



PATIENT

Pork Chop Borjas
Juarez

SPECIES

Canine

BREED

English Bulldog

SEX

MN

AGE

4yr

WEIGHT

28.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Maria Lara, DVM

HOSPITAL NAME

Allure Veterinary
Hospital & Urgent Care

REFERRING VET

Maria Lara, DVM

INVOICE

24049

DATE

03/01/2026

PRESENTING CLINICAL SIGNS

- Patient presented early morning 3/1 for vomiting, hematochezia and decreased appetite this am. Initial radiographs suggested possible gastric foreign material. Recheck 10hr radiographs continue to raise concern for pyloric outflow obstruction.

Abnormal PE/Chem/CBC/UA Results: 3.1 2:50am RBC 9.57 (5.65 - 8.87 M/ μ L) H Hematocrit *67.4 (37.3 - 61.7 %) H Hemoglobin 24.3 (13.1 - 20.5 g/dL) H WBC 20.01 (5.05 - 16.76 K/ μ L) H Neutrophils 17.83 (2.95 - 11.64 K/ μ L) H Glucose 144 (74 - 143 mg/dL) H Potassium 3.3 (3.5 - 5.8 mmol/L) L Chloride 107 (109 - 122 mmol/L) L Total Protein 9.6 (5.2 - 8.2 g/dL) H Globulin 5.6 (2.5 - 4.5 g/dL) H 8pm PCV - 59% TP -7.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - 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 5.6 cm in length. The right kidney measured 5.7 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 0.41 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 0.51 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 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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained non-shadowing variably echogenic chyme/fluid and mild lumen gas.

The small intestine presented overall intact wall layering with maintained muscularis/mucosa ratio. A well demarcated hypoechoic primarily non-shadowing echo was visualized in a mid to cranial abdominal intestinal segment measuring ~ 2 to 2.5 cm in diameter. Concurrent mild segmental ileus with retained non-shadowing intestinal ingesta and empty intestinal segments likely distal to the intestinal echo were present.

Intact, mildly prominent colon wall. The visualized colon was primarily empty containing mild gas and soft fecal matter.

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 overt lymphadenopathy was present.

Minor regional peri-intestinal hyperechoic omentum.

Minor peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild retained non-shadowing gastric chyme/fluid
- Focal hypoechoic primarily non-shadowing intestinal echo, segmental intestinal ileus likely proximal with empty intestinal segments likely distal
- Mild peri-intestinal hyperechoic omentum and minor peritoneal effusion
- Mild descending colitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal echo is highly suggestive of primarily non-shadowing intestinal foreign body with mild to partial obstructive intestinal pattern proximal and empty small intestine distal. A focal area of metabolic intestinal ileus or non-shadowing intestinal mural lesion thought less likely. Regardless, given this presentation in conjunction with patient clinical signs, exploratory laparotomy with gross inspection of the gastrointestinal tract and expectation toward enterotomy with concurrent intestinal biopsies despite exploratory findings is recommended.



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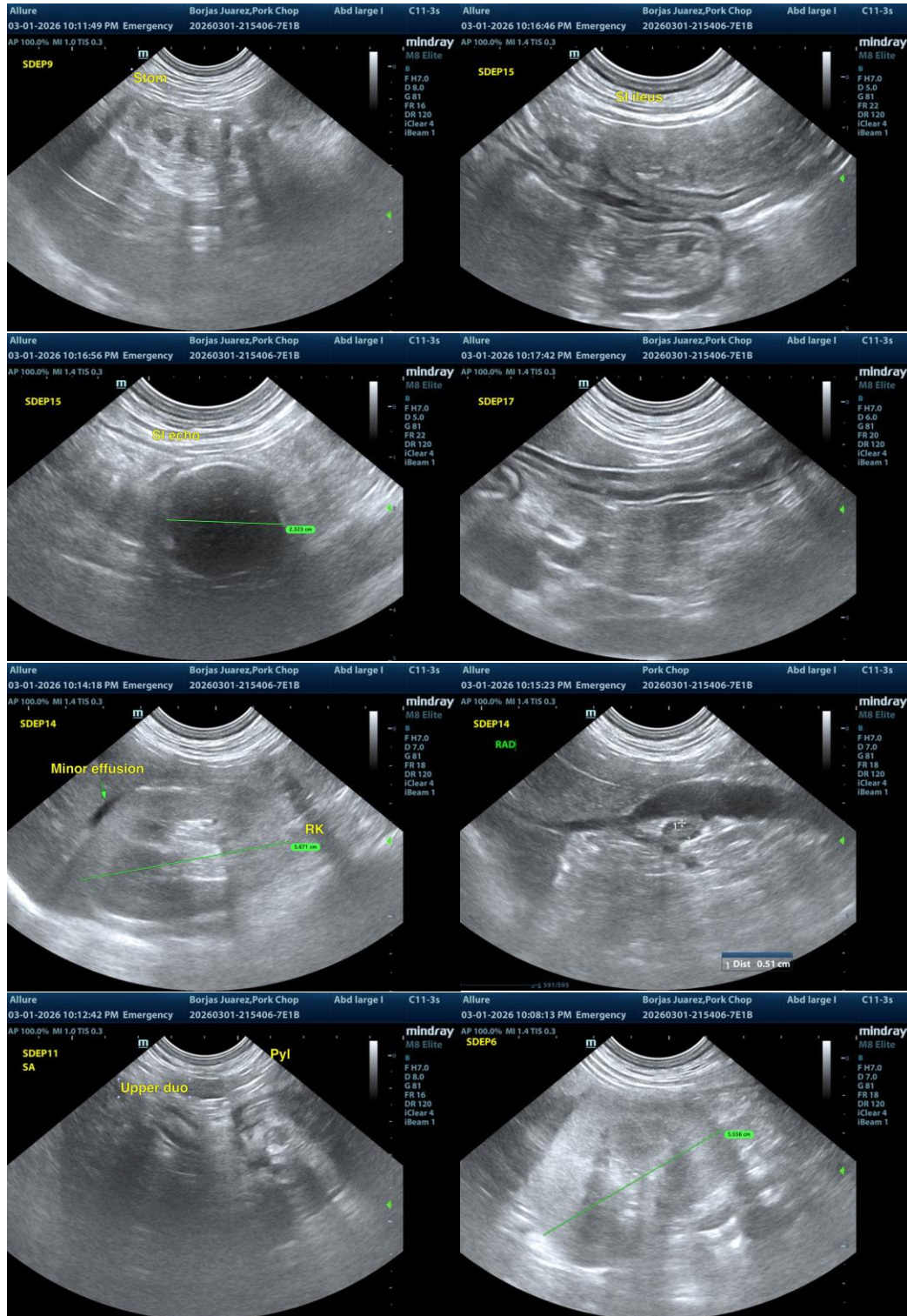
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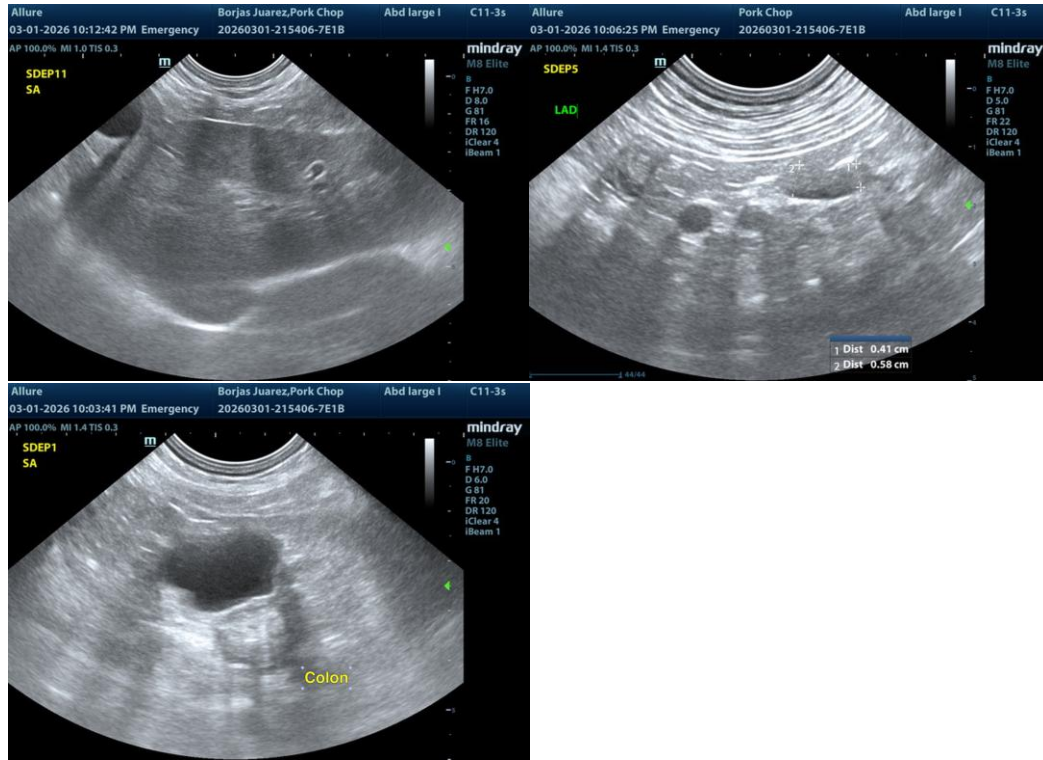
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com