



PATIENT

Ruger Wagner

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

10 Years

WEIGHT

34.8 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Kimberly Davidson

INVOICE

13667

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- O said he ate a Pajama set for his 6yr old daughter and passed some of it 2-3 weeks ago, Sunday he passed a large portion around 11am and since then has not eaten anything and has been vomiting bile. Lethargic, laying around more. O has not seen a bm in a couple of days. Weight loss of 15 pounds over a couple months

Abnormal PE/Chem/CBC/UA Results: Tense and uncomfortable on abdominal palpation. MM tacky. CBC: inflammatory/stress leukogram (WBC 20.29k, neutrophilia 17.26, monocytosis 1.5, eosinopenia 0.03) Chem WNL EPOC lactate 3.78, otherwise WNL Radiographs: gastric dilation, concern for foreign material vs. mass

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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 6.5 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

No obvious pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 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 & 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. 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



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The stomach presented intact wall layering. The stomach exhibited moderate distention with retained fluid and multifocal hyperechoic linear like echoes. No overt obstruction to pyloric outflow.

The small intestine presented with a combination of fluid dilated intestinal segments with empty small intestinal segments. Overall intact small intestinal wall with maintained wall layer ratio. A strongly shadowing mid abdomen intestinal lumen echo was present measuring approximately 3.0 cm in diameter consistent with foreign body.

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

Intermittent mild to variably enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Generalized mild increased primarily peri-intestinal to perilymphatic hyperechoic omentum and no obvious effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

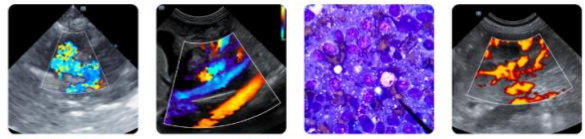
- Intestinal foreign body with obstructive gastrointestinal pattern proximal, empty small intestine distal.
- Hyperechoic linear like gastric lumen echoes- possible grass echogenicity or similar.
- Mild to variable mesenteric lymphadenopathy- suspect reactive hyperplasia or lymphadenitis.

Secondary Findings

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract and expectation toward enterotomy +/- gastrotomy is recommended. Gastrointestinal biopsies at time of surgery are suggested to assess for underlying disease as a potential contributing factor to pica.



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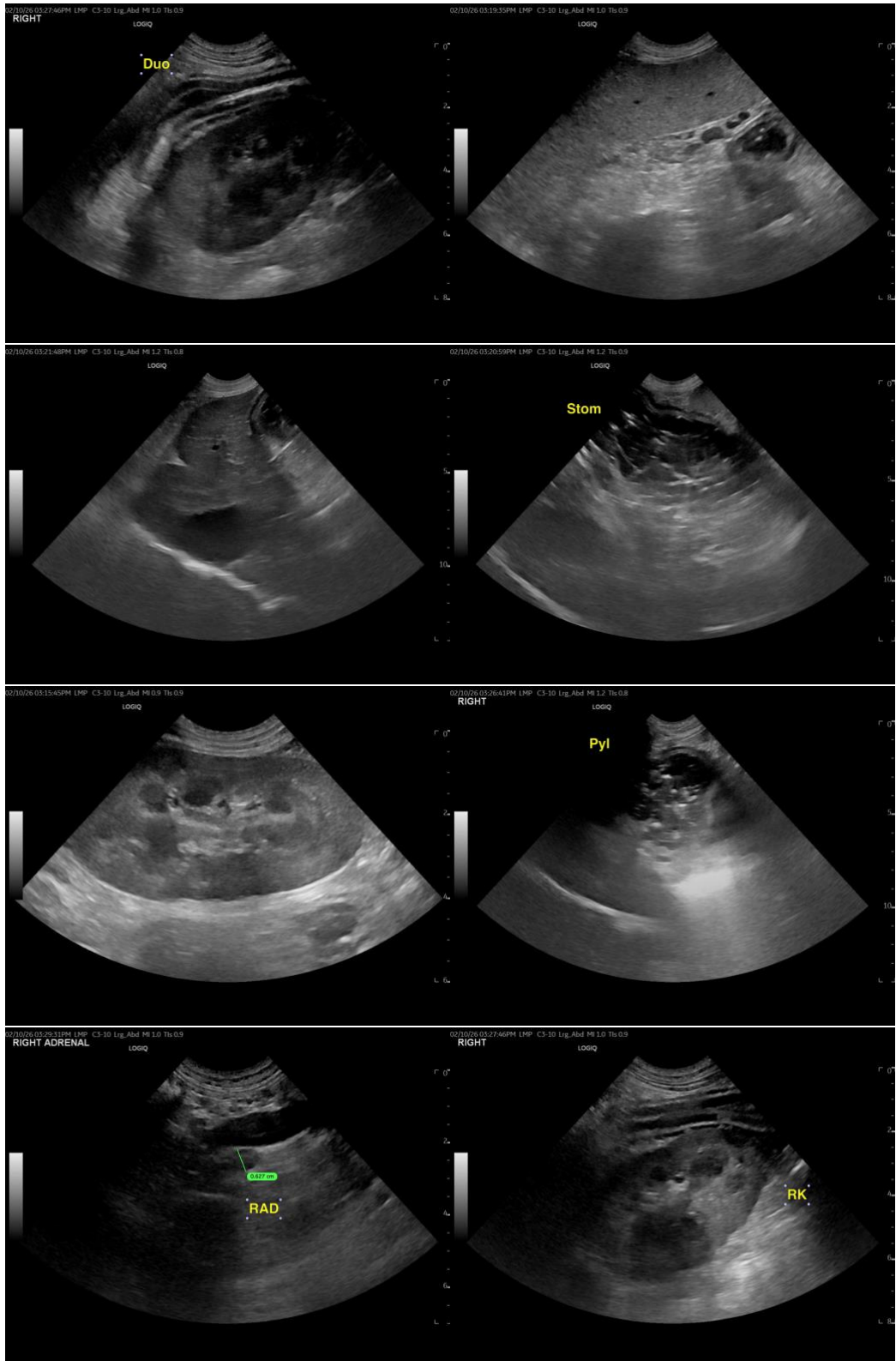
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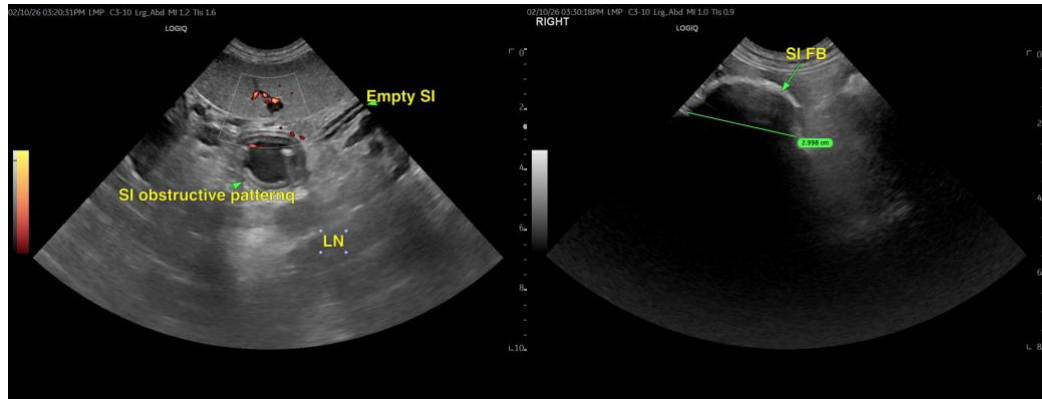
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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