



PATIENT

Tasha Rubenstein

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

9 years

WEIGHT

58 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
 CVT

HOSPITAL NAME

Dr. T's Vet Care

REFERRING VET

Dr. Turk

INVOICE

12828

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: Irregularities on Abd radiographs of stomach and spleen, anorexia, Vomiting, Lethargy past 4 days.

Current meds: Mirtazapine 30mg SID

Abnormal PE/Chem/CBC/UA Results: 13.5 k WBC, 11.13 Neut, HGB 18.1, HCT 53% Na & K: Low end of normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 changes were noted.

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 6.8 cm in length. The right kidney measured 6.8 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 0.69 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 0.79 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 presented intact visible wall layering with moderate distention and irregular, strongly shadowing content occupying majority of the gastric lumen extending into the pyloric outflow.



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The small intestine exhibited segmental plication with strongly shadowing lumen echoes including duodenal and subjective segmental jejunal hyperechoic linear foreign body. Associated duodenojejunal plication and subjective intussusception to potential multiple intussusceptions. Concurrent empty small intestinal segments subjectively distal to the plicated segments with strongly shadowing to linear foreign bodies. Segmental generally mild fluid distention present.

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

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

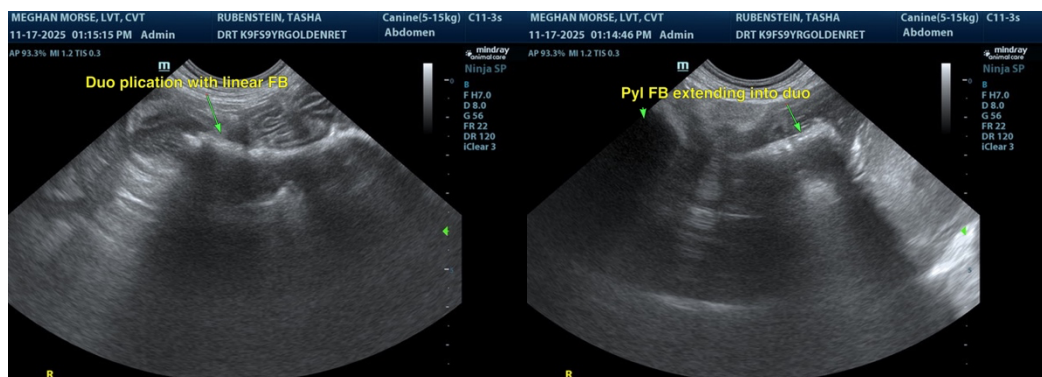
Mild surrounding peri intestinal hyperechoic omentum. Intermittent, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion was present.

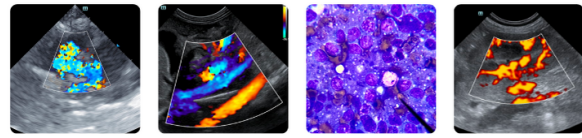
ULTRASONOGRAPHIC FINDINGS

- Multiple gastrointestinal foreign bodies with likely anchorage in the stomach, extension into the duodenojejunum with associated liner foreign body, duodenojejunal plication and intussusception/possible multiple intussusceptions
- Mild peri intestinal hyperechoic omentum and generally mild subjective benign mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Laparotomy with gross inspection of the gastrointestinal tract with expectation toward gastrotomy and multiple enterotomies is indicated. The possibility of resection and anastomosis is independent upon gross inspection of the gastrointestinal tract and if potential multiple intussusceptions are present. No overt evidence of current intestinal perforation or overt neoplastic criteria with mild reactive peri intestinal or omental changes and mesenteric lymphadenopathy probable.





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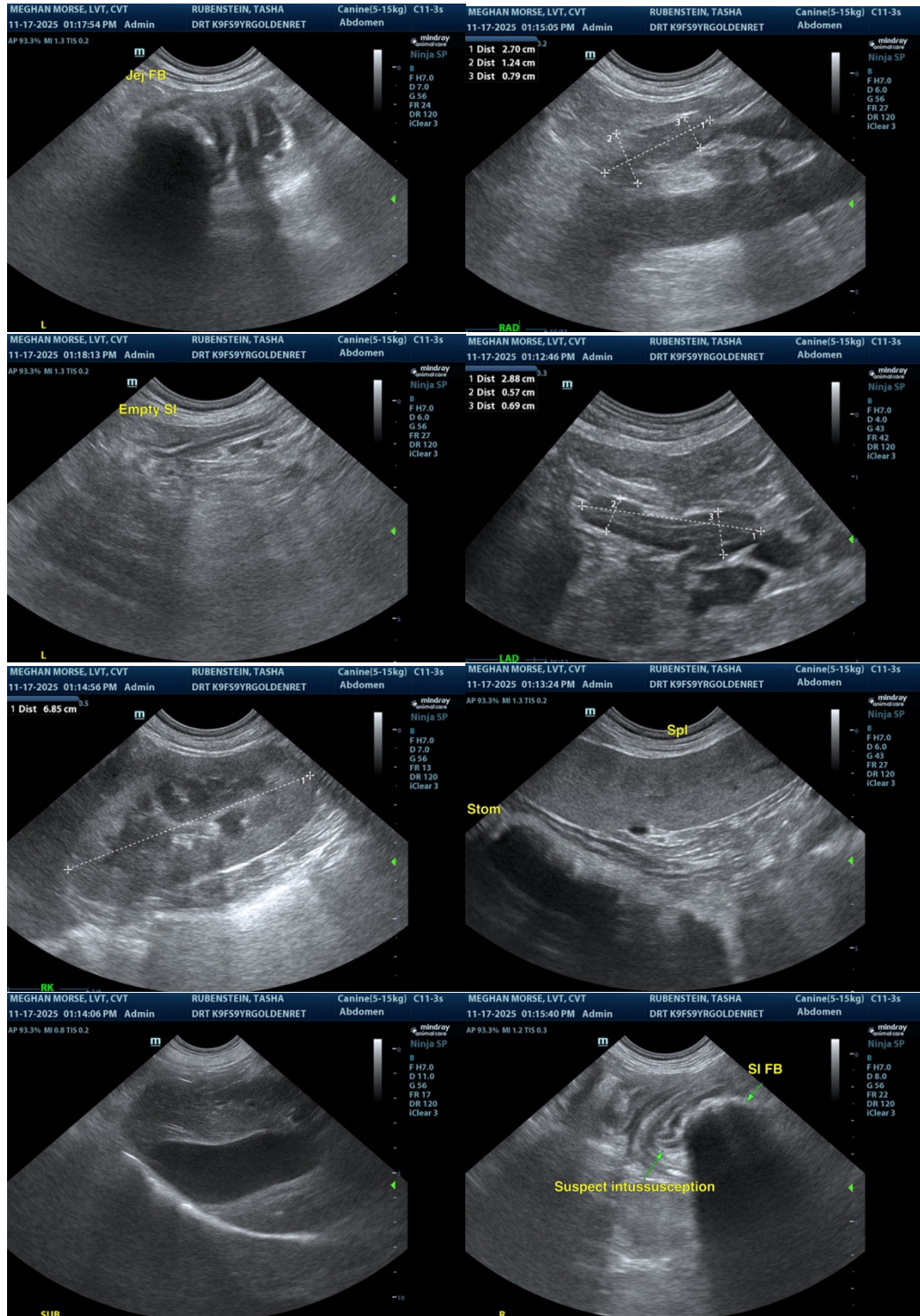
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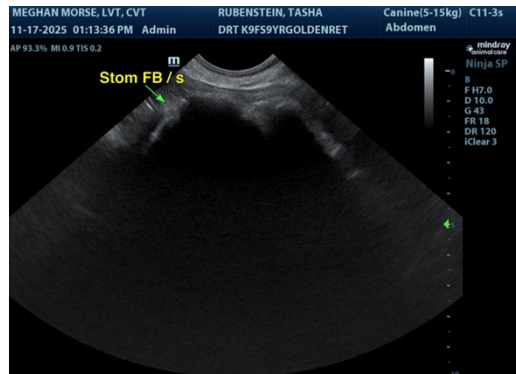
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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