



PATIENT

Leroy Tsekrekas

SPECIES

Canine

BREED

PitBull Mix

SEX

M

AGE

11yr

WEIGHT

79.0lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr Claire Timbas

INVOICE

23869

DATE

02/12/2026

PRESENTING CLINICAL SIGNS

- Lethargic and vomiting for 3 days.
- Ingestion of chicken soup made with Lipton onion soup mix on Saturday
- Only a small amount ingested
- Potatoes part of the vomitus
- Chronic apoquel
- No history of FB ingestion
- Chronic allergic skin disease
- Abnormal PE/Chem/CBC/UA Results: Febrile 105 F Tender cranial abdomen
Bloodwork mild neutrophils Depressed Newly diagnosed II/VI murmur

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.

The prostate gland was not definitively visualized.

Normal size and margination were 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. Bilateral small cortical cysts were present. The left kidney measured 6.3 cm in length. The right kidney measured 7.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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 presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. Normal vascular volume. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented non-distended containing retained fluid and non-shadowing chyme. A strongly shadowing gastric lumen echo measuring ~ 2.2 cm in diameter was present without overt obstruction to pyloric outflow.

The small intestine presented segmental dilation with retained fluid. Strongly shadowing mild irregular intestinal echo to possible echoes were visualized in the areas of intestinal fluid retention with an example measuring 3.2 cm in diameter. The fluid distended intestinal segments exhibited decreased mural echogenicity and mild indistinct mural detail. Concurrent empty small intestinal segments present likely distal.

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

Regional peri-intestinal hyperechoic omentum adjacent to fluid dilated intestinal segments and in areas of shadowing intestinal echoes.

No obvious visualized significant omental lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastric and intestinal foreign bodies with obstructive intestinal criteria proximal, empty normal small intestine distal.
- Associated peri-intestinal reactive possibly inflamed omentum.
- Subjective hypoechoic liver- nonspecific, possible patient variant vs emerging acute hepatopathy.
- Age-related renal changes with cortical cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract and with expectation toward gastrotomy and enterotomy/ies is recommended. The intestinal mural changes in the area of the intestinal foreign body and fluid dilation suggestive of acute to subacute inflammatory criteria. Potential for occult intestinal neoplasia thought less likely yet not definitive excluded. Some concern for emerging peri-intestinal peritonitis indicated. Intestinal biopsies at the time of surgery suggested.



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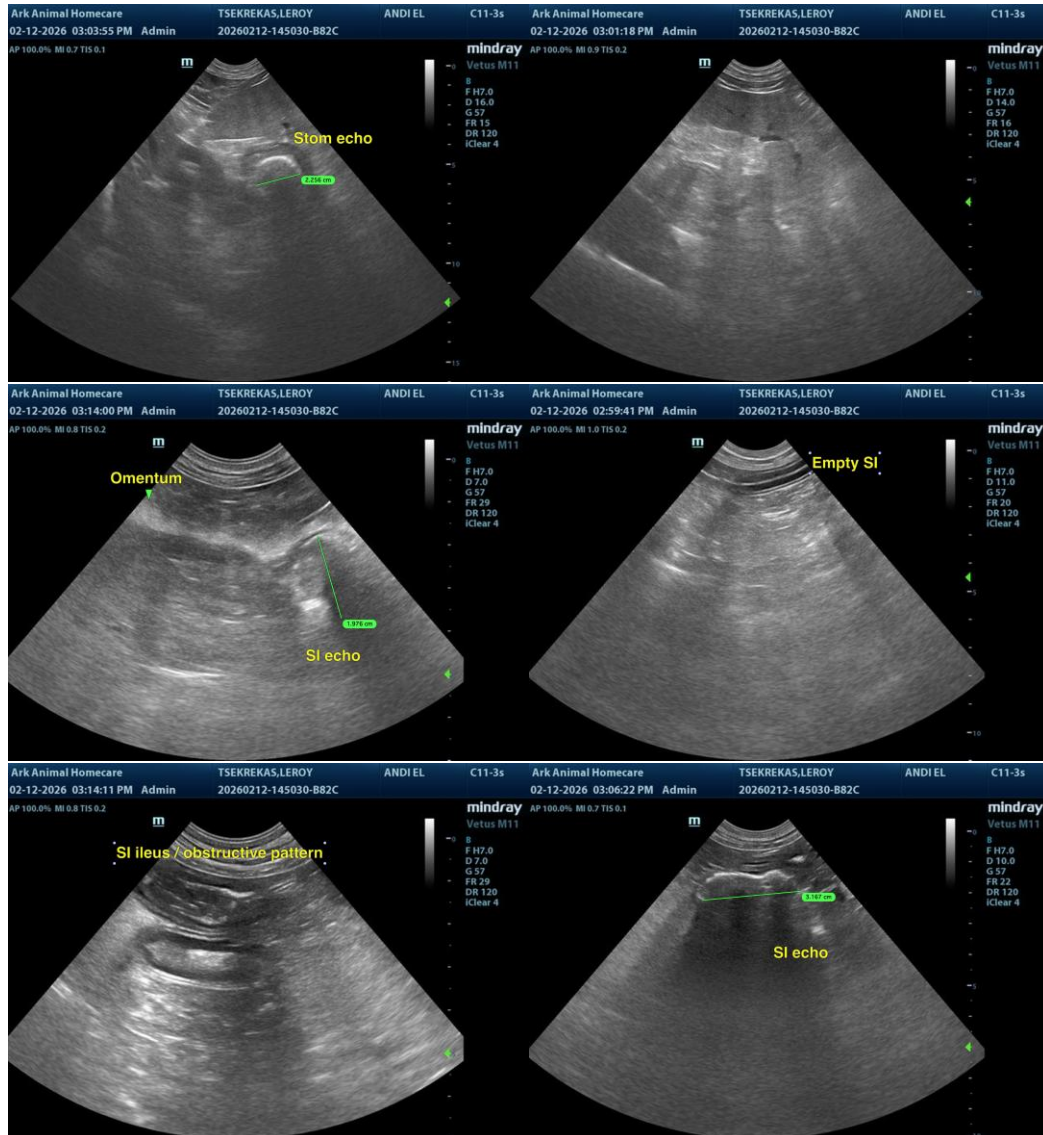
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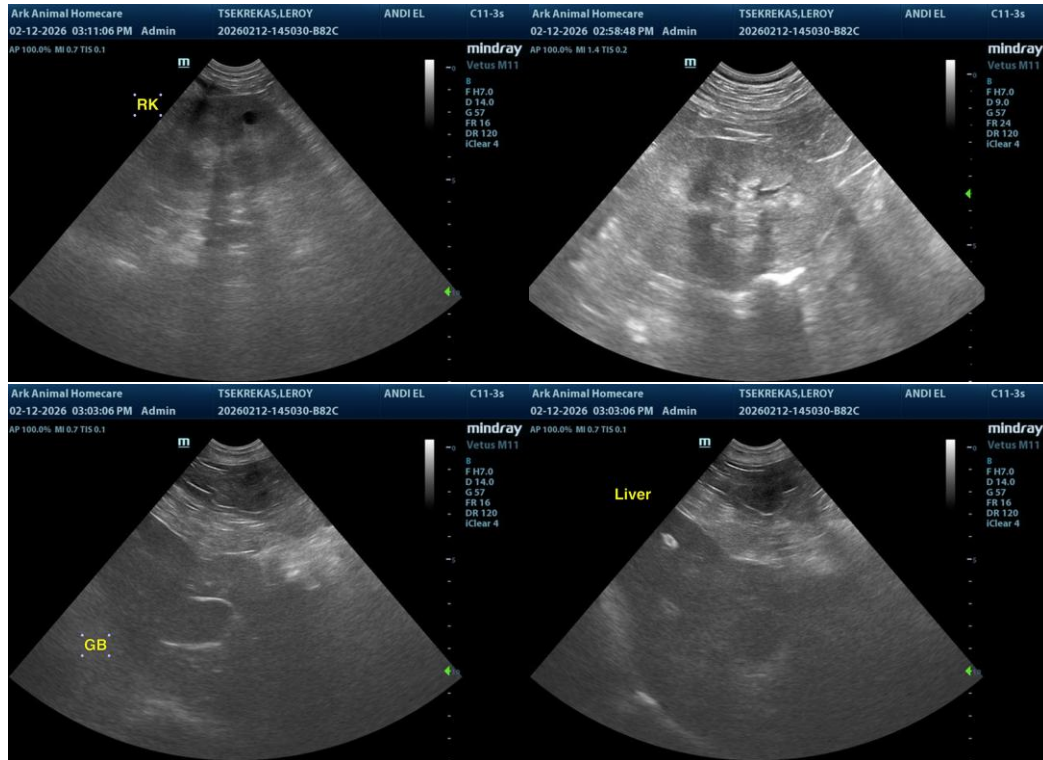
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

IMAGING PERFORMED BY

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