



PATIENT

Blu Hendrickson

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

6 Years

WEIGHT

78 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Dr. Rodriguez

INVOICE

12228

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Presented for wellness exam and vomited twice in the room. Hx of multiple FB sx.

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 change were noted.

No obvious pathology in the area of the residual prostate.

The area of the aortic trifurcation was 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 7.0 cm in length.

Adrenal Glands

The region of the left adrenal gland imaged no evident pathology.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.88 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach was nondistended with strongly shadowing mild irregular content.

The small intestine presented with segmental thickened wall exhibiting indistinct mural detail with concurrent segmental strongly shadowing lumen content exhibiting linear component and associated segmental intestinal plication, mild intestinal fluid distention and obstructive pattern. Thickened intestine wall measured 0.81 cm wall width. Concurrent empty normal appearing small intestine without evidence of mechanical/metabolic ileus likely distal.



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

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Pancreas

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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.

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Free Abdomen

Pitbull

No obvious visualized significant peritoneal effusion was present or lymphadenopathy although mild isoechoic mesenteric lymphadenopathy is probable. Mild peri-intestinal hyperechoic omentum.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Gastric and segmental intestinal foreign body exhibiting concurrent linear component with associated segmentally thickened to plicated intestine and mild intestinal obstructive pattern.
- Concurrent empty small intestine likely distal.
- Mild peri-intestinal hyperechoic omentum.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

6 Years

WEIGHT

Exploratory laparotomy with gross inspection of the gastrointestinal tract with expectation toward gastrotomy and potential multiple enterotomies is recommended. Inflammatory intestinal changes considered probable with intestinal neoplasia thought less likely. Potential for resection anastomosis is dependent on gross inspection of the small intestine at the time of surgery. Given patient's history, intestinal biopsies are recommended to assess for underlying intestinal disease.

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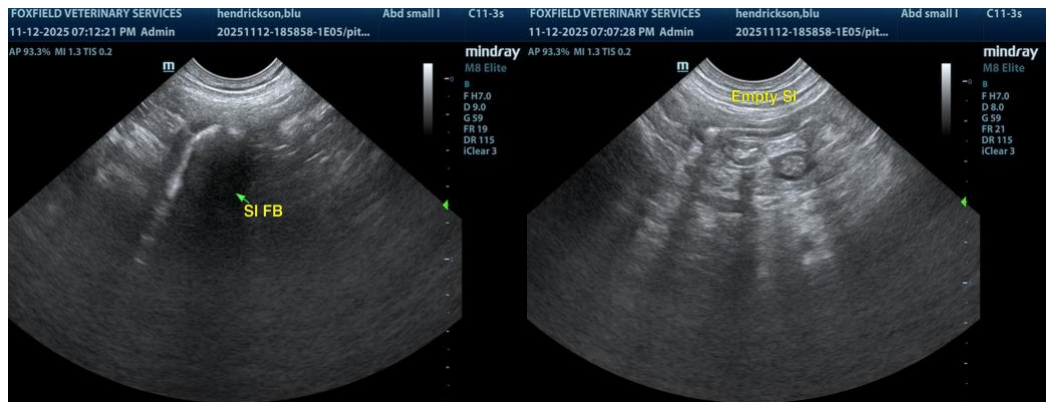
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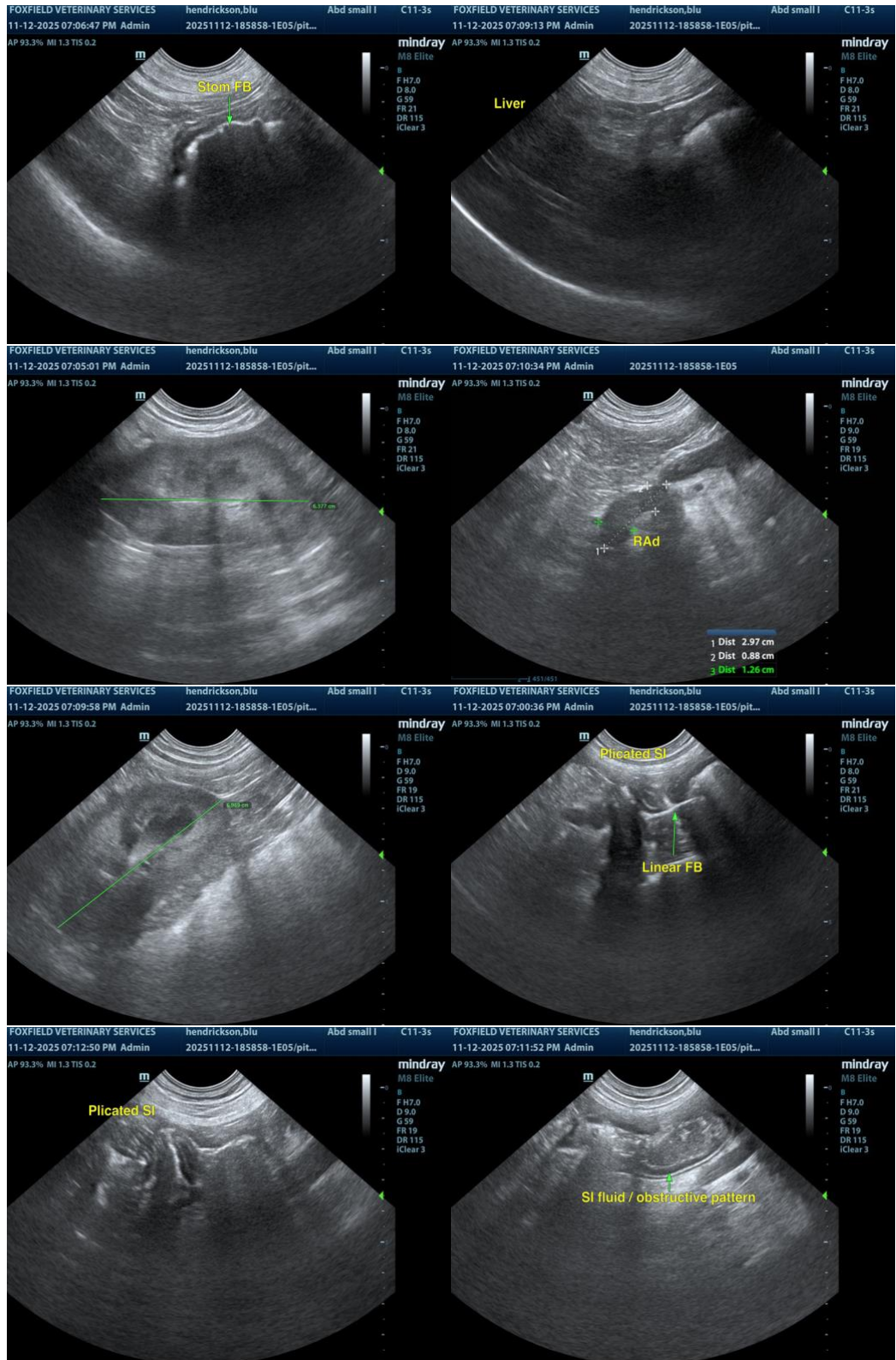
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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