



PATIENT

Dudu Zhang

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Male

AGE

4 months

WEIGHT

12

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Union Vet AH

REFERRING VET

Dr. Joseph

INVOICE

12992

DATE

12/27/25

PRESENTING CLINICAL SIGNS

History: Anorexia for 10 ds Vomiting

Abnormal PE/Chem/CBC/UA Results: Abdominal pain Recent BW- wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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 4.3 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left and right adrenal glands were 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly prominent wall exhibiting mildly prominent gastric mucosa. The stomach exhibited moderate distention with retained anechoic to echogenic fluid and a mild amount of non-homogeneous, mild, progressively shadowing, possibly fluid absorbing content and gas. The pylorus and pyloroduodenal junction presented mildly thickened yet overtly non-obstructive in appearance.

The duodenum exhibited intact mildly thickened wall with mid upper to mid duodenal retained fluid and ileus within the duodenal lumen. A hyperechoic linear echo was visualized extending distally, potentially into the jejunum with associated duodenal corrugation. The majority of the visualized



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jejunum exhibited intact wall and normal wall layer ratio and empty lumen. A segment of potential jejunum in the labeled left abdomen exhibited mild fluid distention with possible concurrent indistinct hyperechoic to linear-like echo.

The visualized colon was non-distended in size containing strongly shadowing fecal matter or content.

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

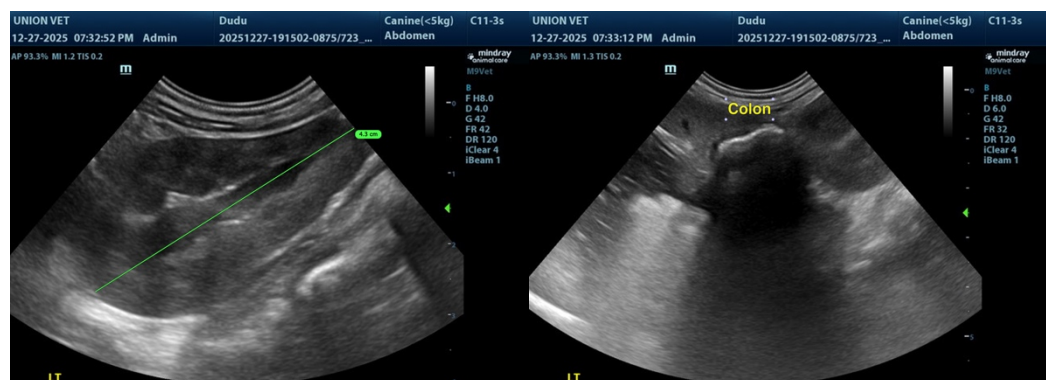
Intermittent, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measurement was 2.0 cm in diameter. Mild surrounding hyperechoic omentum and no overt visualized significant peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Gastroduodenitis, moderate retained gastric fluid and mild progressively shadowing content with evidence of duodenal linear foreign body possibly extending into jejunum
- Mild peri-gastrointestinal hyperechoic omentum and intermittent mild benign mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given timeframe between ultrasound study and interpretation, sonographic reassessment as soon as possible to ensure ultrasound findings are still present. Regardless, exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward potential gastroenterostomy and with gastrointestinal biopsy strongly suggested at time of surgery despite exploratory findings is recommended.





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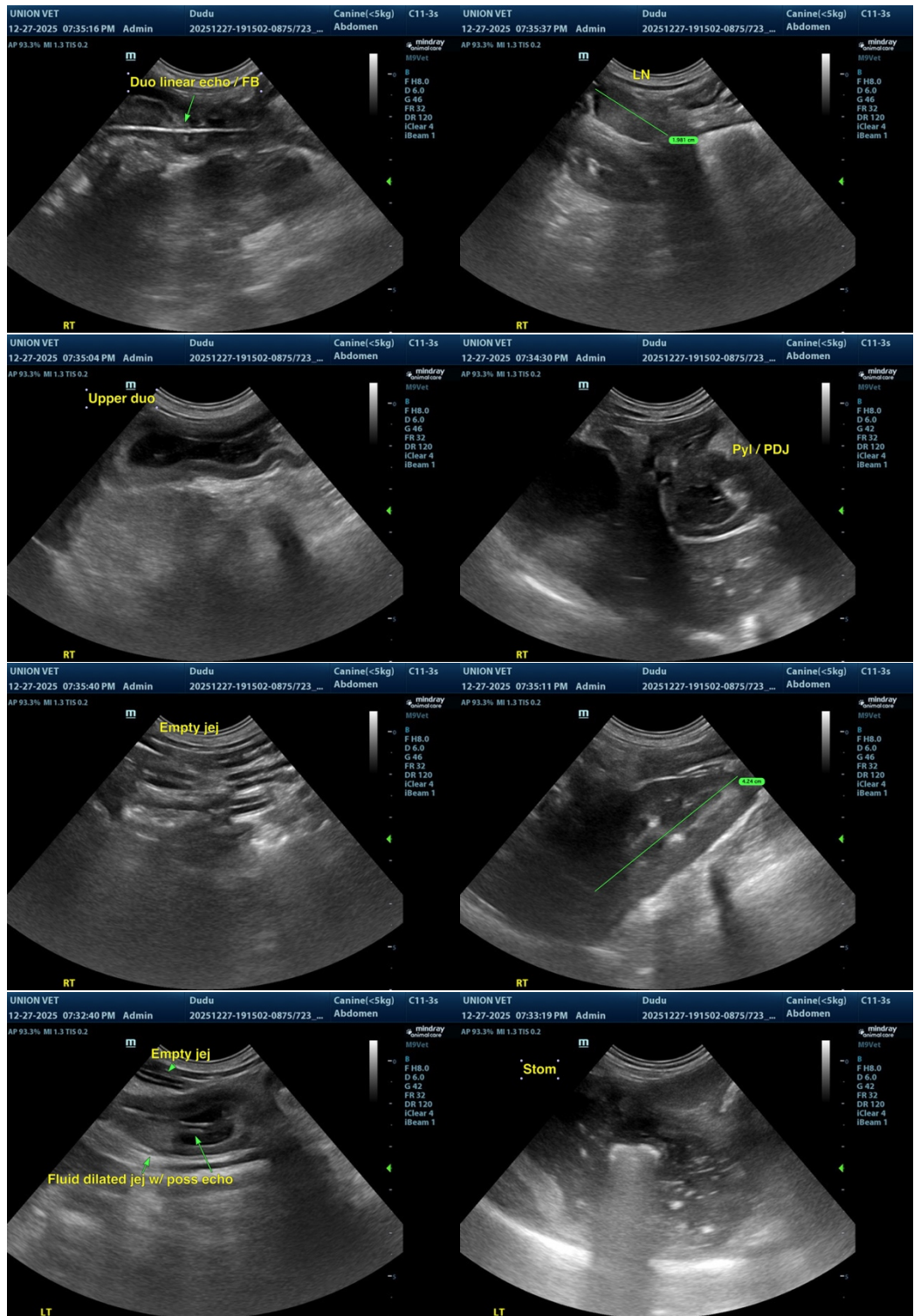
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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