



**PATIENT**

Jojo Phelan

**SPECIES**

Canine

**BREED**

Spaniel Mix

**SEX**

Neutered Male

**AGE**

15 Years 2 Months

**WEIGHT**

27 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Rockaway Animal  
 Hospital

**REFERRING VET**

Dr. Harris

**INVOICE**

14058

**DATE**

03/05/26

**PRESENTING CLINICAL SIGNS**

- vomiting, lethargic, can't keep anything down.
- 6-8 percent dehydrated - radiographs show 2 populations SI, suspect material in stomach, concerns for FB
- meds: Pred, GABA, methocarbamol for back paw, has been doing well

Abnormal PE/Chem/CBC/UA Results: Stress hyperglycemia 167, ALb 3.9, ALP 488, GGT 4, CPL WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm 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 change were noted.

The residual prostate was mildly prominent in size exhibiting nonhomogenous focally hyperechoic parenchyma. The prostate measured 1.5 cm in diameter.

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 5.2 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.62 cm width in the caudal pole. The right adrenal gland measured 0.41 cm width in 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 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 in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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**Gastrointestinal**

The stomach presented mild thickened intact wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid without evidence of obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited segmental to generalized mild decreased echogenicity with subtle mucosal speckling. A segmental variable to moderate ileus pattern is present with concurrent empty small intestinal segments and strongly shadowing irregular intestinal lumen echo measuring approximately 3.0 cm.

Normal visible colon wall layers were present. Empty colon segments with segmental semi formed 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 visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present. Mild peri-intestinal hyperechoic omentum.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Intestinal foreign body with segmental intestinal obstructive pattern likely proximal and empty small intestine distal.
- Generalized gastroenteritis pattern accentuated by mild hypomotile stomach.
- Mild peri-intestinal reactive omentum.
- Benign hepatopathy pattern with mild gallbladder debris.
- Bilateral age-related renal/adrenal changes.

**Secondary Findings**

- Mildly prominent nonhomogenous focally hyperechoic residual prostate- nonspecific.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Age-related change, fibrosis, potential for emerging prostatic neoplasia is thought less likely yet not excluded. Exploratory laparotomy with gross inspection of the gastrointestinal tract with expectation toward enterotomy and with consideration for gastrointestinal biopsies is recommended. Sonographic monitoring of the residual prostate with initial recheck in four to six weeks is recommended.



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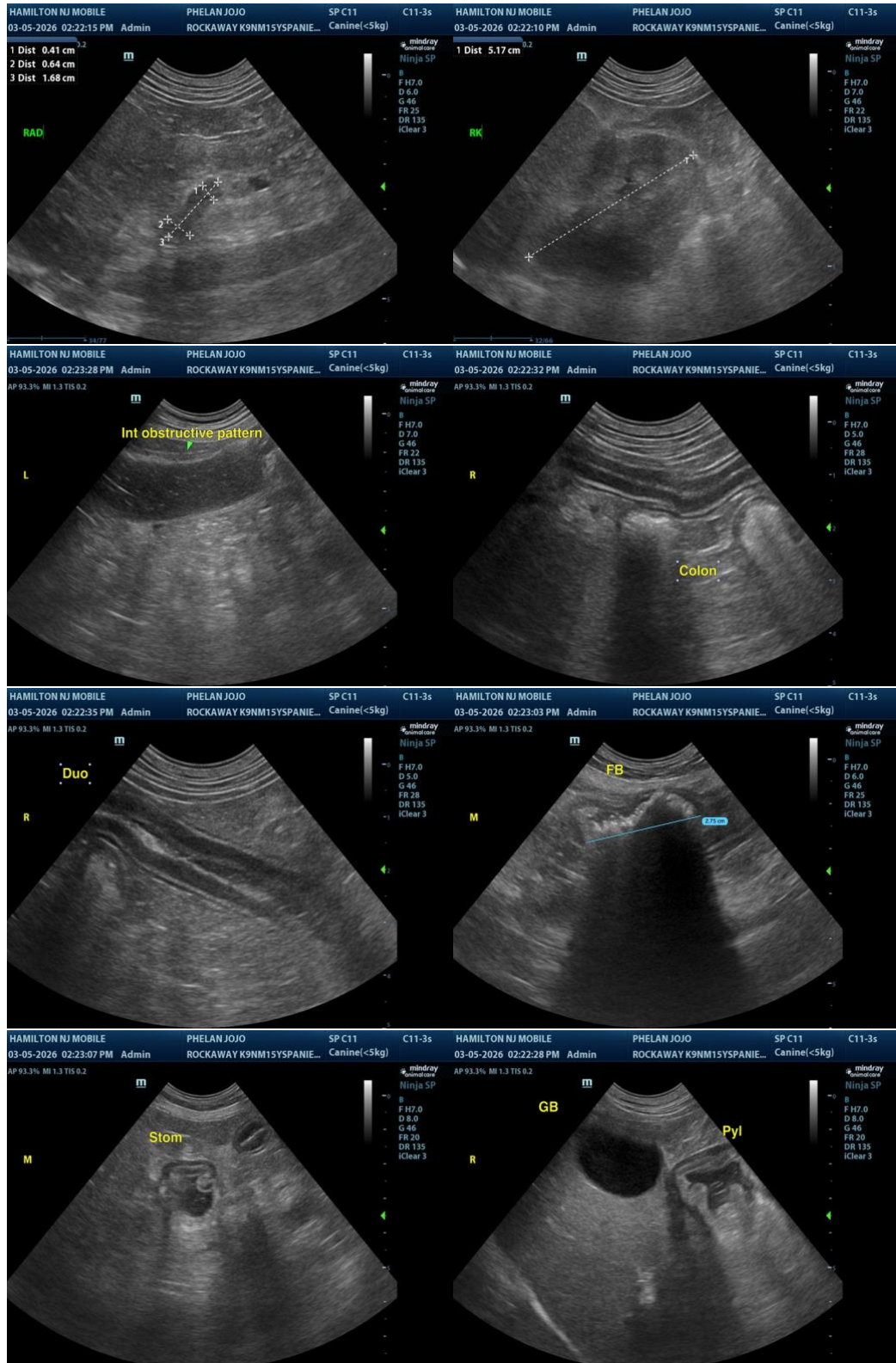
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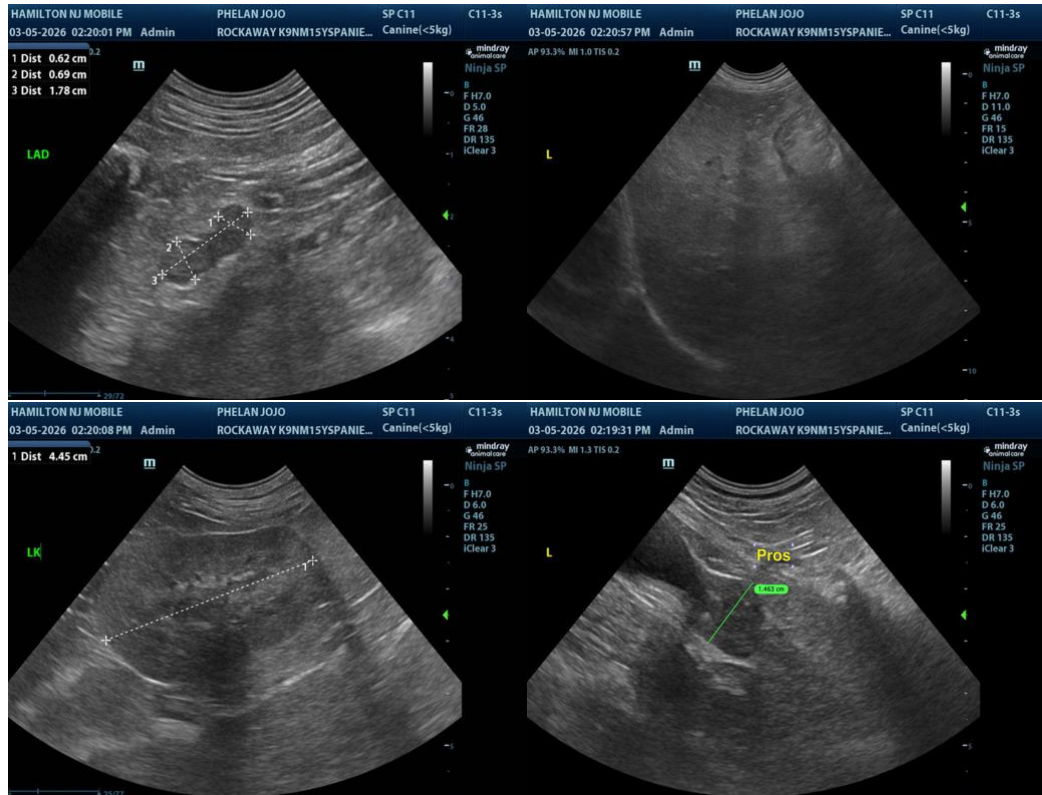
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)