



PATIENT	PRESENTING CLINICAL SIGNS
Rufus Patterson	Vomiting profusely especially after drinking - did vomit some wood pieces - possibly ate a wooden toy - may have had a line on it per o - dehydrated - stool so far normal Radiographs-- no obvious FB or signs of obstruction noted
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Globs elevated - 5.5 (2.4 -4.0 g/dl)
BREED	
Pitbull Mix	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
MN	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.
AGE	The residual prostate was free of pathology.
9	No evidence of pathology in the area of the aortic trifurcation.
WEIGHT	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 6.4 cm in length. The right kidney measured 6.8 cm in length.
51 lbs.	Adrenal Glands
INTERPRETED BY	Both adrenal glands were indistinctly visualized. The left adrenal gland was overtly normal in size, position, and shape, measuring 0.64 cm width at the caudal pole. The subjective right adrenal gland was without overt pathology, measuring 0.65 cm width at the caudal pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Arch Gordon	Liver/ Gallbladder
HOSPITAL NAME	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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Coral Ridge AH	
REFERRING VET	
Arch Gordon	
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10544	
DATE	
1/13/26	



PATIENT

Rufus Patterson

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Gastrointestinal

The stomach presented intact wall. The stomach contained a mild amount of variably echogenic yet nonshadowing ingesta. There was no obvious obstruction to pyloric outflow or shadowing gastric content.

The small intestine presented intact wall layering with primarily empty intestinal lumen. Mild nonshadowing duodenal ingesta / chyme was present.

Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

The right pancreas exhibited potential for mild regional hypoechoic parenchyma compared to adjacent nonreactive or inflamed omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nondistended stomach with mild nonshadowing variably echogenic gastric ingesta
- Generalized empty small intestine with mild nonshadowing duodenal ingesta / chyme
- Subjective mild regional hypoechoic right pancreas
- Formed fecal matter in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive gastrointestinal foreign body or obstructive pattern was not visualized. If the patient is documented NPO, some degree of metabolic or functional gastric ileus may be present. There is no indication for immediate surgical intervention; gastrointestinal support and clinical monitoring are recommended. A spec cPL is warranted to assess for evidence of mild right limb pancreatitis. Sonographic reassessment, if persistent/progressive gastrointestinal signs, is recommended.



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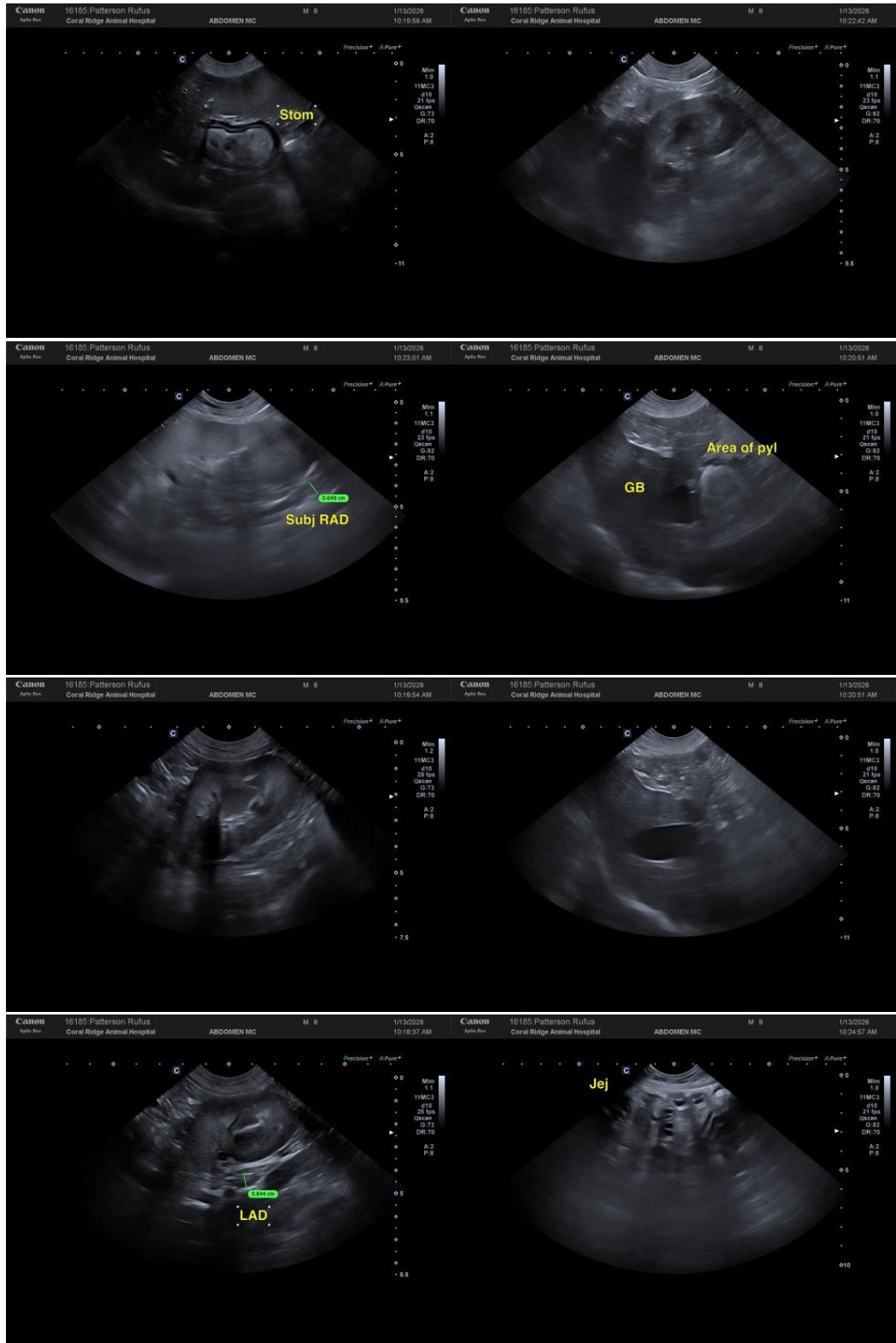
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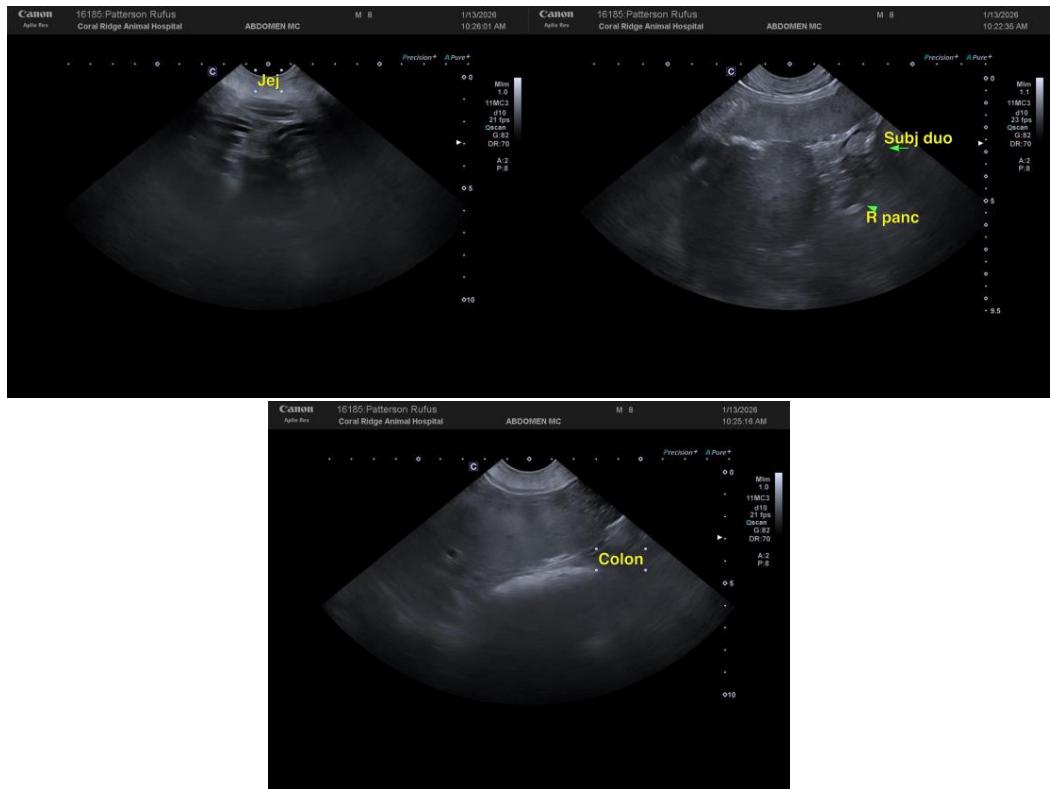
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com