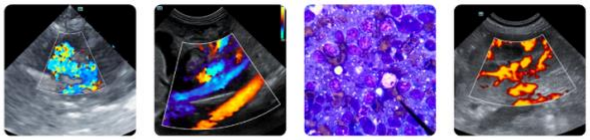




**PATIENT**

Doogie Kight

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Neutered Male

**AGE**

4 Years 11 Months

**WEIGHT**

27.8 kg

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP

**IMAGING PERFORMED BY**

Dallas Reynolds LVT

**HOSPITAL NAME**

Lone Mountain Animal Hospital

**REFERRING VET**

Dr. Emilie Dours

**INVOICE**

12939

**DATE**

01/03/2026

## PRESENTING CLINICAL SIGNS

Presented for acute on chronic intermittent vomiting. Typically vomits about once/week lifelong with occasional loose stool, but since last week has been vomiting daily and decreased appetite the last 4 days with some weight loss and lethargy. Possibly ate turkey brine with onion, garlic, etc. Concerned for obstruction.

Abnormal PE/Chem/CBC/UA Results: NSF

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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 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.

The area of the residual prostate appeared normal and free of pathology.

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 7.1 cm in length. The right kidney measured 6.7 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 0.68 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 0.50 cm width at the caudal pole.

### *Spleen*

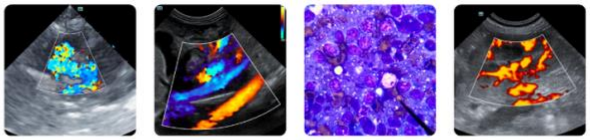
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### *Liver*

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 nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*





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The stomach presented intact visible wall layering. The stomach exhibited moderate distention with primarily retained anechoic fluid. A small hypoechoic progressively shadowing echo or content was present within the stomach lumen.

The small intestine presented with overall intact wall layering exhibiting subjective propensity for mildly prominent intestinal submucosa and muscularis layer. Mild fluid distended intestinal segments likely consistent with upper intestinal location. A solitary strongly shadowing intestinal lumen echo was present and suggestive of potential distal duodenal or upward jejunal location and foreign body measuring 3.4 cm in diameter. Empty intestinal segments distal.

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

### *Pancreas*

The area of the pancreas was sonographically normal.

### *Free Abdomen*

A medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 3.5 cm x 0.90 cm.

Jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Small intestinal foreign body with obstructive gastrointestinal pattern proximal, empty small intestine distal.
- Nonspecific subjective prominent intestinal submucosa and muscularis layers.
- Possible concurrent progressively shadowing gastric content/echo.
- Semi formed to soft fecal matter in colon.

### Secondary Findings

- Mild gallbladder debris- suspect secondary to anorexia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract with expectation toward enterotomy and with gastrointestinal biopsies is considered essential to assess for underlying gastrointestinal disease in conjunction with the patient's history, is recommended.

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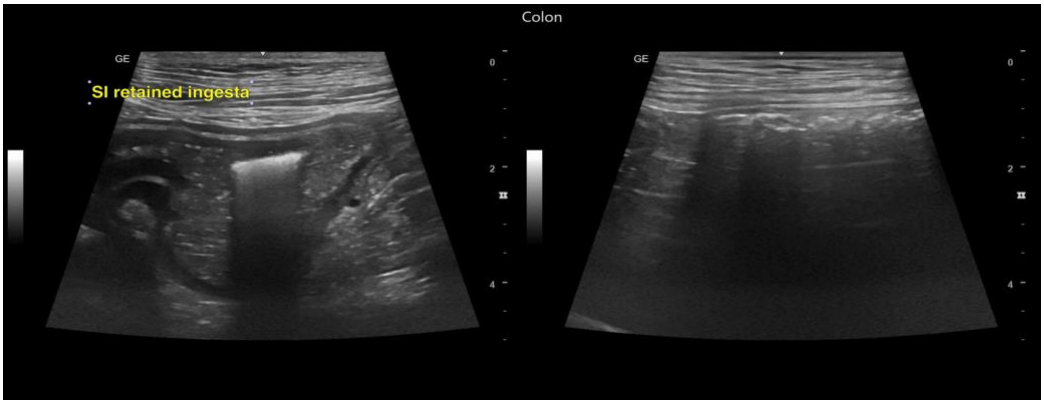


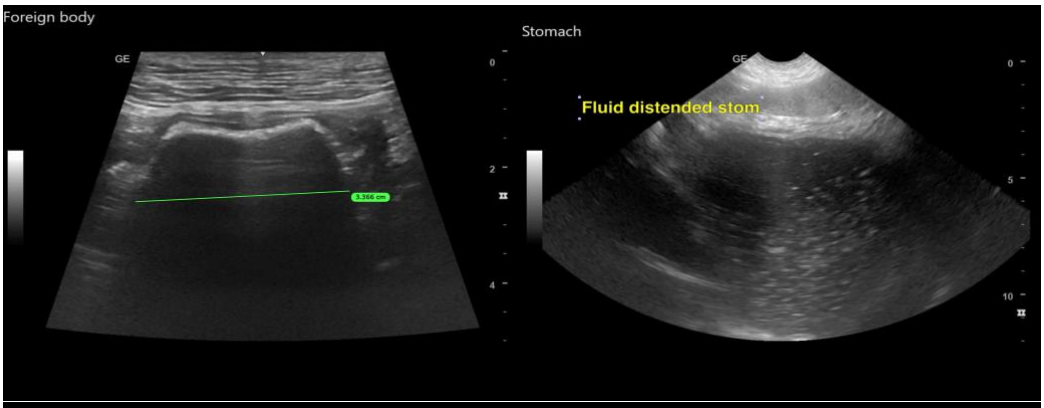


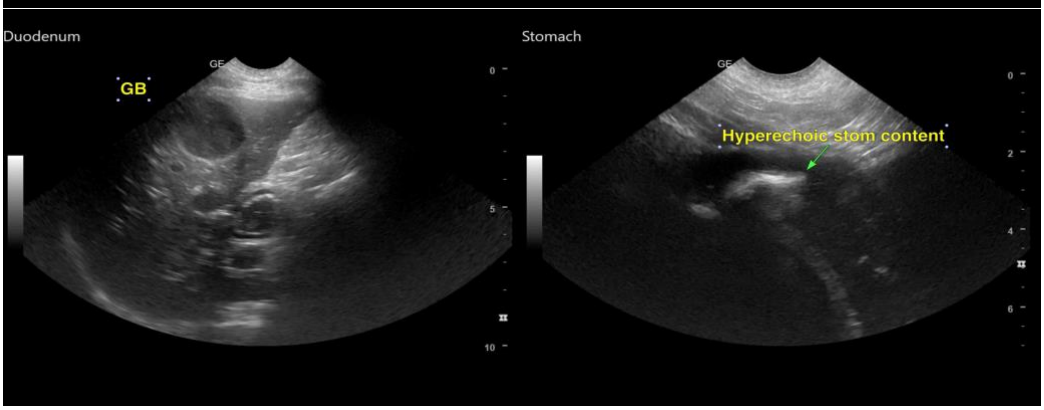

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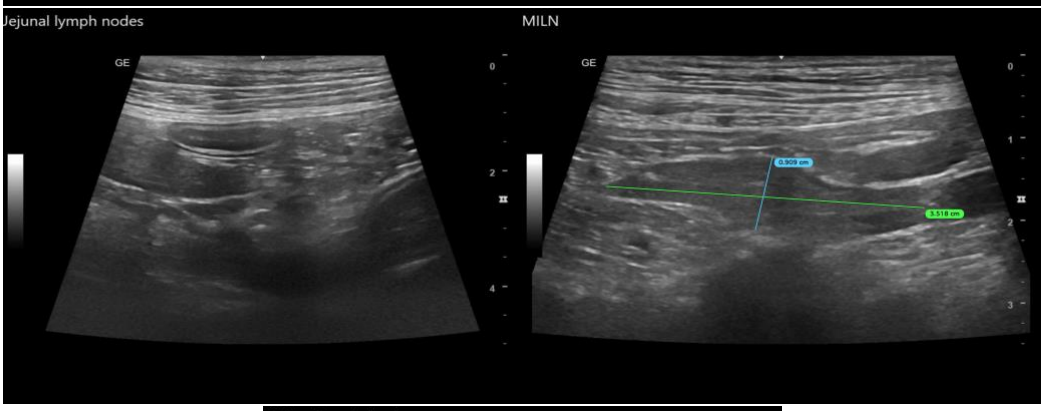


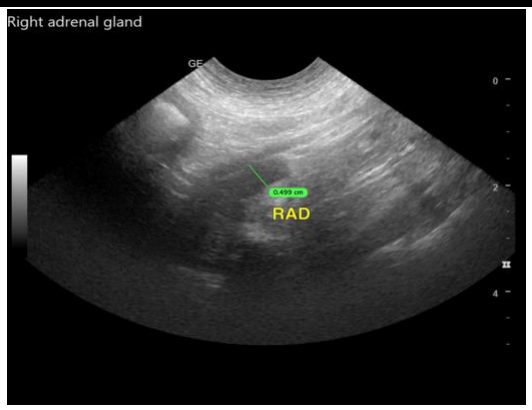


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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