



PATIENT

Josie Whitnay

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

2

WEIGHT

32

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Harrs

INVOICE 23461

DATE
01/06/2026

PRESENTING CLINICAL SIGNS

ingested sock and hair ties , vomiting, hypochloremia 6-8% dehydration intestinal fb on rads

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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.

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 5.6 cm in length. The right kidney measured 5.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 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 0.56 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. 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild anechoic fluid with no signs of obstruction or foreign material.

The small intestine exhibited segmental distention with retained fluid involving the duodenum and segmental jejunum. Within the area of the mid to distal duodenum, a strongly shadowing lumen echo consistent with duodenal foreign body was present. Concurrent shadowing jejunal lumen echo consistent with jejunal foreign body was present. Empty, normal appearing small intestinal segments likely distal.



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

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Pancreas

The area of the pancreas was sonographically normal.

SPECIES

Free Abdomen

Canine

No overt evidence of peritoneal effusion was present.

BREED

Intermittent mildly prominent to enlarged 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).

Poodle Mix

Mid to cranial abdomen peri-intestinal to regional hyperechoic omentum was present.

SEX

ULTRASONOGRAPHIC FINDINGS

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- Duodenal and subjective jejunal foreign bodies with concurrent segmental obstructive intestinal pattern, regional peri-intestinal hyperechoic reactive possibly mildly inflamed omentum.
- Empty normal small intestinal segments likely distal.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Once the patient is stable for anesthesia, exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward probable enterotomies +/- intestinal biopsies is recommended.

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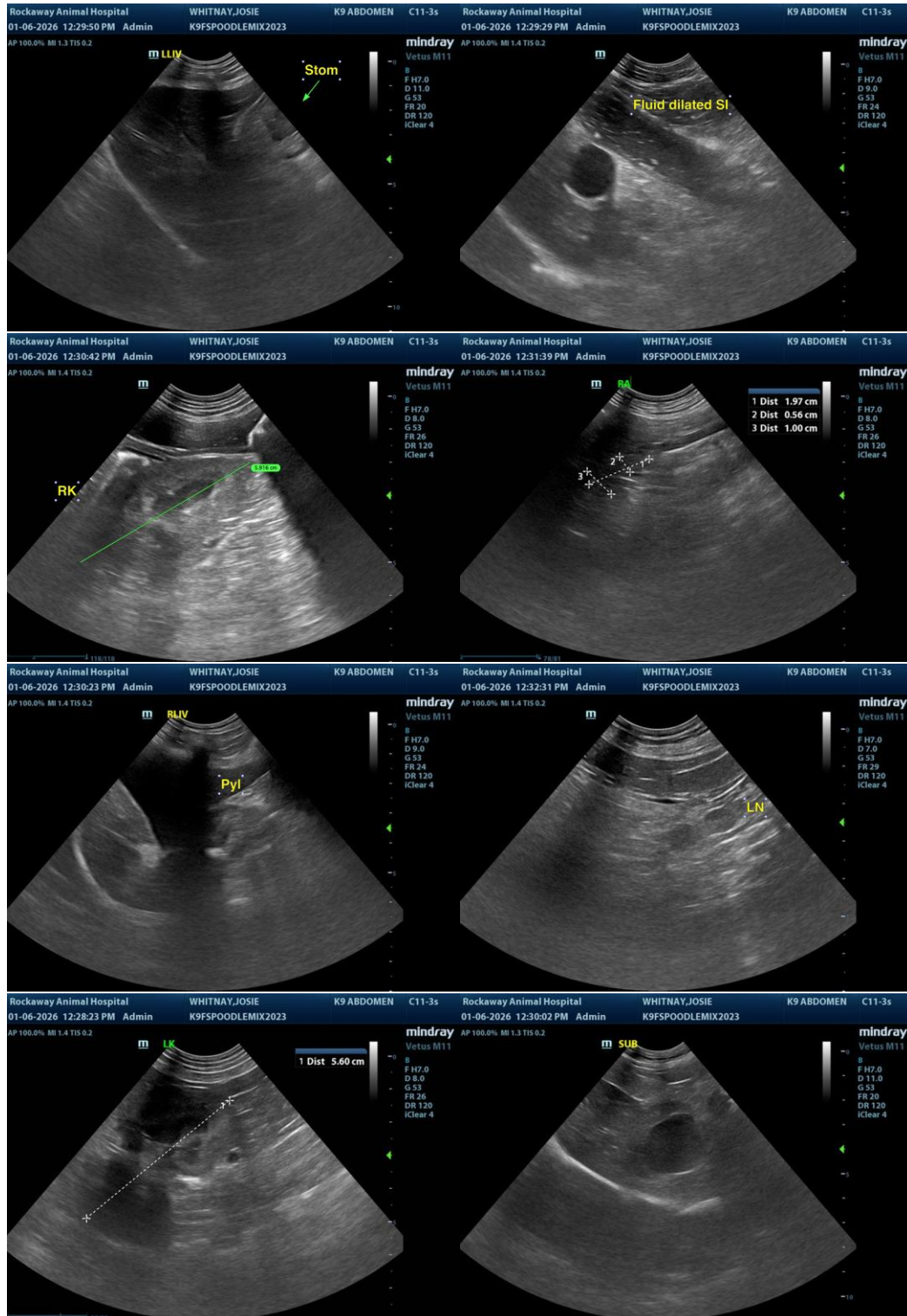
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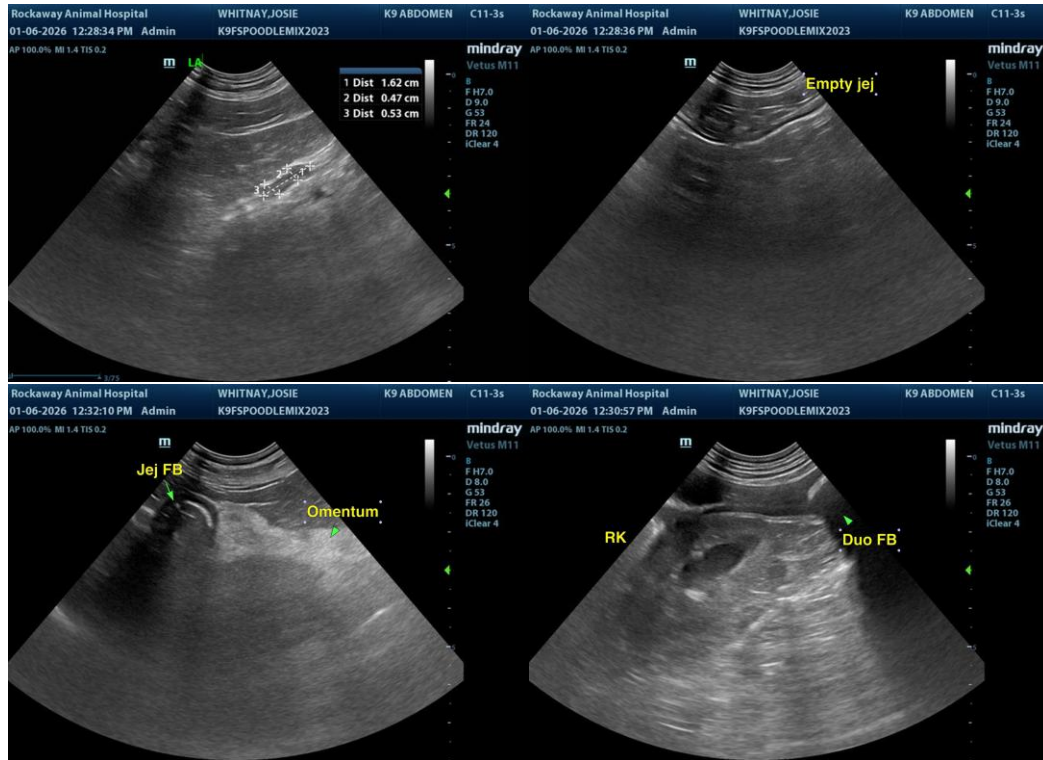
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com