



PATIENT

Hryts Lozynskyj

SPECIES

Canine

BREED

Pom Mix

SEX

Male Neutered

AGE

12

WEIGHT

17.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

12767

DATE

11/3/25

PRESENTING CLINICAL SIGNS

History: ate toilet paper and tampon

Abnormal PE/Chem/CBC/UA Results: BUN 41 TP 8.4 Glob 4.8 ALP 610

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No obvious pathology in the area of the residual prostate.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.1 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 0.57 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering and was non-distended in size. The lumen of the stomach contained a mild amount of strongly shadowing content extending into the pyloric outflow. No obvious evidence of obstructive pyloric mural pathology.

The small intestine presented primarily intact wall layering with normal 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty lumen. Segmental, similar appearing, strongly shadowing intestinal content without obstructive pattern to the level of the colon.



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

Canine

BREED

Free Abdomen

Pom Mix

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Male Neutered

- Gastric foreign material with suspect segmental, non-obstructive intestinal foreign material
- Benign hepatopathy
- Mild, non-organized gallbladder debris (non-mucocele)
- Mild chronic renal changes

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

12

WEIGHT

Exploratory laparotomy with gross inspection of the gastrointestinal tract with expectation toward gastrotomy and probably enterotomy is recommended. Perioperative renal support indicated.

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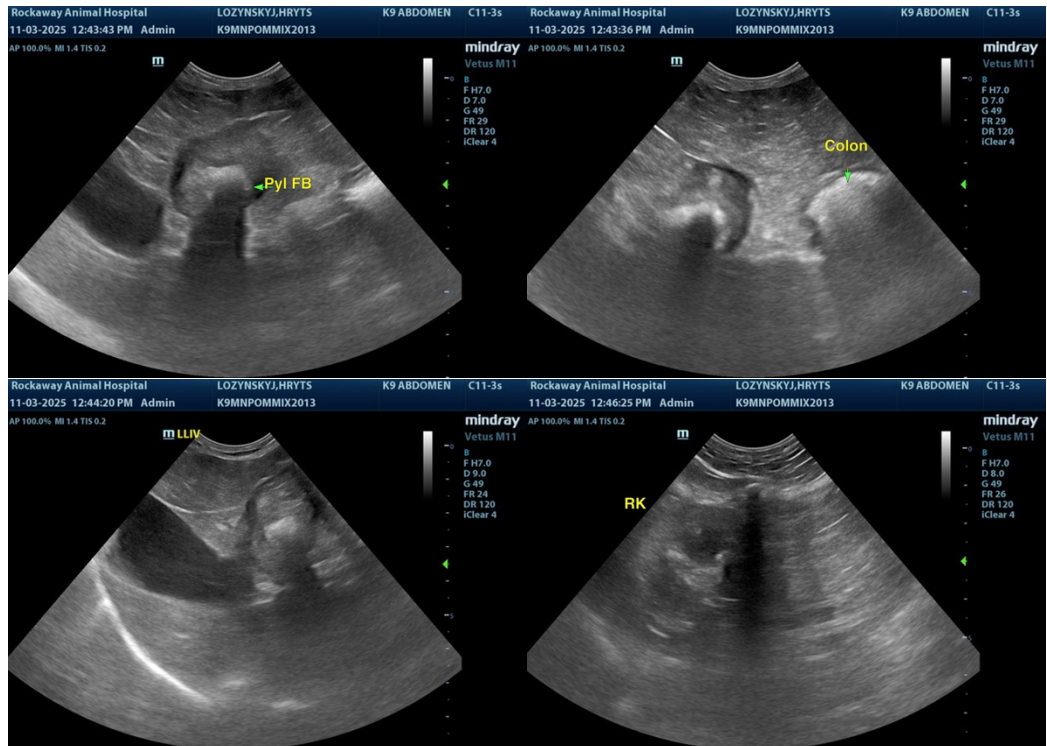
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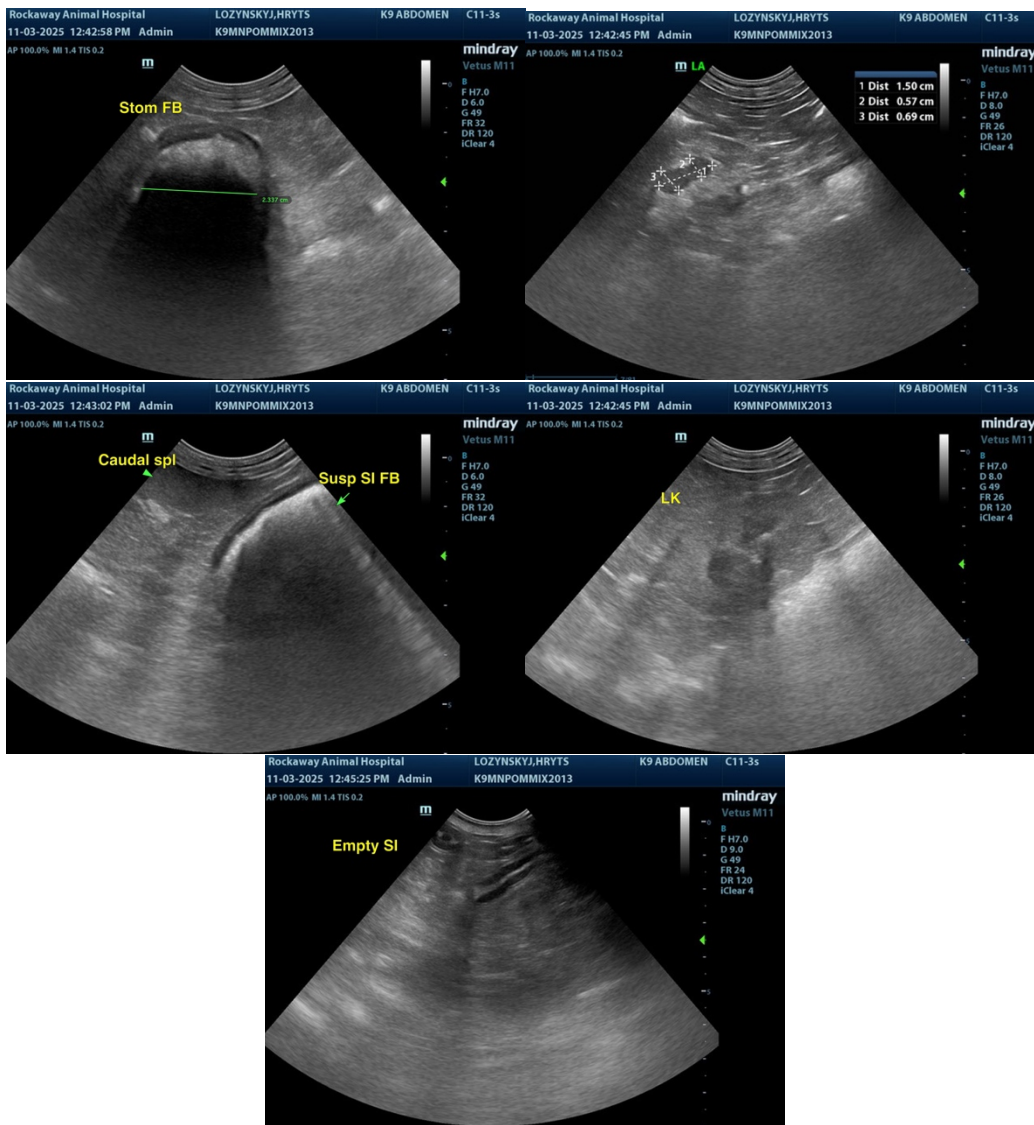
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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