



**PATIENT**

Tucker 11th Hour

**PRESENTING CLINICAL SIGNS**

Losing weight, Emesis (2 pieces of towels) Clinical findings: X-rays pylorus distended

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

MN

**AGE**

1yr

**WEIGHT**

30lb

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 5.4 cm in length. The right kidney measured 5.6 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 0.38 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 0.62 cm width at the caudal pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Shari Reffi CVT

**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.

**HOSPITAL NAME**

All Creatures Denville

**REFERRING VET**

Dr Silas

**Gastrointestinal**

The stomach presented non-distended containing strongly shadowing ingesta including strongly shadowing echo measuring ~ 2.2 cm in diameter.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Similar appearing shadowing duodenal ingesta extending into the jejunum. The area of shadowing jejunal ingesta measured ~ 1-2 cm in diameter. Concurrent empty segments of jejunum likely distal were present.

**SPECIES**

Canine

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

**Pancreas**

The area of the pancreas was sonographically normal.

**BREED**

Mixed

**Free Abdomen**

No evidence of peritoneal effusion was present.

**SEX**

MN

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were homogenous without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**AGE**

1yr

**Primary**

- Gastric foreign body appearing to extend into the duodenum and segmental jejunum
- Intermittent mild benign mesenteric lymphadenopathy

**WEIGHT**

30lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward gastrotomy and potential multiple enterotomies is recommended. No overt evidence of significant gastrointestinal mural pathology, evidence of intestinal perforation or definitive plication. Pending gross inspection of the gastrointestinal tract at time of surgery, biopsies may be considered.

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**HOSPITAL NAME**

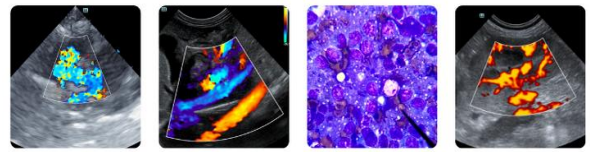
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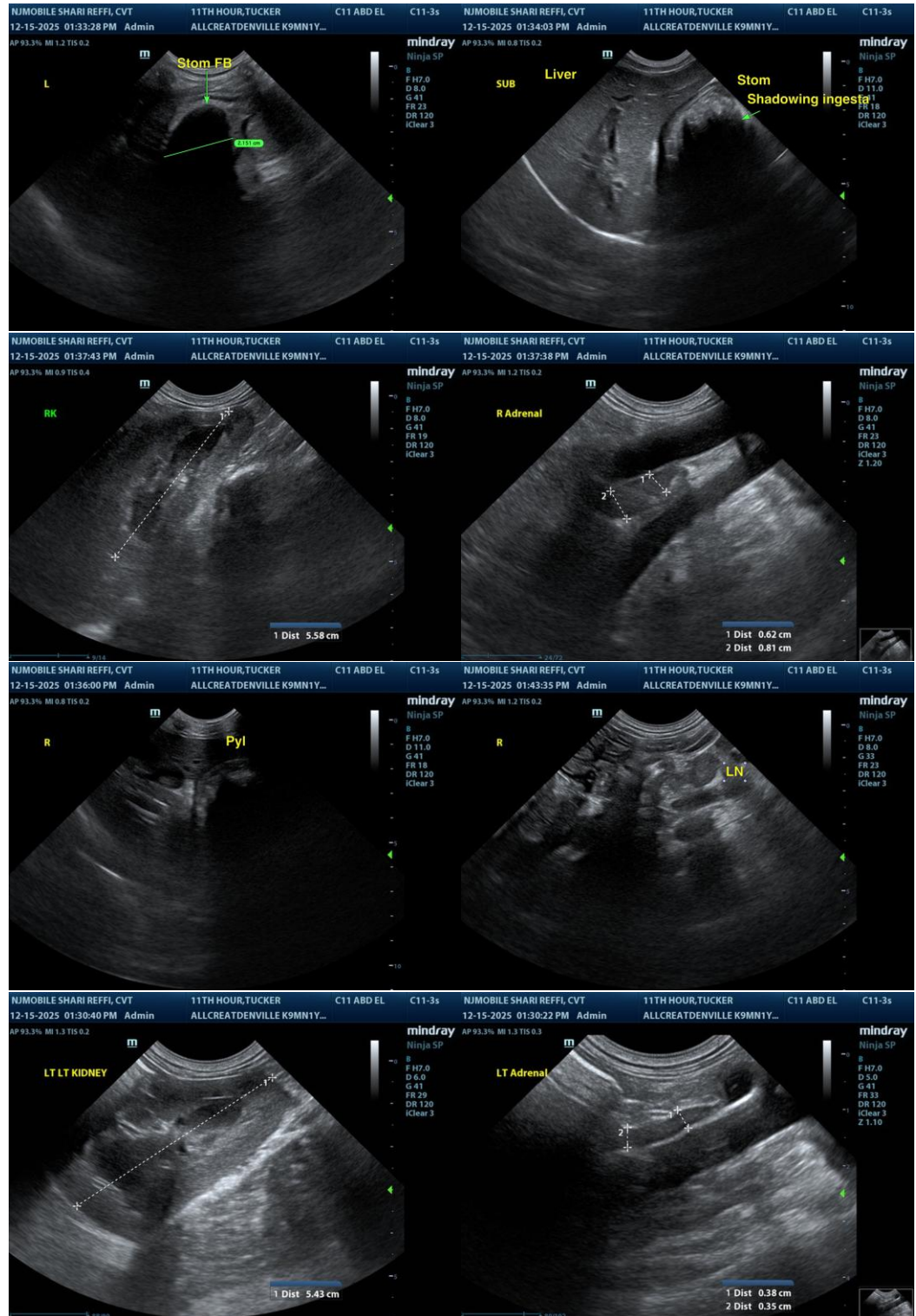
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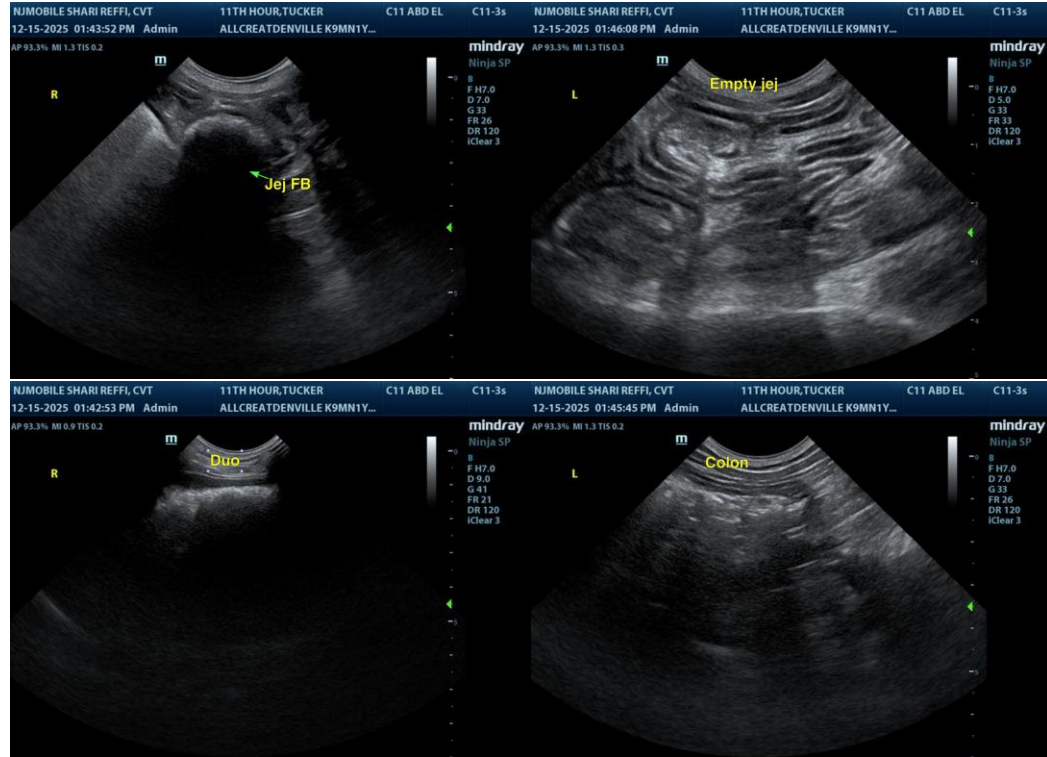
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**AGE**

1yr

**WEIGHT**

30lb



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.

**INTERPRETED BY**

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 DVM, DABVP  
 (Canine and Feline)

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.

**IMAGING PERFORMED BY**

Shari Reffi CVT

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