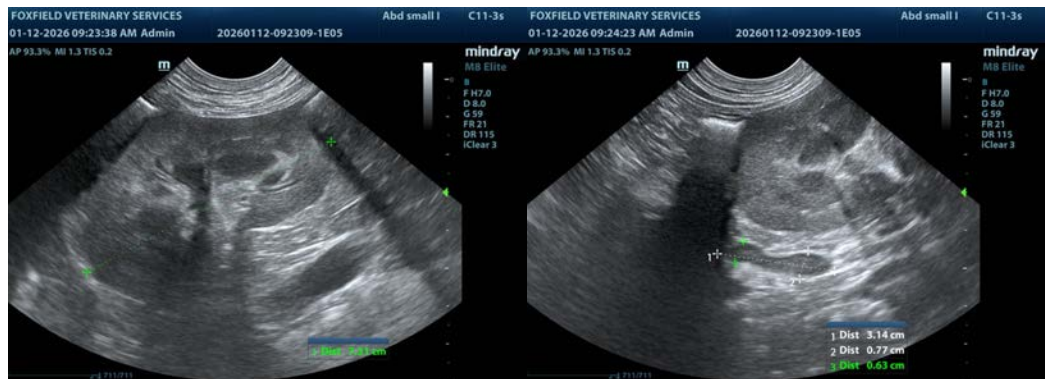
SECONDARY FINDINGS

- Mild non-organized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute hypomotile gastritis with retained fluid, variably echogenic ingested, or indistinct foreign material possible. Definitive evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was not obvious yet not excluded in conjunction with degree of gastric distention. No evidence of small intestinal mural pathology or obstructive pattern. Occult gastric neoplasia thought less likely, although non-obvious gastric ulceration in conjunction with hematemesis possible.

Give this presentation, and if available, upper gastrointestinal endoscopy recommended for further assessment of the gastric interior and potential for biopsies. Initial gastrointestinal support including broad-spectrum gastroprotectants, documented 12-hour fast, and sonographic reassessment of the stomach would be reasonable pending clinical monitoring. If persistent or progressive gastric distention with variable to strongly shadowing gastric content, exploratory laparotomy with gastrotomy may be indicated. Screening cortisol level to rule out occult Addison's disease is suggested.





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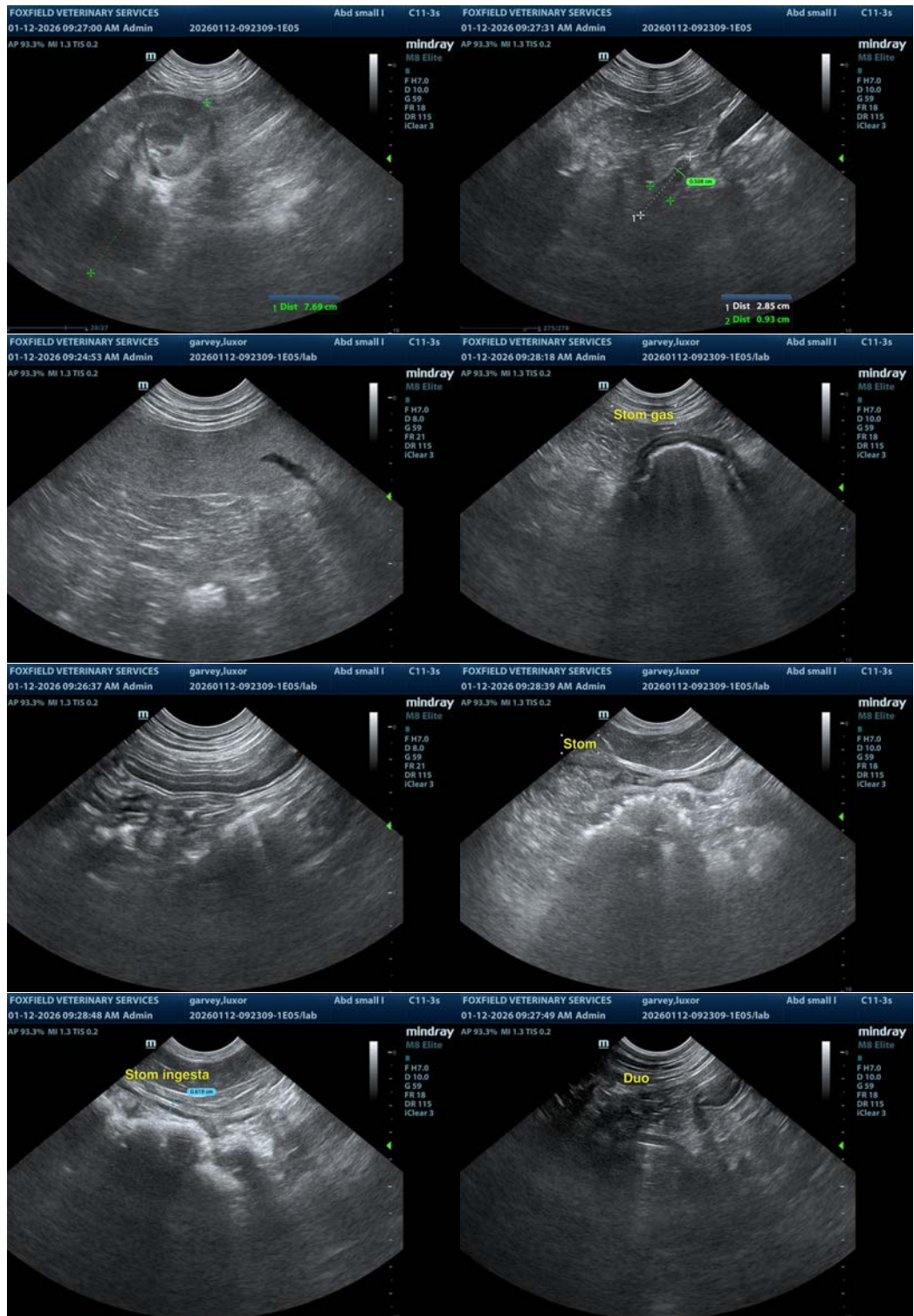
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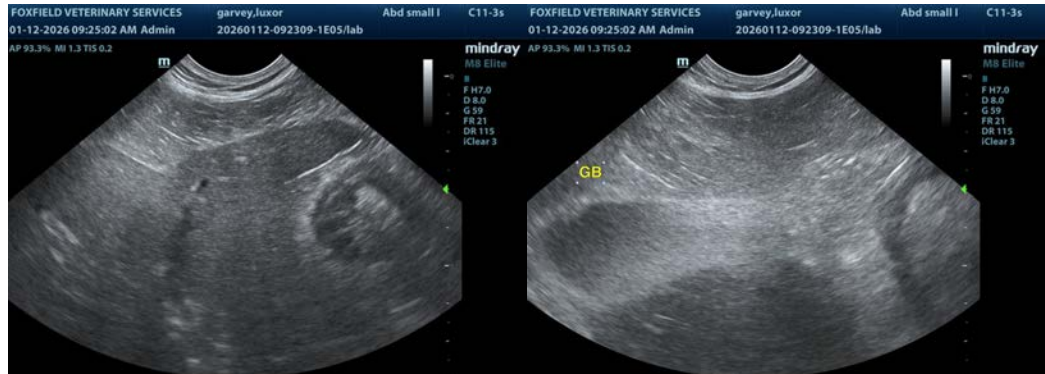
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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