



PATIENT

Scamper Stalter

SPECIES

Canine

BREED

Bernadoodle

SEX

MN

AGE

8yr

WEIGHT

45kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Camp Hill Veterinary
Hospital

REFERRING VET

Blue Pearl Wyomissing

INVOICE

23910

DATE

02/18/2026

PRESENTING CLINICAL SIGNS

- AUS to further evaluate anorexia x 1 week, still drinking and urinating. Intermittent vomiting will vomit after drinking to much water. Leukocytosis characterized by a neutrophilia and monocytosis, Fever 104.1F. Reported to have vomited some fibrous material at initial rDVM visit on 2/12. Concern for foreign body vs intestinal mass vs other. Hx of FB Sx (Sock ingestion). Meds: Cerenia
- Temp at time of AUS: 104.1 F, HR 150, Panting
- Has not eaten in 1 week. No water since 10 pm night before AUS.
- Abnormal PE/Chem/CBC/UA Results: AXR: concern for foreign material vs mass - CBC: Hct 46.8%, MCV 60.9 L, MCH 21 L, Retic 179.7 H, Retic Hgb 18 L, WBC 19.23 H, Neut 14.15 H, Mono 2.77 H, Plts 329, MPV 16.9 H, Pct 0.56 H - Chem: BUN 5 L, Cr 1.1-n, Alb 3.0-n, Normal LES, Cl 105 L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 6.9 cm in length. The right kidney measured 7.1 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 0.61 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented overtly intact wall layering with a normal wall layer ratio. The stomach exhibited moderate distension with retained primarily anechoic fluid. A small amount of progressively shadowing hypoechoic content or ingesta present at the level of the pylorus. No overt obstructive pyloric mural pathology.

The small intestine presented a segmental intestinal mass lesion consistent with jejunal location in the mid abdomen, measuring ~ 9 cm length by 4 cm diameter. The mass lesion appeared to occupy primarily the associated jejunal lumen with focal subjective intramass lesion blood flow on power Doppler. Concurrent focal partial to complete intussusception likely associated with the distal aspect of the jejunal mass lesion. Empty small intestine including jejunum distal to the level of the colon. Generalized moderate distention of the duodenum with retained fluid and mild non-shadowing ingesta / chyme.

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

- Jejunal primarily lumen mass lesion with gastrointestinal obstructive pattern proximal, empty intestine distal
- Partial to focal intussusception likely level of distal jejunal mass lesion
- Mild progressively shadowing to focally hypoechoic pyloric ingesta / content

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The jejunal mass lesion is obstructive given gastroduodenal fluid retention. A small amount of partial fluid absorbing to non-shadowing pyloric foreign material is possible. A large jejunal non-shadowing to fluid absorbing foreign body given primarily luminal involvement is felt less likely.

Assuming no pathology on three view chest radiographs, exploratory laparotomy with gross inspection of the jejunal mass lesion and potential for resection anastomosis +/- intestinal biopsies pending gross inspection is recommended. No overt evidence of intra-abdominal major organ or lymphatic metastatic criteria.



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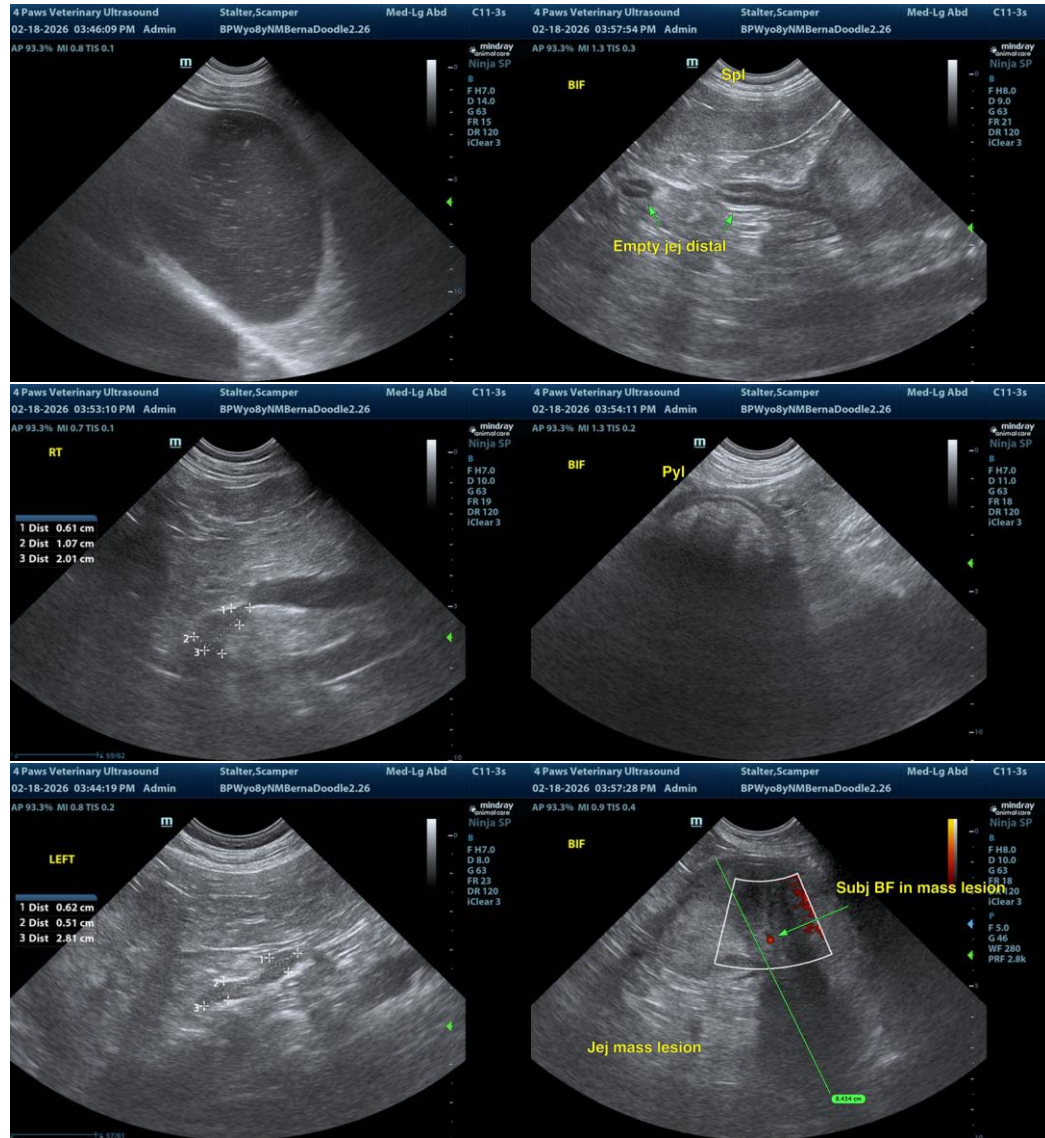
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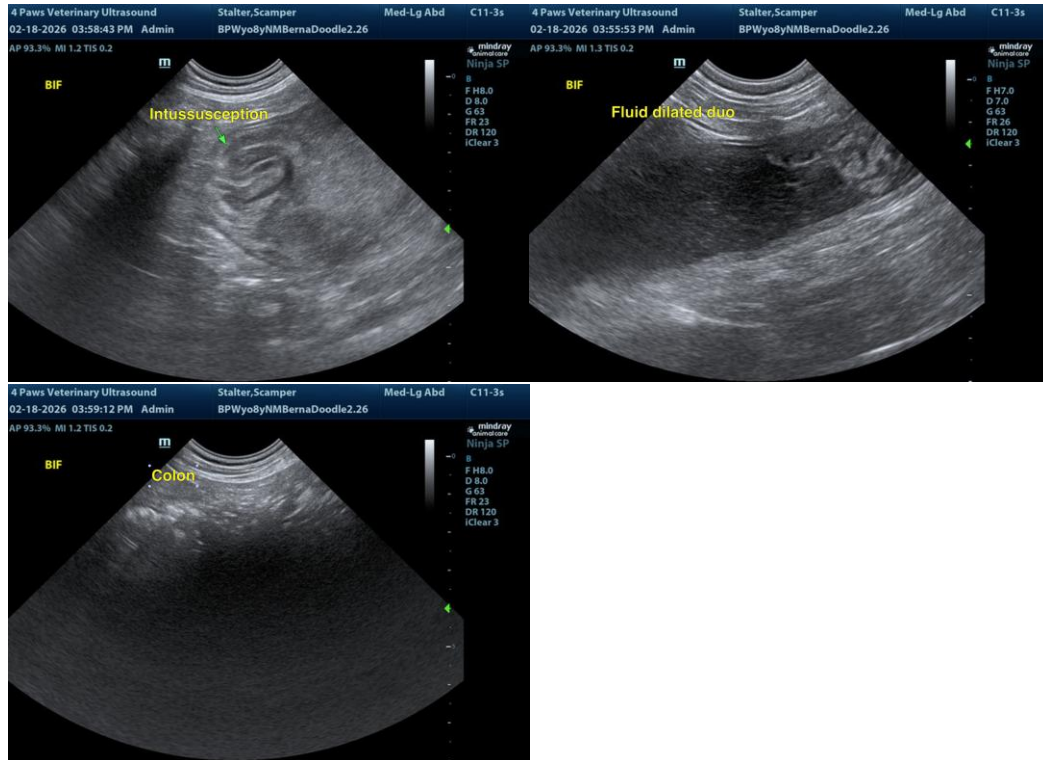
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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