



PATIENT

Barkley St John

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

8

WEIGHT

78.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jen

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Dubos

INVOICE

22878

DATE

11/08/2025

PRESENTING CLINICAL SIGNS

suspect intestinal/gastric fb inappetance vomiting

Abnormal PE/Chem/CBC/UA Results: monocytois

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 7.2 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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/Gallbladder

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. Normal vascular volume. 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 stomach was non-distended containing non-shadowing ingesta / chyme.



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The small intestine presented a strongly shadowing irregular mid-abdomen intestine echo, potentially measuring 6 cm in length. Concurrent empty small intestinal segments exhibiting intact wall layering and normal wall layer ratio were 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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Mild peri intestinal hyperechoic omentum in the area of the strongly shadowing intestine lumen echo.

ULTRASONOGRAPHIC FINDINGS

Primary

- Intestinal foreign body
- Mild retained non-shadowing gastric ingesta/ chyme.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed intestinal foreign body was visualized in segmental small intestine consistent with jejunal location. The possibility of passed foreign body within the colon cannot be definitively excluded. Regardless, exploratory laparotomy with gross inspection of the gastrointestinal tract and expectation toward enterotomy is recommended.



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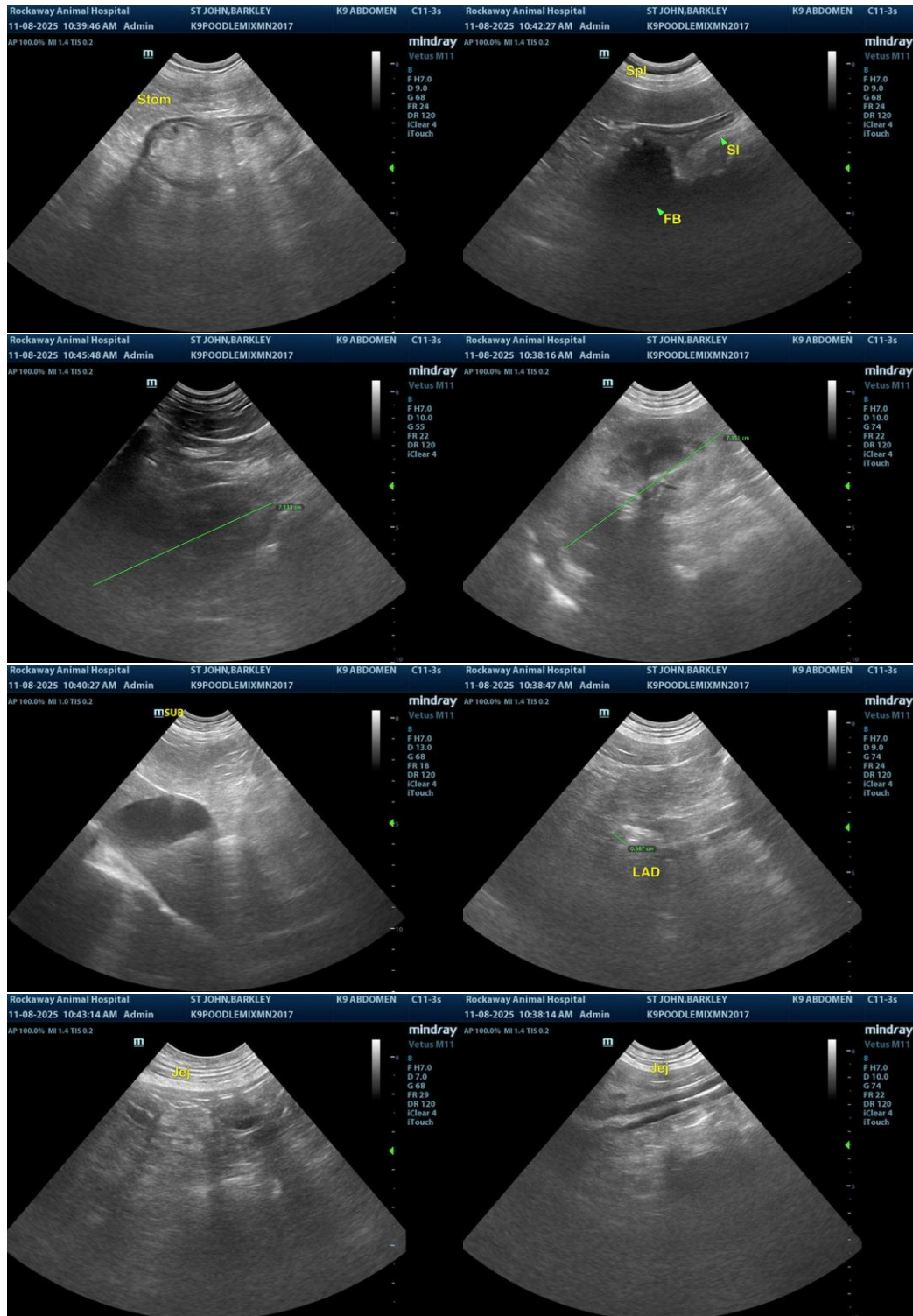
Dr Dubos

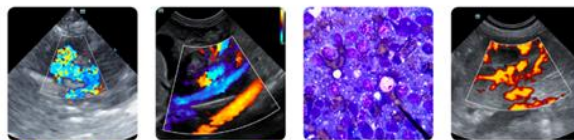
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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