



## PATIENT

Gunner Lerman

## SPECIES

Canine

## BREED

Pitbull

## SEX

MI

## AGE

4 yrs & 9 mon

## WEIGHT

64.2 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Lara Cabugawan

## HOSPITAL NAME

Union Vet Animal  
Hospital

## REFERRING VET

Dr. Lara Cabugawan

## INVOICE

10651

## DATE

2/24/26

## PRESENTING CLINICAL SIGNS

### History:

- Presented for vomiting since Saturday, lethargic, inappetence, no bowel movement since Sunday.

Abnormal PE/Chem/CBC/UA Results: PE: 7 - 8% dehydration, tensed on abdominal palpation. chemistry - pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, and cystourethral junction 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 changes was noted.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.7 cm diameter.

No evidence of pathology in the area of the aortic trifurcation.

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 7.1 cm in length. The right kidney measured 7.2 cm in length.

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized.

### *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. Normal hepatic vascular volume was present. 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.



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## *Gastrointestinal*

The stomach presented moderate to significant distention with anechoic fluid and mild lumen gas.

The small intestine presented overall intact wall layering with a maintained wall layer ratio. Concurrent moderate fluid dilated intestinal segments with empty intestinal segments were noted. Indistinctly visualized, strongly shadowing to mildly irregular small intestine lumen echo with possible overlaying colon was visualized in the mid-abdomen.

Normal visible colon wall layers were present with shadowing fecal matter.

## *Pancreas*

The area of the pancreas was sonographically normal.

## *Free Abdomen*

No visualized significant or swollen mesenteric lymphadenopathy, although mild mesenteric lymphadenopathy is suspected. No evidence of peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

- Moderate to significant fluid-distended stomach and segmental small intestine, concurrent empty small intestinal segments
- Strongly shadowing mild irregular midabdomen small intestinal echo vs. overlaying colon
- Suspect mild mesenteric lymphadenopathy
- Benign prostate hyperplasia

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The strongly shadowing to mildly irregular mid-abdomen intestinal lumen echo is highly suggestive of an intestinal foreign body, although colon artifact is not definitively excluded. Regardless, obstructive gastric and segmental intestinal criteria is met.

Given the timeframe between ultrasound study and interpretation, a brief sonographic reassessment of the gastrointestinal tract is recommended to ensure a persistent gastrointestinal obstructive pattern. Otherwise, direct exploratory laparotomy with gross inspection of the gastrointestinal tract with potential expectation toward enterotomy is recommended. Gastrointestinal biopsies at the time of surgery are suggested despite exploratory findings.



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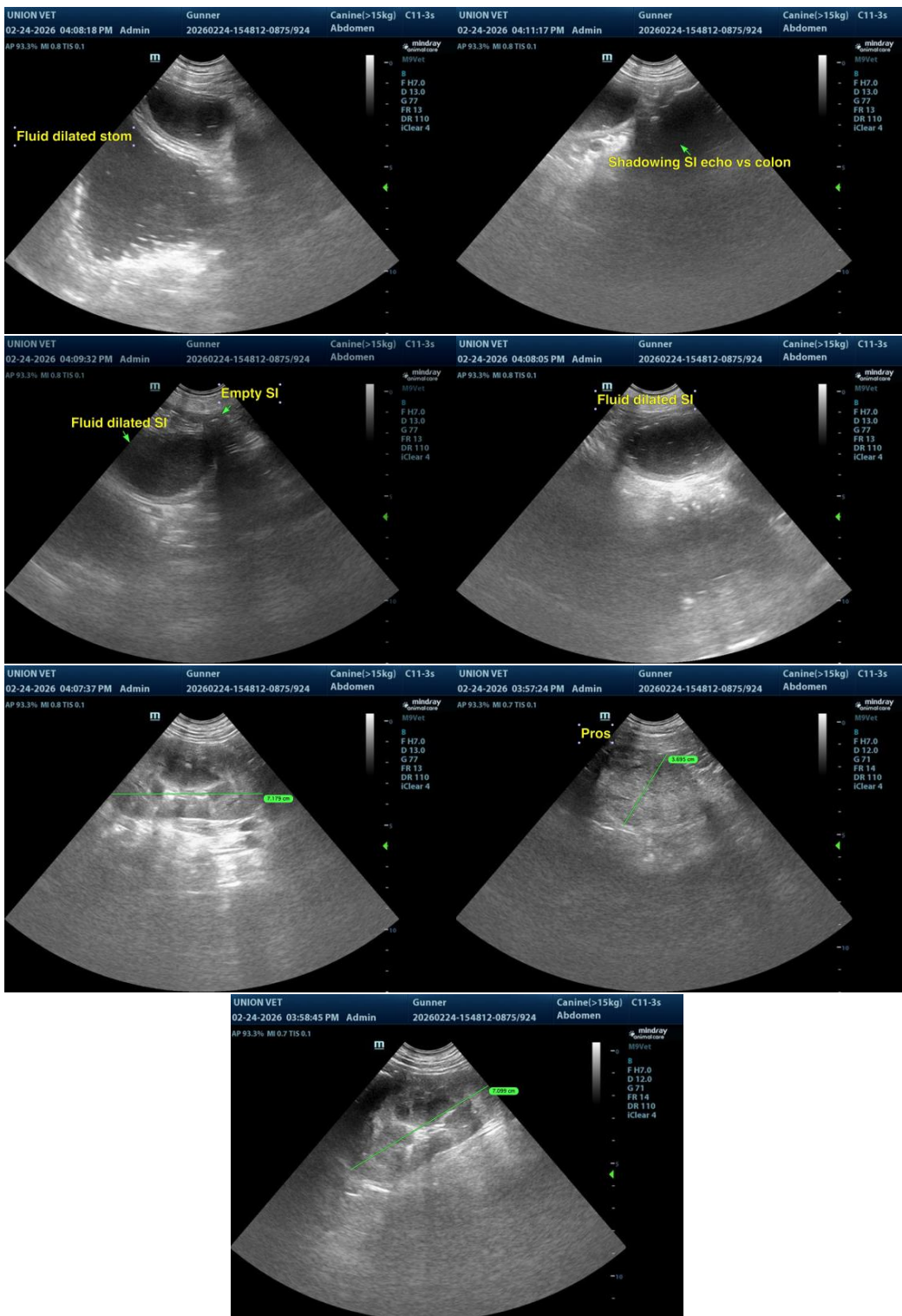
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)