



PATIENT

Rocky Jaszka

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

1 Year

WEIGHT

54 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu Veterinary Clinic

REFERRING VET

Dr. Brooke Beatty

INVOICE

12953

DATE

01/05/2026

PRESENTING CLINICAL SIGNS

P presented today 1/5/26 for vomiting and diarrhea since 1/3/26. No known FB ingestion.

Abnormal PE/Chem/CBC/UA Results: No labs run

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 aortic trifurcation was free of pathology.

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 6.4 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland presented with possible mild subnormal size. The left adrenal gland subjectively measured 0.40 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented with intact subjective mildly thickened wall. The stomach contained a mild amount of retained anechoic fluid and mild lumen gas. The gastric body wall measured 0.85 cm wall width.



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The small intestine presented overall intact intestine wall with maintained wall layer ratio. The small intestine exhibited segmental empty intestinal segments with concurrent mild to variable intestinal ileus and lumen gas. A possible (yet not definitive) indistinctly visualized small versus large intestine lumen echo and surrounding lumen gas was present, potentially measuring 3.0 to 4.0 cm in length.

The colon presented normal intact visible wall and was mildly distended in size containing generalized semi formed to soft fecal matter consistent with patient's history.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent mild to variably prominent mesenteric 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). An example of the lymph nodes measured 2.5 cm x 1.0 cm in diameter. Some areas of mild increased peri-intestinal omental echogenicity without evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Acute gastroenteropathy exhibiting mild gastric and segmental intestinal ileus/gas.
- Semi formed to soft fecal matter in colon.
- Possible (although not definitive) small versus large intestine lumen echo versus gas artifact.
- Intermittent mild to variable mesenteric lymphadenopathy- reactive hyperplasia or mild lymphadenitis owing to inflammatory bowel episode or immunologic immaturity probable.
- Subjective normal left adrenal gland with nonvisualized right adrenal gland- nonspecific.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance, infectious disease, enterotoxin, acute inflammatory bowel episode or emerging IBD, occult parasitism, occult Addison's disease or potential indistinctly visualized to possibly passing enterocolic foreign body are all potentials. A definitive area of small intestinal obstruction was not obvious potentially owing to small intestinal gas. Given this presentation, hospitalization with gastrointestinal support including IV fluids to possibly dissipate gastrointestinal gas pattern, documented 12-hour fast and sonographic reassessment of the gastrointestinal tract is recommended. Correlation with full lab work, fresh fecal analysis/Parvo test and screening cortisol level is recommended. Pending additional clinical monitoring and diagnostics and if nonresponsive gastrointestinal signs or persistent/progressive gastric and segmental intestinal ileus, exploratory laparotomy with gastrointestinal biopsies are considered essential despite exploratory findings and are therefore warranted.



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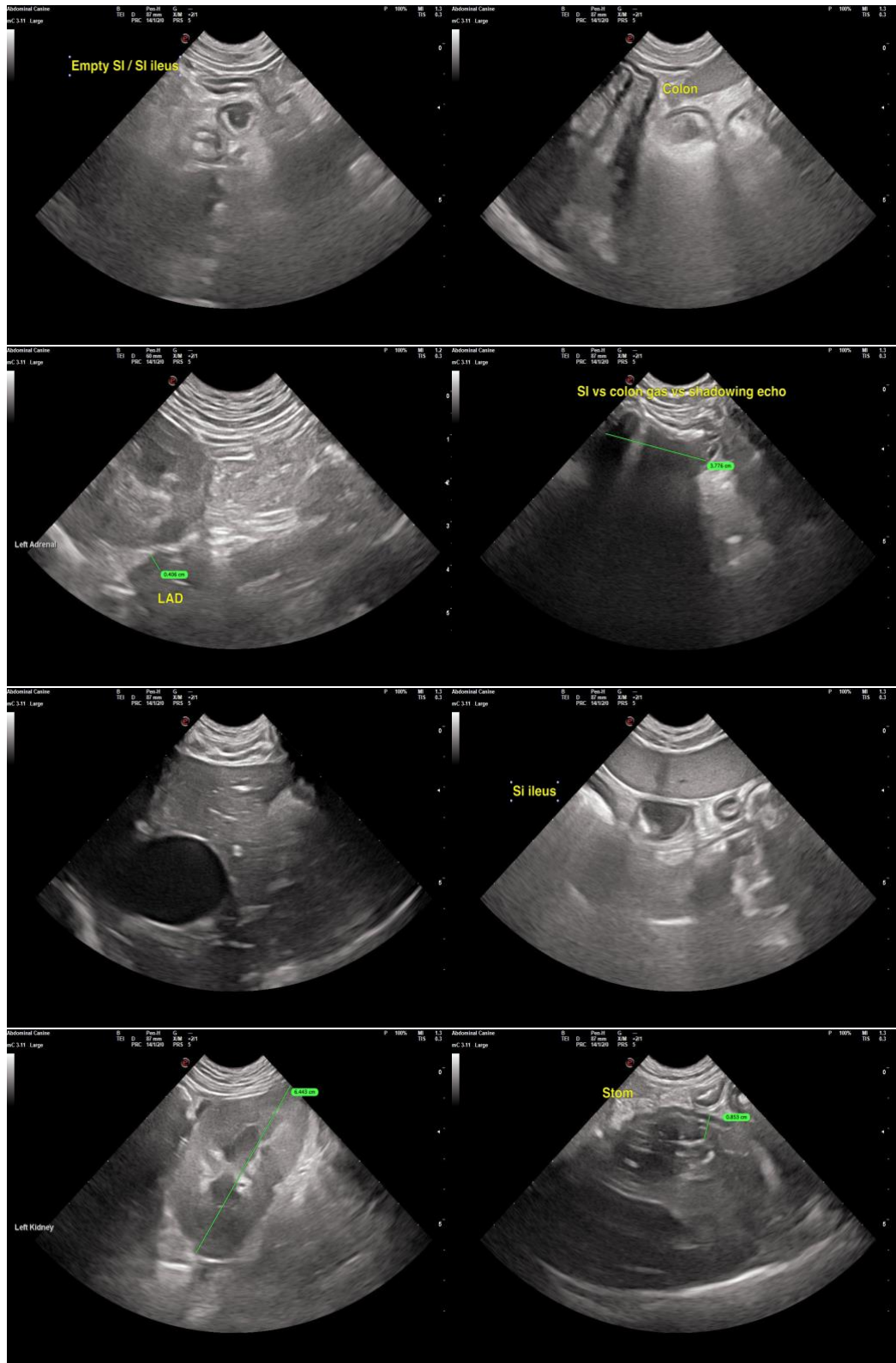
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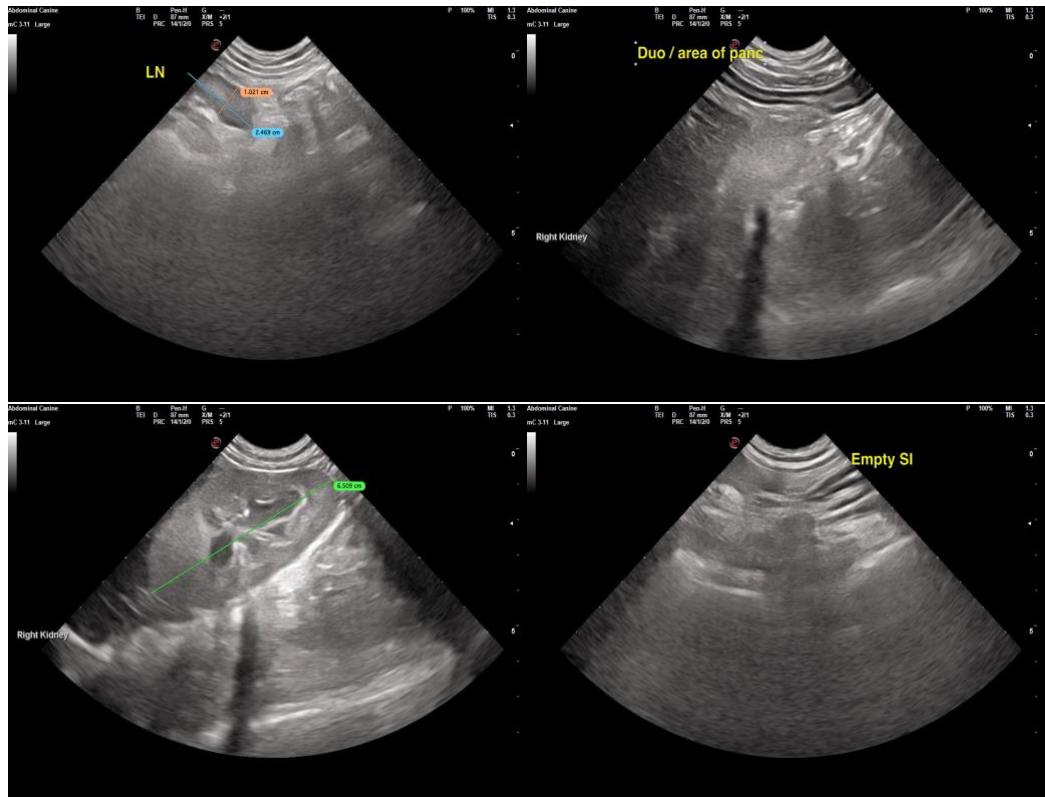
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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