



PATIENT

Rocky Aldava

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

12yr

WEIGHT

6.23kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Smith

HOSPITAL NAME

Viking Veterinary
Hospital

REFERRING VET

Cassidy Smith

INVOICE

24223

DATE

03/16/2026

PRESENTING CLINICAL SIGNS

- p presented 3/15 for lethargy and not eating.
- History of heart murmur

Abnormal PE/Chem/CBC/UA Results: PE on 3/16 p licking excessively and seemingly having oral pain. p did eat when offered soft food/baby food with good appetite. No v/d/c/s. Radiographs showed obstructive pattern with possible foreign material in small intestine in caudal abdomen with hepatomegaly. CBC showed nonregenerative anemia (mild HCT 34%) and leukocytosis (39K) characterized by left shift neutrophilia (27 K). Mild elevation of ALP on chemistry (223) and mild hypochloremia (108) AFAST showed scant free fluid in cranial abdomen.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney small cortical cyst present. The left kidney measured 5.0 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was borderline to mildly enlarged with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole. The right adrenal gland was borderline to mildly enlarged with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 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 presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen



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in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized non-dependent debris. The cystic and common bile ducts were normal.

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic to progressively shadowing ingesta. The area of shadowing gastric ingesta measured ~ 2 cm in diameter. No overt obstruction to pyloric outflow.

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Segmentally thickened mid to caudal abdomen intestine most consistent with the jejunal location. The segmentally thickened intestine contains a segmental strongly shadowing lumen echo. Fluid dilated intestinal segment in the mid abdomen suspected to be proximal to the intestinal lumen echo. Concurrent empty intestinal segments and duodenum present.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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The parenchyma of the right pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

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Free Abdomen

Peri-intestinal hyperechoic omentum and scant effusion.

No obvious visualized significant omental lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Segmental mild thickened jejunum containing jejunal foreign body, segmental intestinal obstructive pattern likely proximal.
- Probable concurrent non-obstructive gastric foreign body and retained ingesta.
- Peri-intestinal hyperechoic omentum and scant effusion.
- Hepatopathy most consistent with benign criteria, i.e. metabolic, reactive, vacuolar, cholestatic or potentially inflammatory hepatopathy.
- Mild gallbladder debris.
- Age-related renal changes with small left kidney cortical cyst.
- Borderline /mild bilateral adrenomegaly.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward enterotomy +/- gastrotomy is recommended. Concurrent intestinal biopsies at time of surgery are suggested. Mild peri-intestinal peritonitis and inflammatory intestinal mural changes in the area of the foreign body probable, minor potential for emerging neoplastic criteria thought less likely.

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Adrenal workup with LDDST could be considered if clinical signs consistent with Cushing's syndrome are non-reported or arise.



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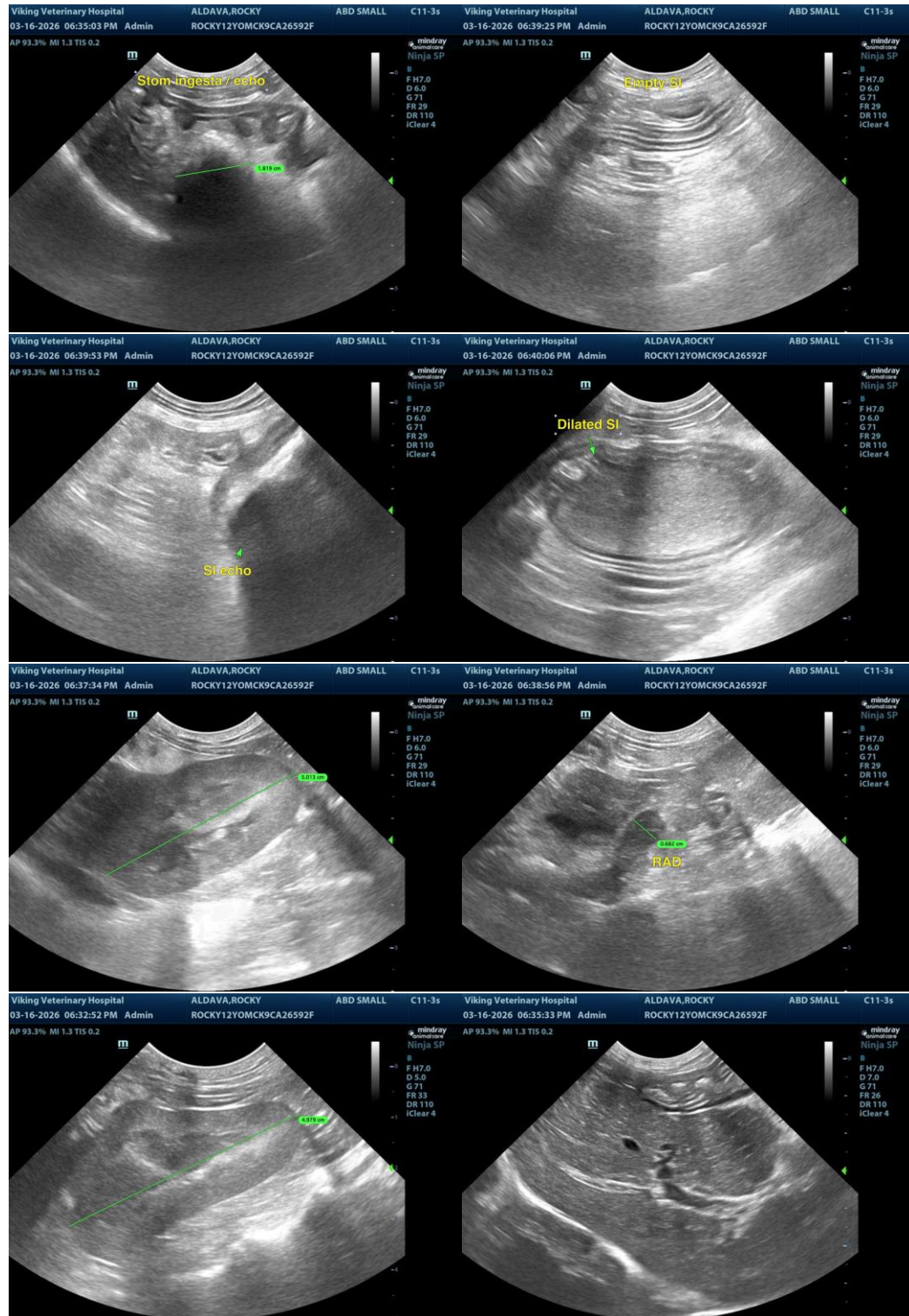
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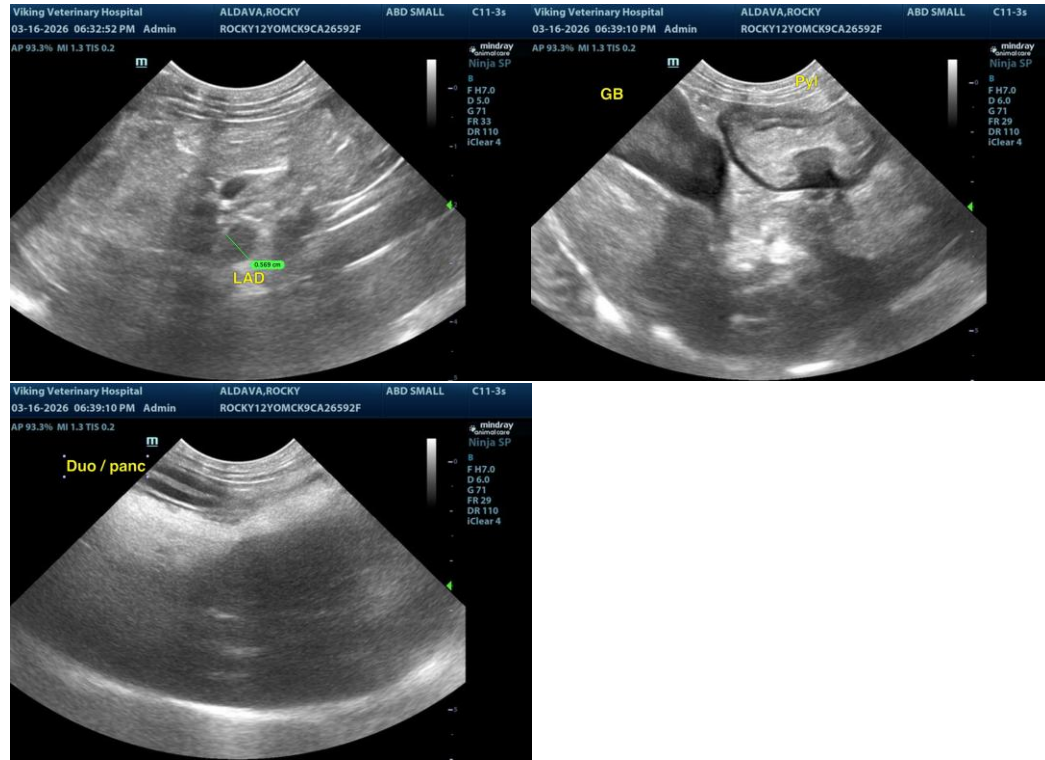
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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