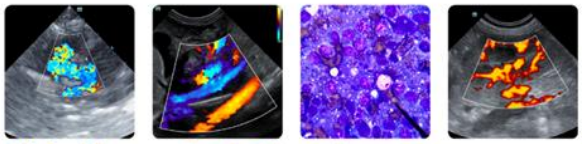


PATIENT

Toby Van Boston

SPECIES

Canine

BREED

Bernadoodle

SEX

MN

AGE

4

WEIGHT

46.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Kahn

INVOICE
23923

DATE
02/19/2026

PRESENTING CLINICAL SIGNS

- ate part of a toy on Monday no appetite , and vomiting since then
- Abnormal PE/Chem/CBC/UA Results: Decreased Cl else WNL

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 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 5.4 cm in length. The right kidney measured 6.0 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.

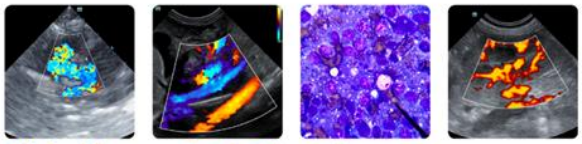
Liver/Gallbladder

The liver 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented overtly intact visible wall. The stomach exhibited moderate distension with retained primarily anechoic to mildly echogenic fluid. No obvious visualized evidence of mechanical pyloric outflow obstruction.

The small intestine presented overall intact wall layering with maintained muscularis/mucosa ratio. Segmental mild intestinal ileus with concurrent empty intestinal segments present. Indistinct yet subjective non-homogenous to mildly shadowing intestinal lumen echo in the cranial abdomen caudal to the stomach measuring ~ 2-2.5 cm in diameter was present.



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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

Mild regional cranial peri-intestinal hyperechoic omentum was present. No visualized significant omental lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate distended stomach with retained fluid
- Indistinct yet mild shadowing intestinal lumen echo cranial abdomen caudal to the stomach
- Segmental mild small intestinal ileus with concurrent empty small intestinal segments

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although indistinctly visualized, the intestinal lumen echo is strongly suggestive of partially obstructive intestinal foreign body in conjunction with patient history. An intestinal mural lesion is thought less likely yet not definitively excluded. Evidence of mild associated peri-intestinal reactive to potential mild inflamed omentum is present without overt peritonitis.

Given these findings in conjunction with patient clinical signs, exploratory laparotomy with gross inspection of the gastrointestinal tract including the pyloric outflow and with expectation for enterotomy is recommended.

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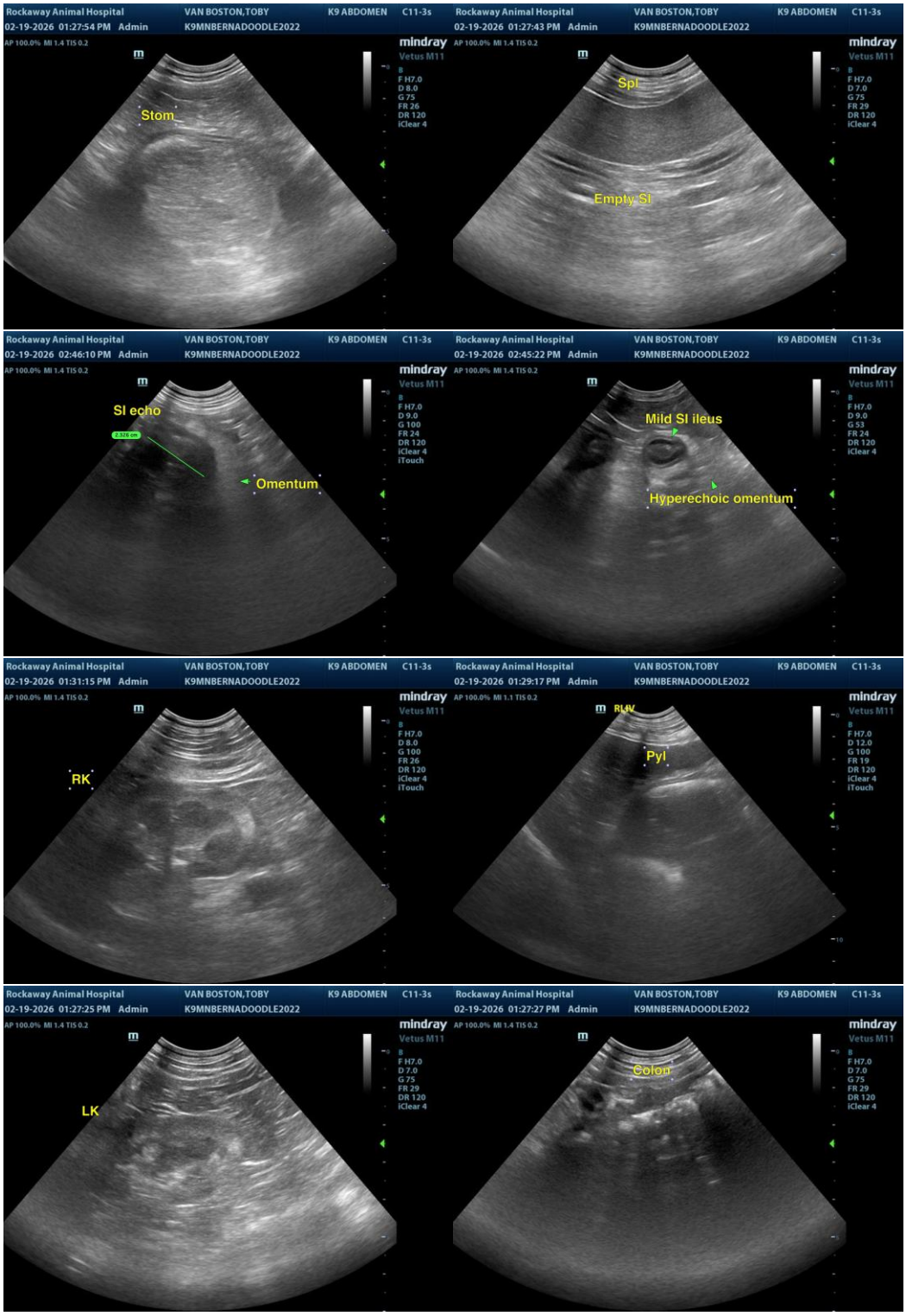
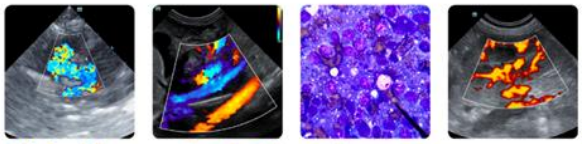


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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