

PATIENT

Luca Gallager

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

5

WEIGHT

32

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Byron Cabrera

HOSPITAL NAME

All Creatures Great &
Small Denville

REFERRING VET

Dr. Silas Ashmore

INVOICE

13357

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- Vomiting for 3 days, not holding down solids just water, suspected ate plastic

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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No obvious pathology in the area of the residual prostate.

Normal size and margination was 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 4.5 cm in length with probable mild underestimation of left kidney size. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 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.

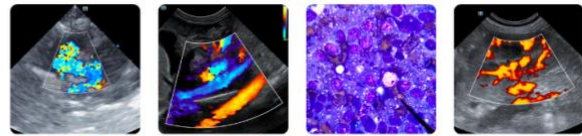
Liver & Gallbladder

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. 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

The stomach presented intact to borderline mild thickened wall. The stomach contained retained echogenic fluid and subjective multiple mildly irregular strongly shadowing content potentially extending into the pyloric outflow. An example of the shadowing content measured 1.0 cm to 2.0 cm in diameter.



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The visualized segments of small intestine exhibited intact wall layering and normal wall later rato with empty intestinal lumen containing minor segmental gas.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

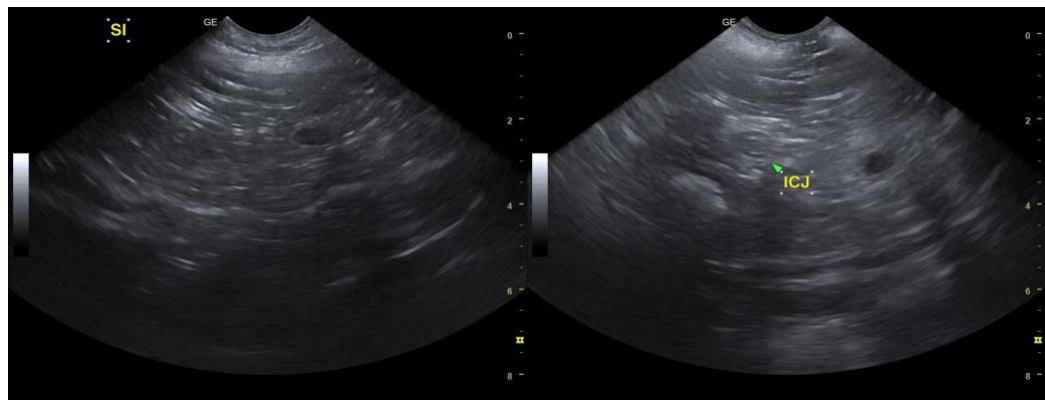
No overt lymphadenopathy or peritoneal effusion was present.

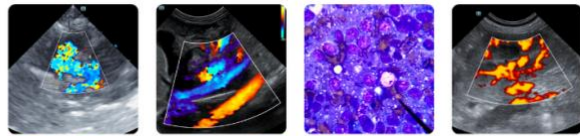
ULTRASONOGRAPHIC FINDINGS

- Probable multiple gastric foreign bodies potentially extending into the pyloric outflow with retained gastric fluid.
- Sonographically normal empty visualized small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In conjunction with reported vomiting and dietary indiscretion, the presence of shadowing content within the stomach lumen is consistent with probable multiple gastric foreign bodies. Some degree of obstruction to pyloric outflow is not excluded. Definitive evidence of small intestinal shadowing content or foreign material is not definitively visualized. Exploratory laparotomy with gross inspection of the gastrointestinal tract and expectation toward gastrotomy is recommended.





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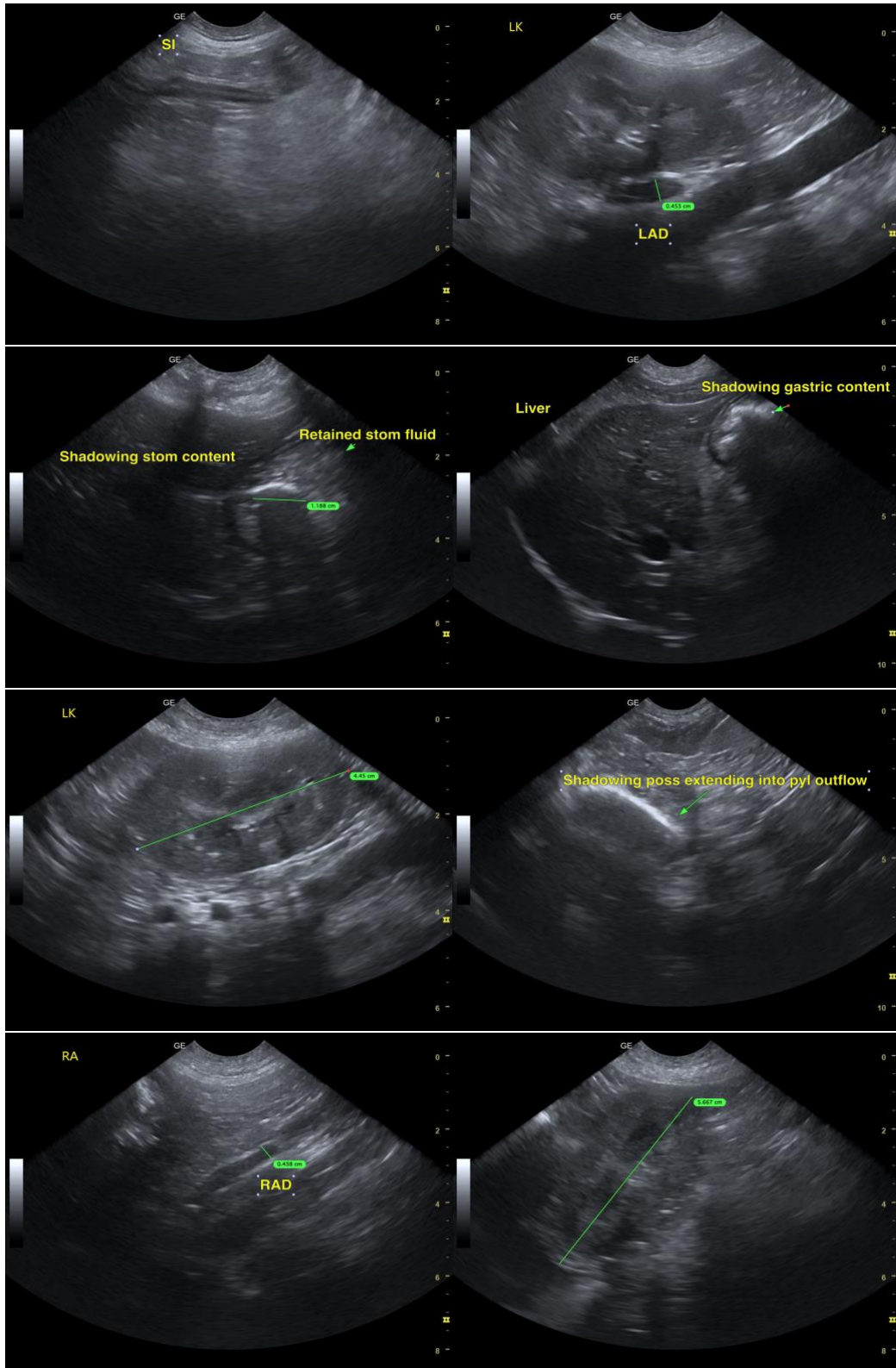
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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