

PATIENT

Jojo Carlsen

PRESENTING CLINICAL SIGNS

Radiopaque material in stomach

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Canine

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.

BREED

Blue Heeler

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 5.5 cm in length. The right kidney measured 5.8 cm in length.

SEX

FS

AGE

7yr

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 0.65 cm width at the caudal pole. The right adrenal gland was indistinctly visualized, no obvious pathology subjectively measuring 0.73 cm in width.

WEIGHT

59.8lb

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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Rockaway Animal Hospital

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was non-distended. The stomach contained a mild amount of strongly shadowing mild irregular content appearing to extend into the area of the pyloric outflow measuring 2-2.5 cm in diameter.

REFERRING VET

Dr Maniar

INVOICE
24632

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Primarily empty intestinal lumen with minor shadowing segmental jejunal content mid-abdomen without obstructive pattern to the level of the colon.

DATE

04/27/2026



PATIENT

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

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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.

SPECIES

Canine

Free Abdomen

BREED

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Blue Heeler

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

FS

- Non-obstructive strongly shadowing gastric content appearing to extend into pyloric outflow
- Normal overall empty small intestine with possible minor non-obstructive segmental mid-abdomen jejunal shadowing content

AGE

7yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The shadowing gastric content strongly suggests non-obstructive foreign material with possible retained dense ingesta. Correlation with clinical history and current clinical signs for evidence of foreign body ingestion or current inappetence, vomiting, etc. is recommended. A small amount of non-obstructive to passing similar material in the jejunum is possible yet not definitive.

WEIGHT

59.8lb

If available, gastric endoscopy is warranted for further assessment of the gastric contents. Laparotomy with expectation toward gastrotomy and gross inspection of the small intestine, specifically if concurrent clinical signs is warranted.

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(Canine and Feline)

Given no obstructive pattern, hospitalization with gastrointestinal support, documented 12-18 hour fast, sonographic reassessment and monitoring would be more conservative.

**IMAGING
PERFORMED BY**

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Hospital

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SPECIES
 Canine

BREED
 Blue Heeler

SEX
 FS

AGE
 7yr

WEIGHT
 59.8lb

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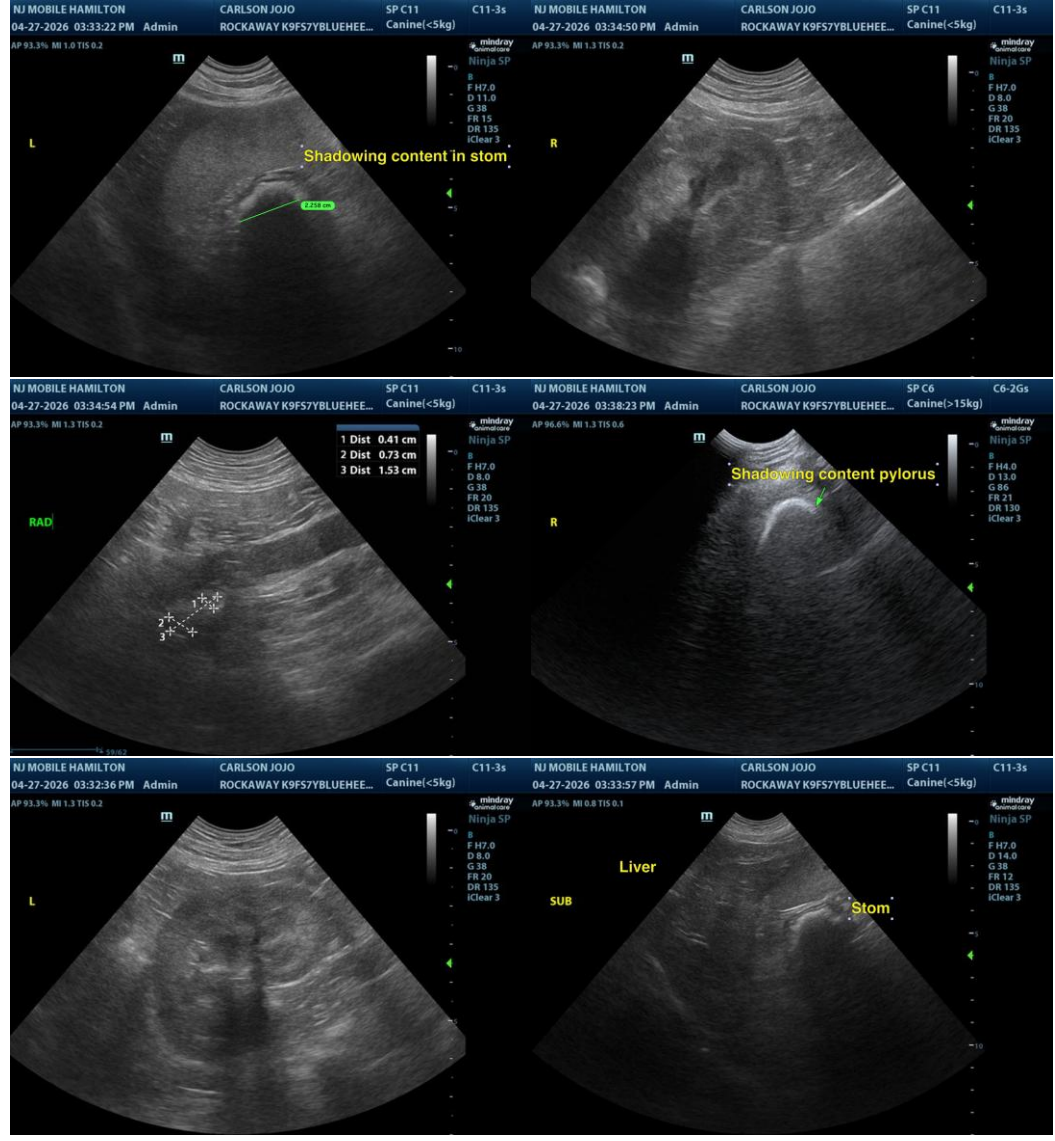
Rockaway Animal Hospital

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PATIENT

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SPECIES

Canine

BREED

Blue Heeler

SEX

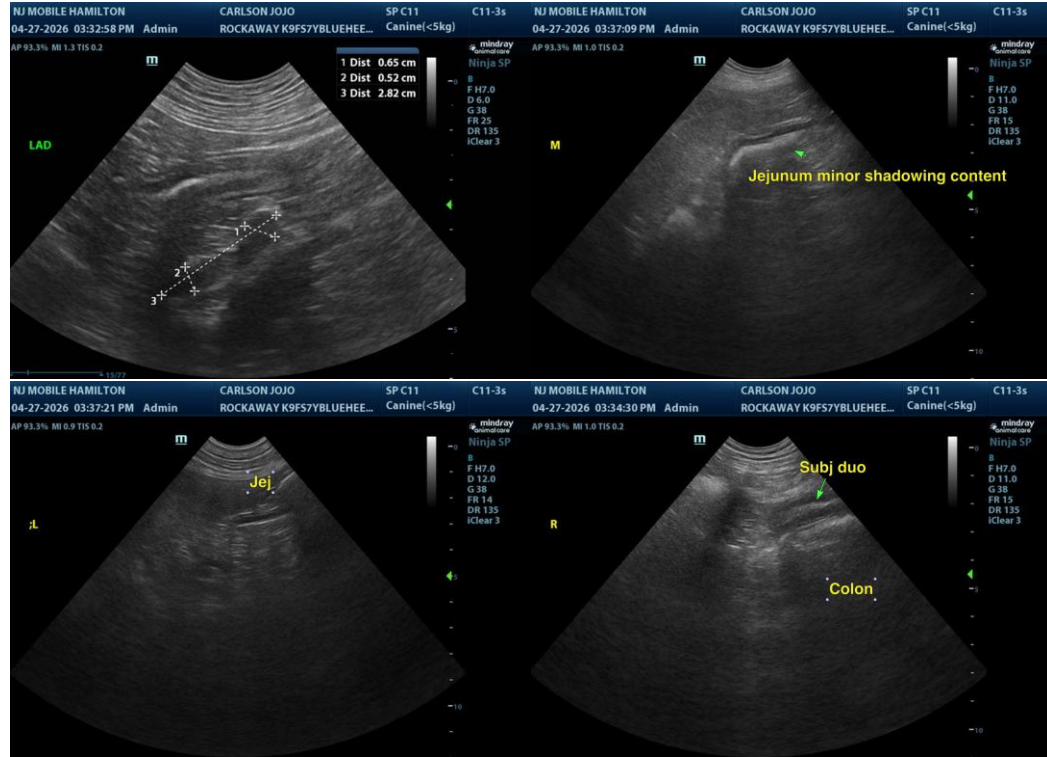
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AGE

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WEIGHT

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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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