



PATIENT

Ranger Hudzina

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Intact

AGE

2y 5m

WEIGHT

35.5 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Brandywine Valley VH

REFERRING VET

Courtney Mooney,
VMD

INVOICE

13033

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: AUS to further evaluate acute vomiting. Concern for FB ingestion/obstruction. Vomiting most of the day 1/7, may have gotten into construction material 1/6. Treated supportively- Cerenia, Sucralfate.

Meds: Sucralfate.

Abnormal PE/Chem/CBC/UA Results: AXR: concerns for soft tissue opacity in area of duodenum/cranial abdomen - concerns for mechanical obstruction - partial vs. full. Fecal material, possible foreign material (increased opacity mixed with normal fecal material) and gas distention of the colon. No BW at this time.

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 changes were noted.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.3 cm in diameter.

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 6.5 cm in length. The right kidney measured 7.0 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 0.46 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 0.61 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



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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 was empty with mild lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The colon presented with a normal intact visible wall with the proximal transverse and proximal descending colon containing possible soft fecal matter and strongly shadowing fecal matter present in the descending colon.

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.

PRIMARY FINDINGS

- Sonographically normal empty gastrointestinal tract
- Variably formed to strongly shadowing fecal matter in colon
- Normal area of pancreas

SECONDARY FINDINGS

- Benign prostatic hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of current gastrointestinal mechanical obstructive pattern or foreign material. Potential past foreign material given patient history currently within the descending colon is possible. No indication for immediate surgical intervention. Gastrointestinal support with empirical therapy for potential secondary esophagitis or mild gastritis with clinical monitoring as well as monitoring of fecal output and defecation pattern is recommended. Sonographic reassessment indicated if progressive gastrointestinal signs.



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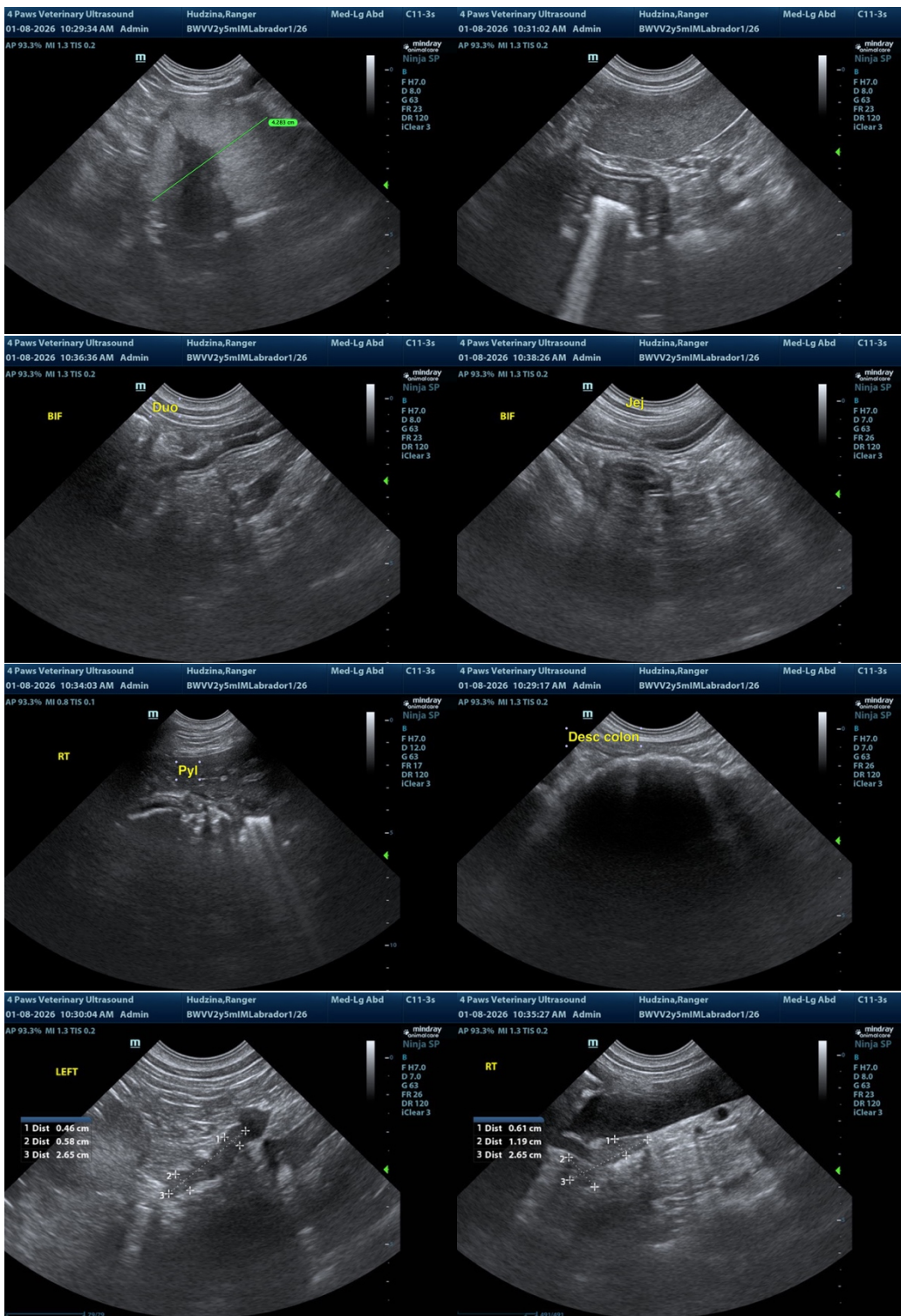
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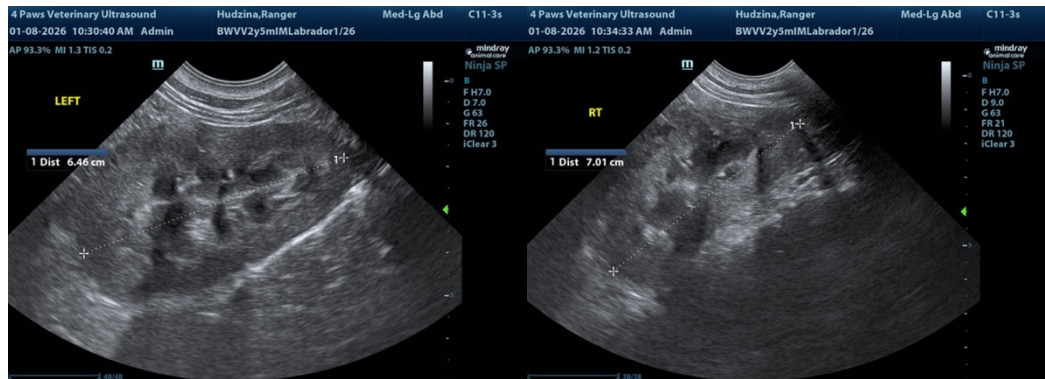
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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