



PATIENT PRESENTING CLINICAL SIGNS

Packer Delgrosso • Not eating, wt loss, lethargic. Vomiting hx of ACLS

SPECIES Abnormal PE/Chem/CBC/UA Results: TP-7.5 Glob-3.8 ALP-221 RBC-9.5 Accuplex neg.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

SEX

MN Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 7.0 cm in length.

AGE

10yr The area of the aortic trifurcation was free of pathology.

WEIGHT *Adrenal Glands*

85lb The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

INTERPRETED BY *Spleen*

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

IMAGING PERFORMED BY

Kerri Becker *Liver/Gallbladder*

HOSPITAL NAME

Paws Wings Scales AH 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr Stancel *Gastrointestinal*

INVOICE

23685

DATE

01/27/2026



PATIENT

Packer Delgrosso

Segmental to generalized duodenal plication with retained duodenal fluid and concurrent hyperechoic duodenal lumen linear echo extending caudally potentially into the jejunum. Concurrent focally visualized jejunal strongly shadowing lumen echo with concurrent empty jejunal segments likely distal.

SPECIES

Canine

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.

BREED

Mix

Free Abdomen

No visualized significant omental lymphadenopathy.

SEX

No evidence of peritoneal effusion.

MN

Mild increased periduodenal omental echogenicity.

AGE

10yr

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastric foreign body suspect anchored extending into duodenum and likely jejunum with secondary duodenal plication, concurrent jejunal foreign body and segmental duodenojejunal obstructive pattern

WEIGHT

85lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward gastrotomy and potential multiple enterotomies is recommended. No obvious evidence of current intestinal plication or peritonitis. Potential for resection anastomosis not definitively excluded and dependent upon gross inspection of the small intestine at time of surgery. Concurrent intestinal biopsies may be considered to assess for underlying intestinal disease.

INTERPRETED BY

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

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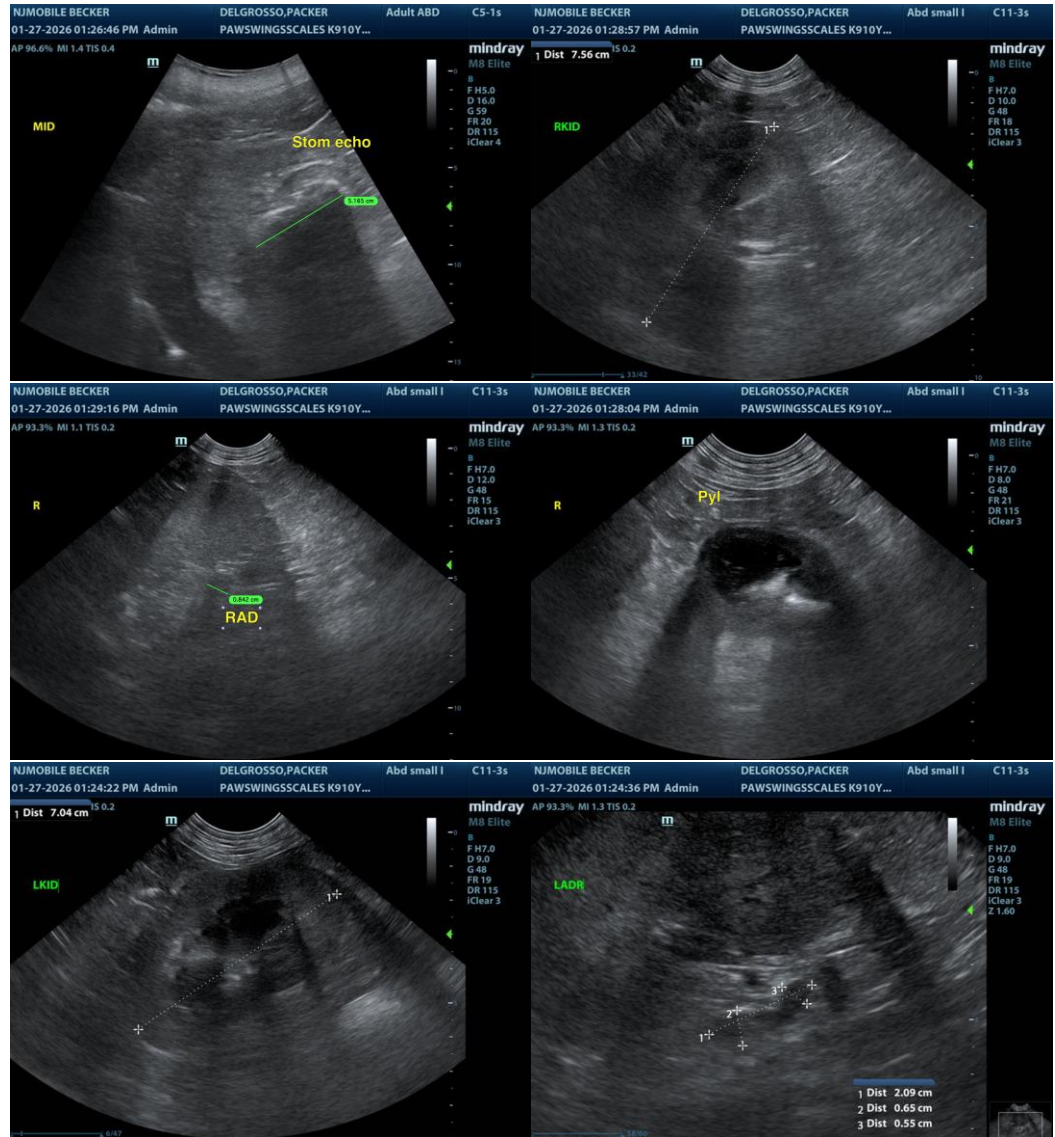
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SPECIES

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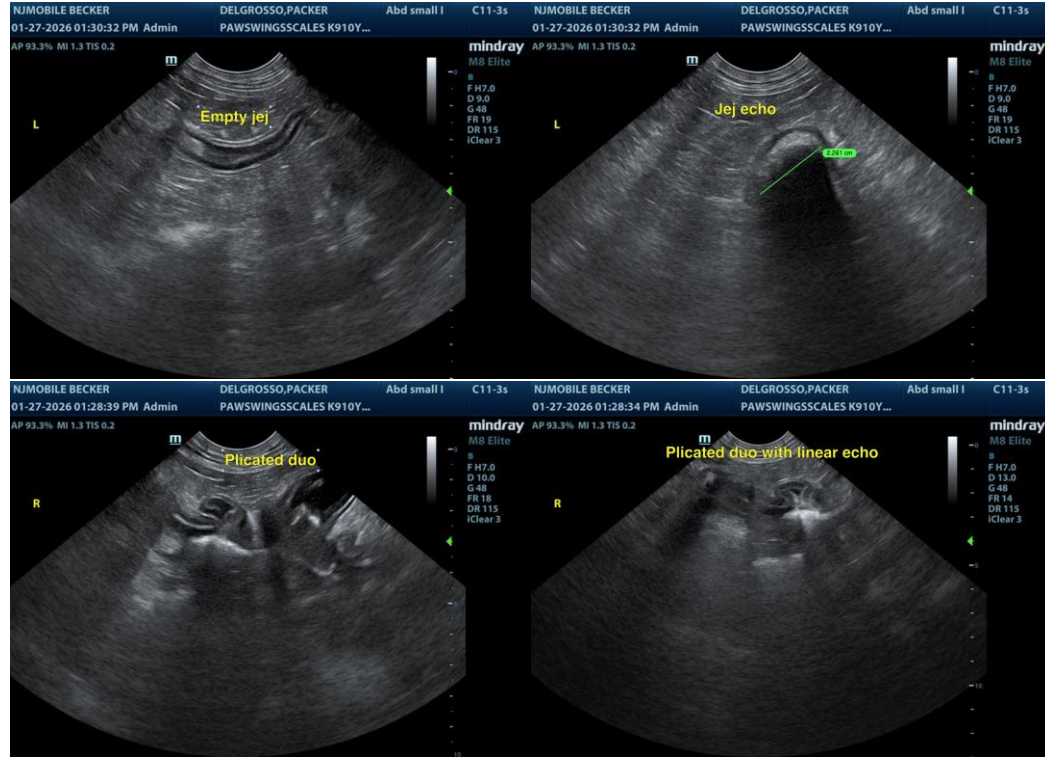
MN

AGE

10yr

WEIGHT

85lb



INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kerri Becker

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