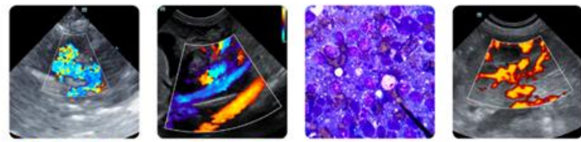


PATIENT
Jake Hitt

SPECIES
Canine

BREED
Bull Terrier

SEX
MN

AGE
10yr

WEIGHT
30.3kg

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

IMAGING PERFORMED BY
Lindsay Powell, CVT

HOSPITAL NAME
Hershey Animal Emergency Center

REFERRING VET
Dr. Cara Sinopoli

INVOICE
23911

DATE
02/19/2026

PRESENTING CLINICAL SIGNS

- -4 days ago pt started vomiting
- -Stopped eating 3 days ago
- -Hx of eating thing's he isn't supposed to
- -Pt was to go into rdvm to have a small foot mass removed on Monday, but pt wasn't doing well so they cancelled the surgery.
- -O took to rdvm and rdvm is concerned about a possible FB
- part of labs:UA: USG 1.033, Protein 100 (H), Blood 25-0 (H), Bilirubin 3 (H), unclassified crystals <1/hpf, Hyaline & Non-Hyaline Casts both >1/lpf
- Abnormal PE/Chem/CBC/UA Results: CBC: WBC 26.1 (H), Neut 22.99 (H), Mono 1.465 (H) Chem: Gluc 184 (H), Creat 4.8(H), BUN 62 (H), Phos 10.1 (H), TP 9..9 (H), Alb 4.0 (H), Glob 5.9 (H), ALT 131 (H), T-Bili 1.1 (H), Cholesterol 377 (H) EPOC: Bicarb 47.1 (H), pH 7.657 (H), K 2.6 (L), Cl 78 (L), ICa 0.88 (L), La5.45 (H), BUN 49 (H), Creat 5.59 (H), Glu 202 (H), Hct 57 (H) QPL: 74 (WNL) SNAP 4DX: Anaplasma +, Lyme + Witness Lepto: Negative BP: 117/76 (87) Rads: 1. Normal thorax. 2. Soft tissue opacity in the pylorus may represent a foreign body, food or a mass lesion less likely. The stomach is nondistended and normally positioned. 3. Normal small and large bowel. 4. No evidence of abdominal organomegaly or abdominal mass lesion. 5. Incidental thoracolumbar ventral spondylosis deformans.

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 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 6.9 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

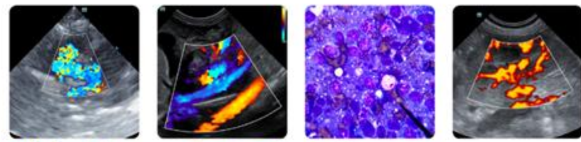
The residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 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 0.63 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.



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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 moderate non-dependent non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented overtly intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of non-shadowing ingesta. Within the area of the antrum or pylorus, a strongly shadowing echo was present measuring ~ 2.5 cm in diameter. No evidence of obstruction or obstructive pyloric mural pathology with the pylorus wall measuring 0.63 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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.

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastric foreign body with mild retained non-shadowing gastric ingesta
- Normal empty small intestine
- Sonographically normal liver - consistent with mild benign hepatopathy
- Non-organized gallbladder debris (non-mucocele)
- Non-specific mild chronic renal changes
- Normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Screening cortisol level and leptospirosis titer / PCR if considered clinically applicable are suggested. Once patient is deemed stable for anesthesia, exploratory laparotomy with gastrotomy is indicated.

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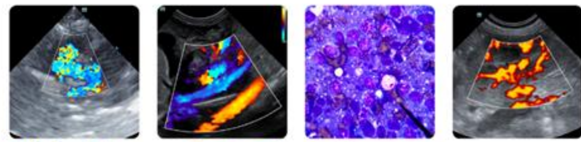

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Educational Teleconsultation Services™

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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

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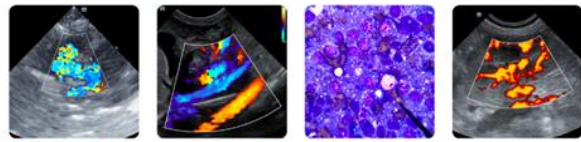

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