



## PATIENT

Jasper Faber

## SPECIES

Canine

## BREED

Maltese Mix

## SEX

MN

## AGE

9

## WEIGHT

16.4

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr Harrs

## INVOICE

24454

## DATE

04/10/2026

## PRESENTING CLINICAL SIGNS

AHDS vomiting food and bile, and water yesterday , dehydrated , responding well to supportive care overnight , r/o fb, was given a bone on Thursday, bony material in colon along with hematochezia

## 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 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. Bilateral areas of mild medullary mineral were present. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 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 0.57 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 0.67 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 mildly 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 non-organized debris. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



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The small intestine presented overall intact segmental jejunal prominent wall exhibiting concurrent segmental jejunal ileus and focal non-shadowing mild non-uniform hyperechoic jejunal echo measuring ~ 1.0 cm in diameter. No evidence of intestinal obstructive pattern to the level of the colon.

Overtly normal intact visible colon wall. Shadowing fecal matter in the descending colon with mild transverse colon distension containing soft fecal matter and lumen gas.

### **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**

Mid-abdomen peri-intestinal mild hyperechoic omentum.

No obvious visualized significant or swollen mesenteric lymphadenopathy.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Empty stomach
- Segmental prominent jejunum exhibiting mild non-obstructive segmental ileus and focal non-obstructive hyperechoic jejunal echo
- Variably formed to shadowing fecal matter in colon
- Mild mid-abdomen peri-intestinal hyperechoic reactive omentum

### **Secondary**

- Bilateral mild renal medullary mineral

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of gastrointestinal obstructive pattern, although suspect concurrent passing of previously ingested foreign material and concurrent segmental intestinal irritation or inflammation. Passed foreign material is suspected in the distal colon consistent with patient history. No obvious indication for immediate surgical intervention given lack of obstructive pattern.

Continued gastrointestinal support with clinical and sonographic monitoring indicated. Exploratory laparotomy with potential for enterotomy and intestinal biopsies may be indicated if recurrent or progressive gastrointestinal signs or evidence of progressive intestinal ileus.



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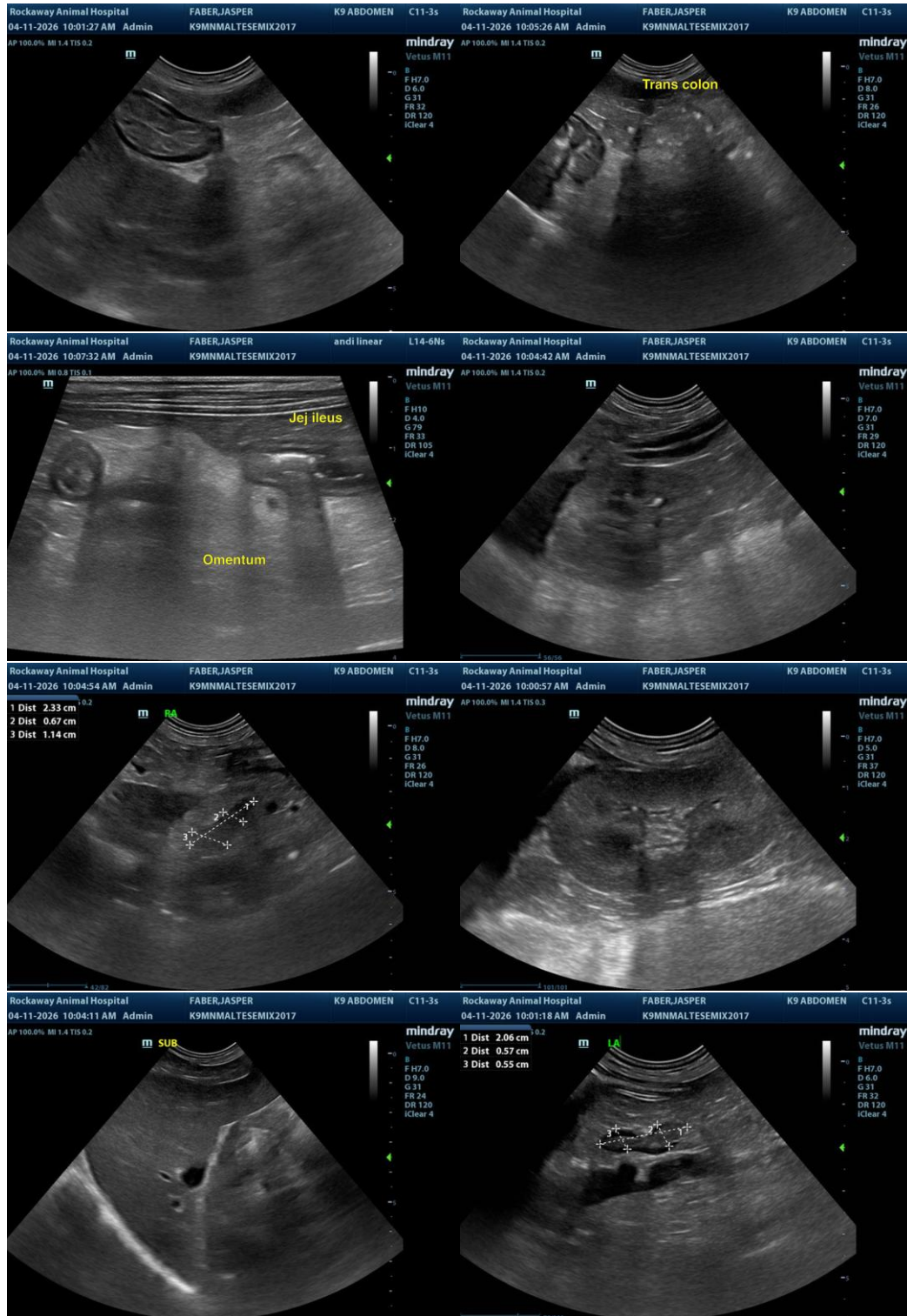
Dr Harris

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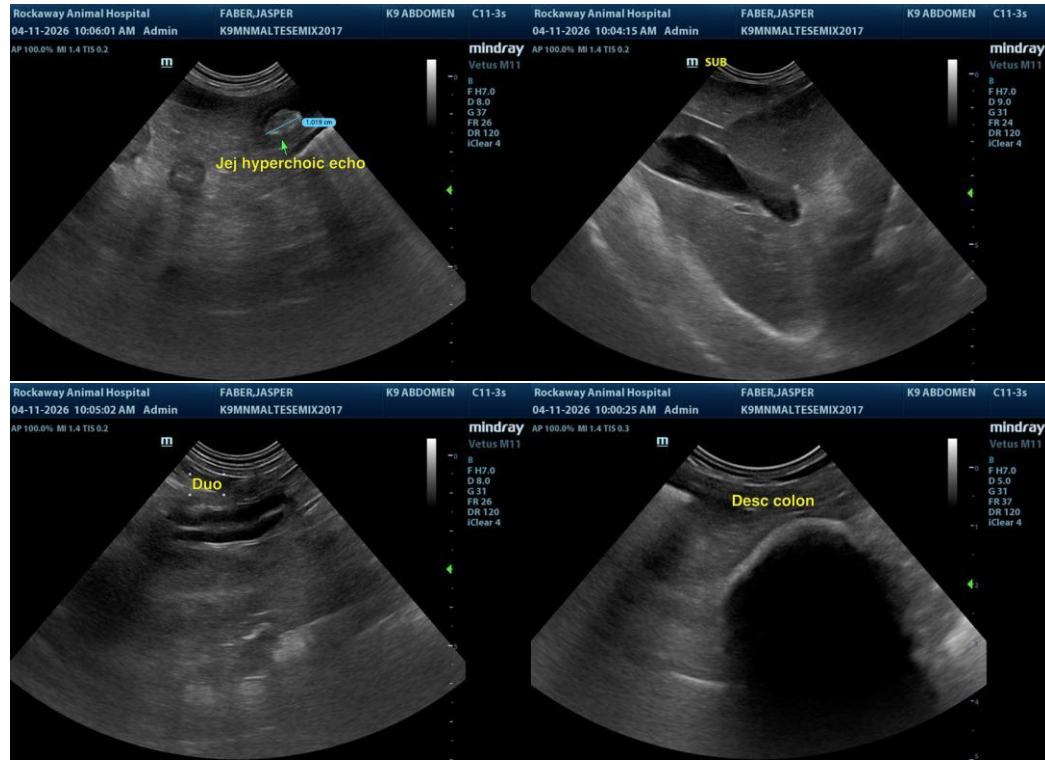
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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