



## PATIENT

Rocco Flores

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

3.5 Years

## WEIGHT

69 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Rodriguez

## HOSPITAL NAME

Foxfield Veterinary  
Services

## REFERRING VET

Dr. Rodriguez

## INVOICE

71874

## DATE

11/17/25

## PRESENTING CLINICAL SIGNS

Suspected FB  
Abnormal PE/Chem/CBC/UA Results: Pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 changes were noted.

The area of the iliac trifurcation was free of pathology.

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 6.3 cm in length. The right kidney measured 6.5 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 0.53 cm at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm 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. Mild cranial and caudal medial folding present.

### *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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine presented similar appearing non-shadowing ingesta with concurrent fluid exhibiting oral/aboral movement. Gas noted in the duodenum and segmental jejunal. Thickened mid abdominal jejunal wall with strongly shadowing irregular lumen echo measuring approximately 3.0-4.0 cm in



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diameter. Empty jejunum to the level of ileum and colon subjectively distal. Mid abdominal peri intestinal hyperechoic reactive/possibly inflamed omentum noted.

Normal visible colon wall layers were present. The colon was non-distended, containing segmental semiformal fecal matter and segmental empty lumen with mild gas.

**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 visualized significant omental lymphadenopathy or peritoneal effusion.

**ULTRASONOGRAPHIC FINDINGS**

- Jejunal foreign body with obstructive gastrointestinal pattern proximal, empty small intestine distal.
- Associated segmental inflammatory intestinal mural changes and peri intestinal reactive, possibly inflamed omentum.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory laparotomy with gross inspection of the gastrointestinal tract and expectation toward enterotomy is recommended. Additional to multifocal gastrointestinal foreign bodies were not obvious and thought less likely. Intestinal biopsies at the time of surgery may be considered pending gross inspection of the gastrointestinal tract.





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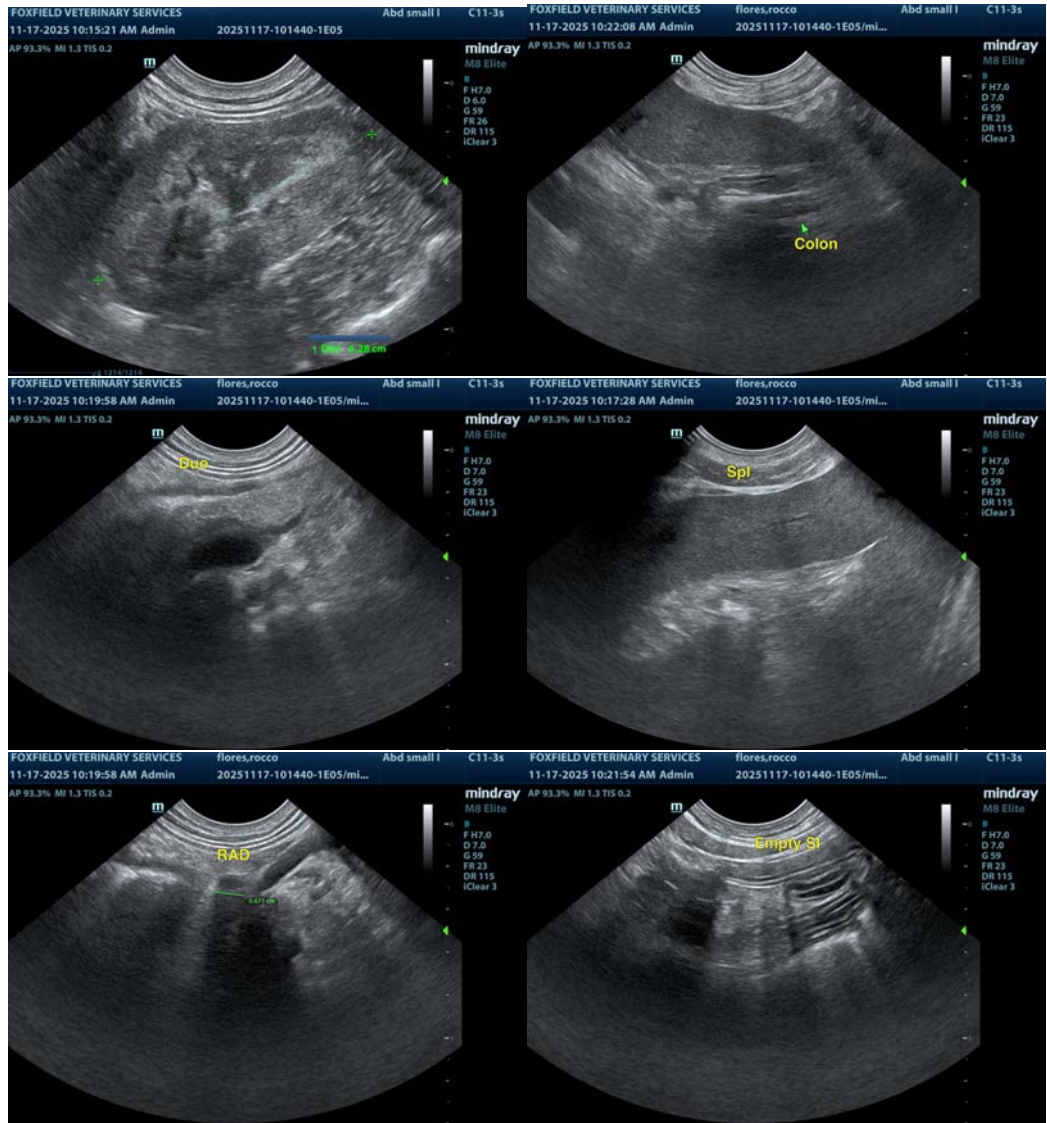
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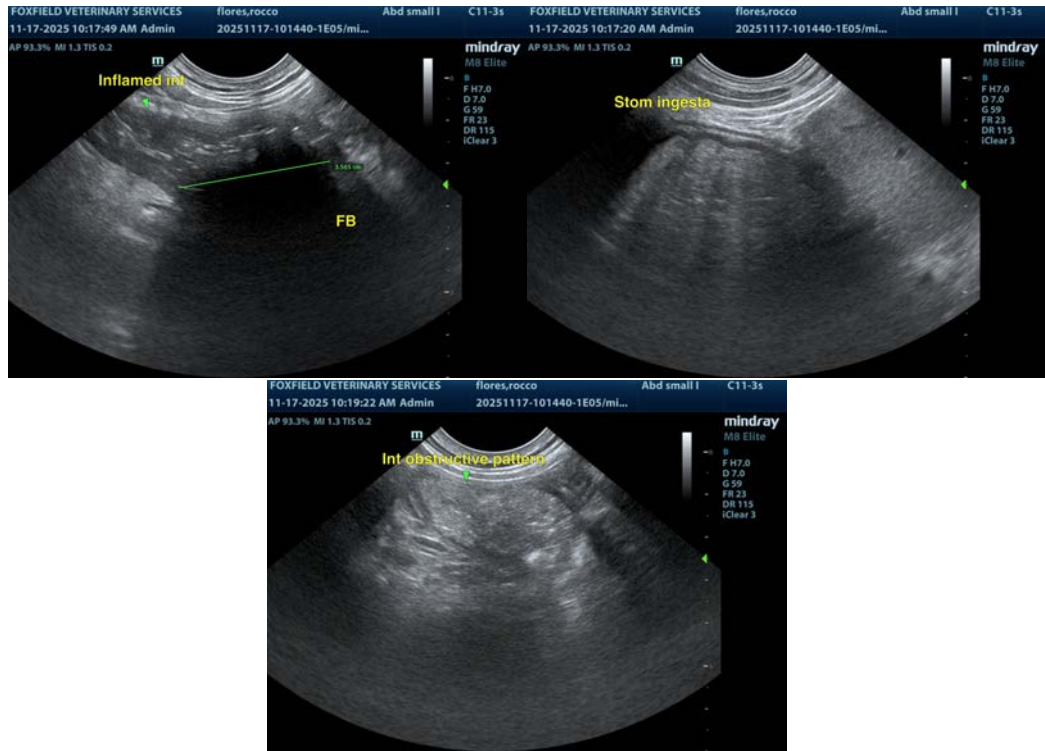
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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