



PATIENT

Cody Hunter

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

5 Years

WEIGHT

66 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Dana Tsuchida

INVOICE

14654

DATE

03/24/26

PRESENTING CLINICAL SIGNS

- - series of acute vomiting for ~2-3 days
- - lethargic
- - anorexia since last night
- - still drinking water
- - weight loss of 21lb since 1/4/25. O has been working on weight loss program, but O concerned of significant weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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

Normal size and margination was 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 7.6 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole.

The right adrenal gland was not definitively visualized yet without obvious pathology.

Spleen

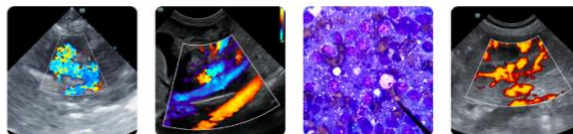
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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. 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



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The stomach presented intact mildly prominent wall. Intact wall layering was maintained and distinct. The stomach contained a moderate amount of retained anechoic fluid extending into the pyloric outflow.

The small intestine presented overall intact wall layering with maintained wall layer ratio. Segmental variable distended intestinal segments with nonshadowing fluid/chyme. A strongly shadowing mid abdomen intestinal lumen echo was present consistent with foreign body and jejunal location measuring approximately 5.0 cm in diameter. Concurrent suspect linear component with mild segmental jejunal corrugation. Empty intestinal segments likely distal to the level of the colon. Mild peri-intestinal hyperechoic omentum around the intestinal foreign body.

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 to moderate prominent mesenteric 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). An example of the lymph nodes measured 4.4 cm x 1.6 cm. No overt peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Jejunal foreign body with suspect segmental linear component, obstructive gastrointestinal pattern proximal with empty small intestine distal.
- Mild peri-intestinal hyperechoic omentum and mild/moderate prominent mesenteric lymph nodes- suggestive of reactive hyperplasia or possible lymphadenitis.
- Mild urinary bladder lumen mineral.
- Normal volume liver.
- Normal bilateral kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward enterotomy and with intestinal biopsy is strongly suggested given the degree of weight loss is recommended. Concurrent cystotomy with urinary bladder flush and mineral analysis could be considered. No overt evidence of intra-hepatic or extra-hepatic macroscopic shunt. Correlation with lab work and urinalysis prior to surgery is recommended.



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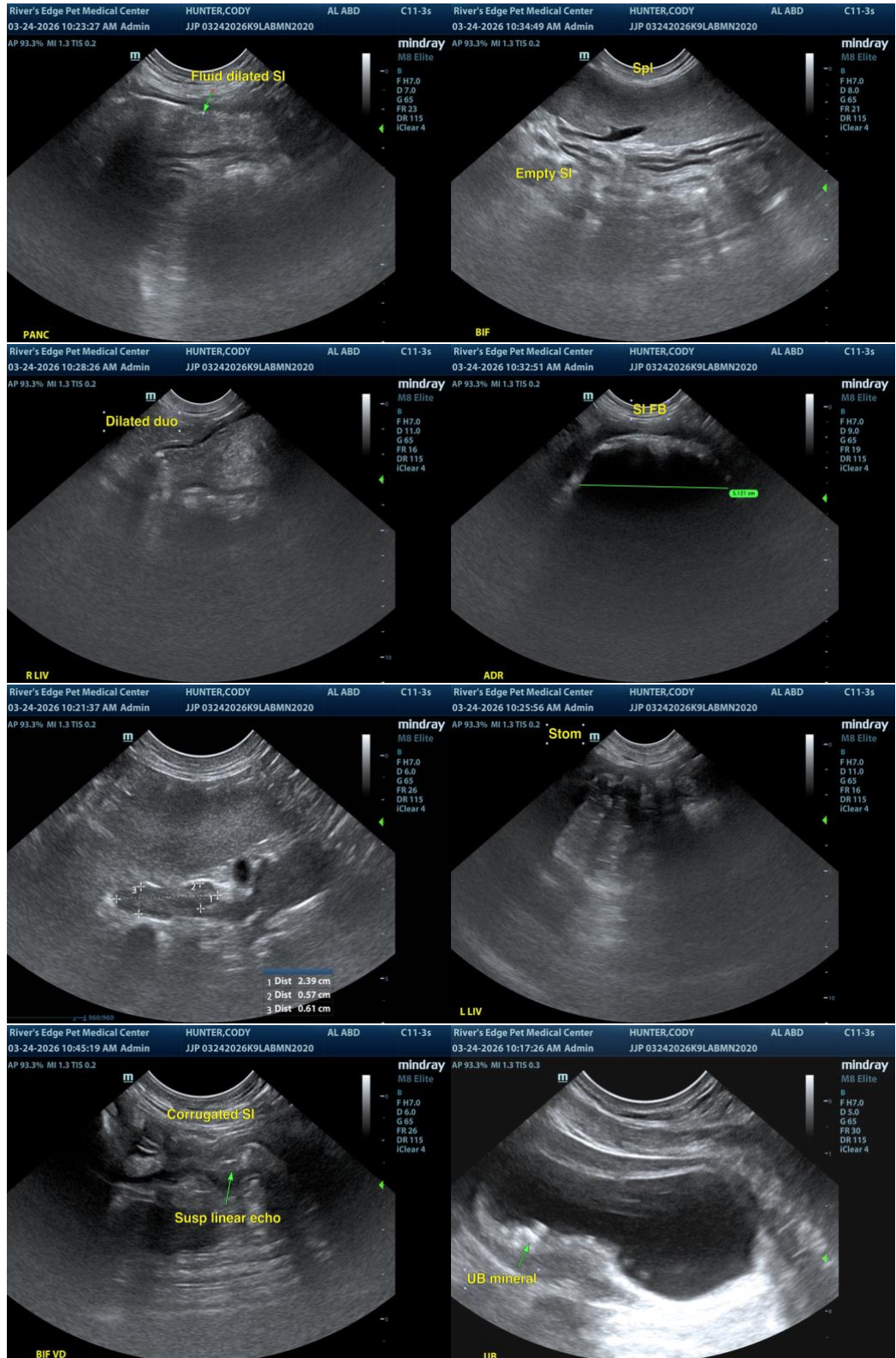
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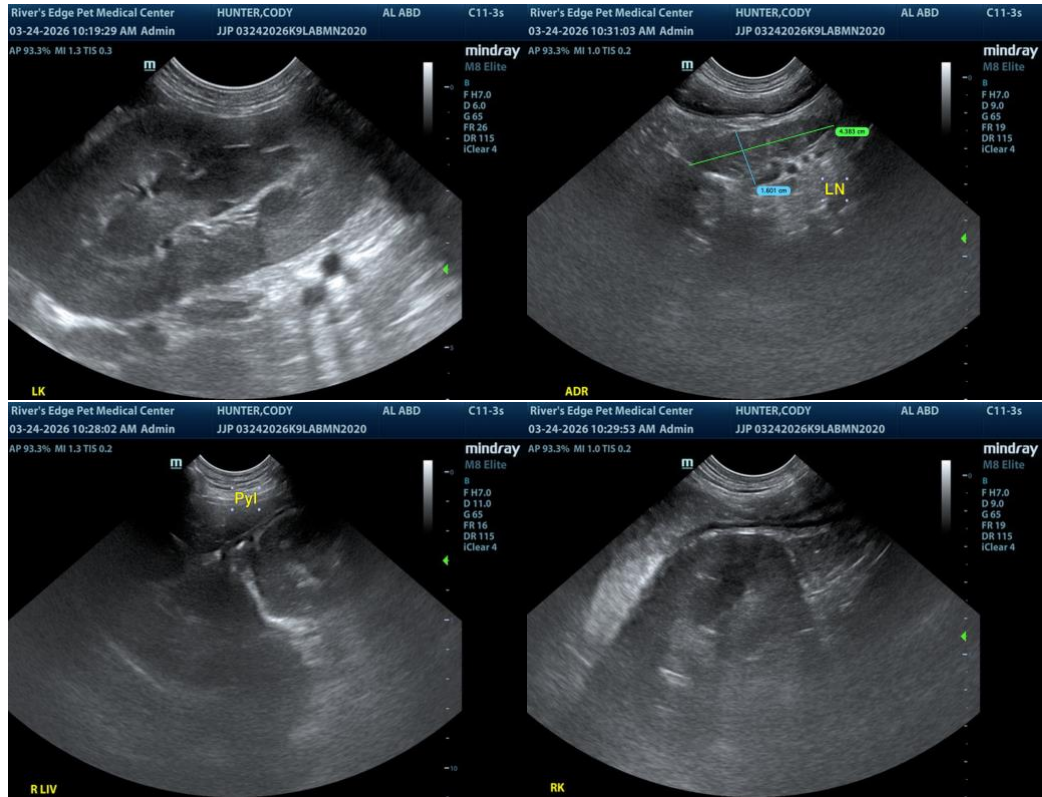
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com