



PATIENT

Pinto Babbitt

SPECIES

Canine

BREED

Dalmatian Mix

SEX

MN

AGE

3yr

WEIGHT

33.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Mohamed Zaid

INVOICE

23785

DATE

02/04/2026

PRESENTING CLINICAL SIGNS

- Presented yesterday for vomiting and anorexia for over 48 hours.. Radiographs showed concerning gas pattern on stomach and intestines, suggestive of foreign body obstruction. Client opt for AUS after 12h fasting for further investigation.

Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia (NEU# $10.5 \times 10^3/L$, RI: 2.3–9.8) Monocytes at upper limit of normal ($0.4 \times 10^3/L$) All other parameters WNL Mild hyperglycemia (7.5 mmol/L, RI: 3.3–6.1), likely stress-induced All other chemistry values including liver enzymes, renal values, protein levels, and electrolytes within normal limits Pancreatic Lipase (Spec cPL): Normal (93 U/L, RI: 0–200), making pancreatitis unlikely Abdominal Radiographs (3V): Persistent gastric contents despite prolonged anorexia Marked gas accumulation throughout intestines Suspicious opacity in the stomach and mid-abdomen, consistent with possible foreign material Findings are suggestive but not diagnostic for a gastrointestinal foreign body

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 focal to mild primarily dependent lumen mineral consistent with breed. 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 6.8 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was 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 0.40 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 0.72 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



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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 non-distended in size yet contained a mild to moderate amount of irregular strongly shadowing content consistent with foreign body. The gastric foreign body measured ~ 4 cm in diameter.

The small intestine presented overall intact wall layering with maintained muscularis/mucosa ratio. Segmental duodenal and jejunal foreign bodies visualized with concurrent segmental duodenojejunal plication combined with segmental intestinal ileus and empty small intestinal segments 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

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

Mild peri-intestinal hyperechoic reactive to possibly mild inflamed omentum.

No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastric foreign body
- Multiple duodenojejunal foreign bodies with associated segmental duodenojejunal plication and mild obstructive pattern, empty small intestine distal
- Mild peri-intestinal hyperechoic reactive possibly mildly inflamed omentum
- Intermittent mild benign mesenteric lymphadenopathy
- Mild urinary bladder lumen mineral consistent with breed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation for gastrotomy and likely multiple enterotomies is recommended. Gastrointestinal biopsies at time of surgery may be considered based on gross inspection of the intestine or to assess for underlying intestinal disease.



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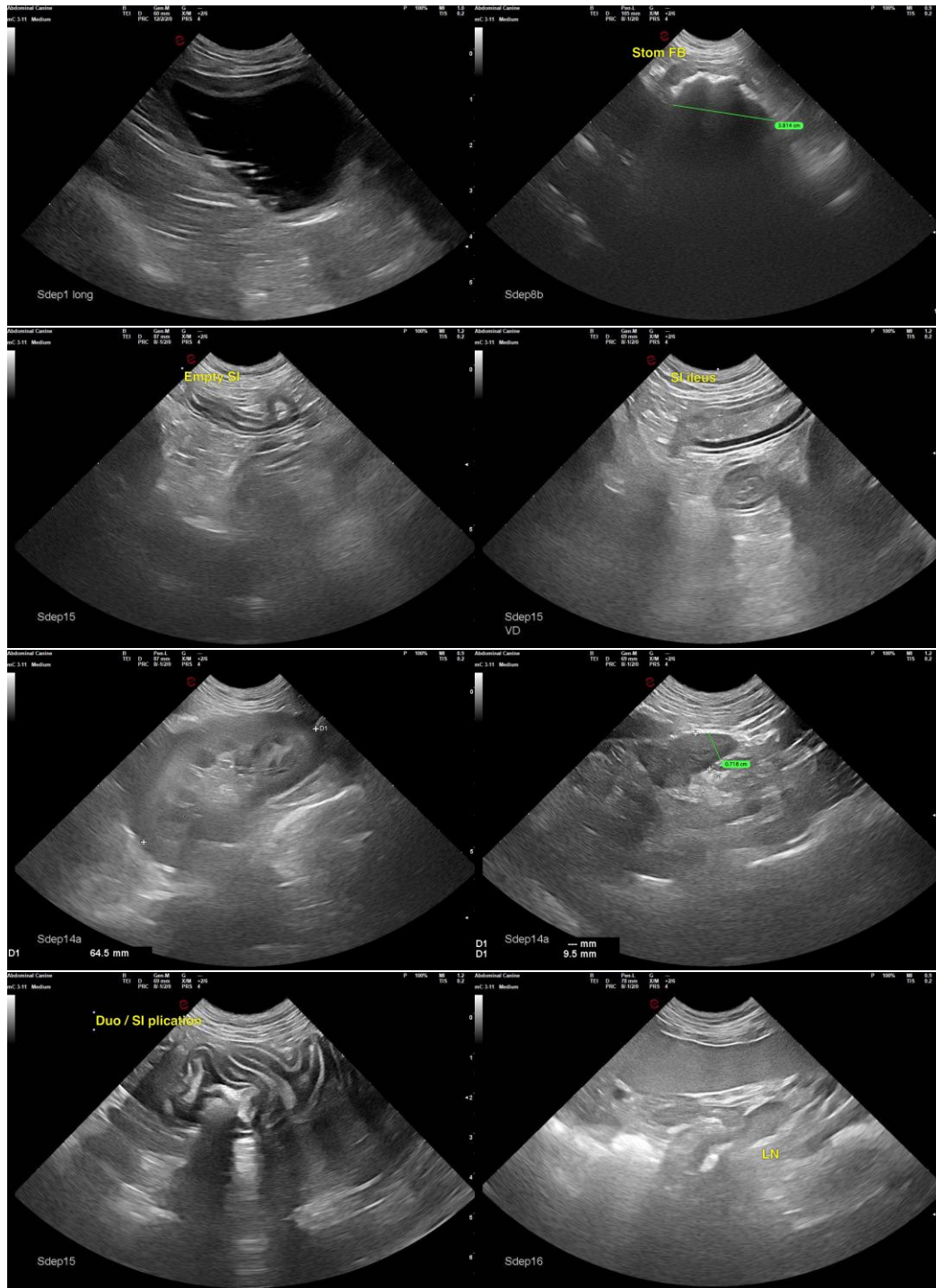
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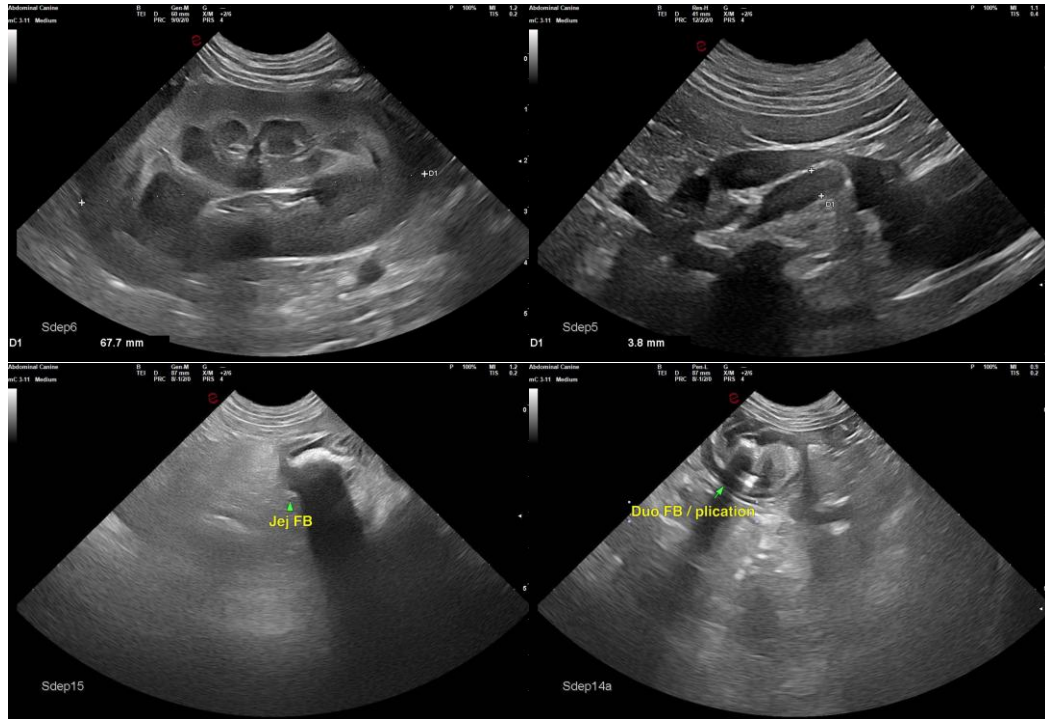
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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