



PATIENT

Tasty Kokidko

SPECIES

Canine

BREED

Bull Terrier

SEX

FS

AGE

4yr

WEIGHT

12.18kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski

HOSPITAL NAME

Apex Veterinary
Service

REFERRING VET

Alpine 24/7 / ER

INVOICE 24819

DATE
05/12/2026

PRESENTING CLINICAL SIGNS

Lethargy, pacing/restlessness, lip licking, intermittent nausea/grass eating, two episodes of small-volume vomiting over previous 2 mornings. Appetite generally maintained. History of previous GI foreign body surgery (plastic hanger ingestion approximately 1 year ago).

Abnormal PE/Chem/CBC/UA Results: BAR but intermittently restless/pacing. Mild nausea suspected clinically. Abdomen soft and non-painful on palpation. No overt obstructive pattern palpated. Mild ALP elevation (228 U/L); remainder of CBC/chemistry largely unremarkable.

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.

The kidneys exhibited adequate size with asymmetrical margination. Variably non-homogenous corticomedullary echogenicity with indistinct corticomedullary border demarcation. Pinpoint to focal areas of dystrophic medullary mineral. No pyelectasia. The left kidney measured 5.3 cm in length. The right kidney measured 5.7 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 0.44 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 0.41 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 was subjectively mildly enlarged. Symmetrical contour was maintained with non-homogenous increased hepatic parenchyma echogenicity compared to the spleen. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact borderline mild prominent wall layering with a normal wall layer ratio. The stomach contained moderate, strongly shadowing content without obstruction to pyloric outflow. The shadowing content measured ~ 5 cm in diameter.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Discrete hyperechoic small intestinal mucosal speckling was present. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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 enlarged gastric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present.

Minor left lateral abdomen to perisplenic effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastric foreign body.
- Possible nonspecific enteropathy.
- Normal pancreas.
- Hepatopathy with mild gallbladder debris.
- Non-specific renal changes with possible mild renal dysplasia pattern.
- Scant lateral abdomen effusion and minor perigastric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gastrotomy, suggested gastrointestinal biopsies, +/- hepatic biopsy, if normal clotting status is recommended. Brief sonographic reassessment prior to surgery indicated given time frame between ultrasound study and interpretation, if surgery not already performed, to ensure persistent gastric foreign material. Monitoring of renal parameters and UA going forward is recommended.



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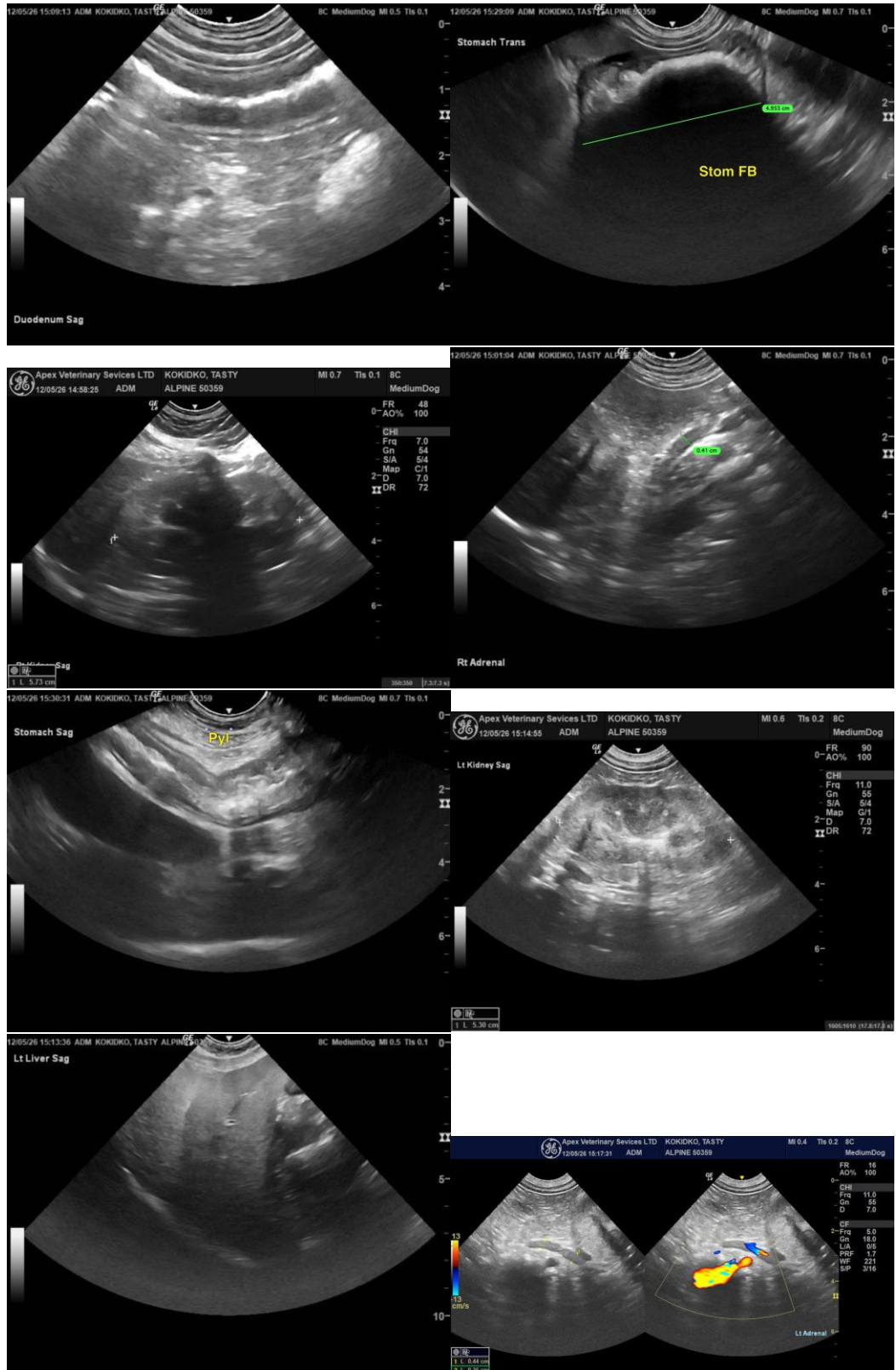
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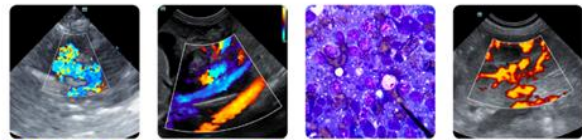
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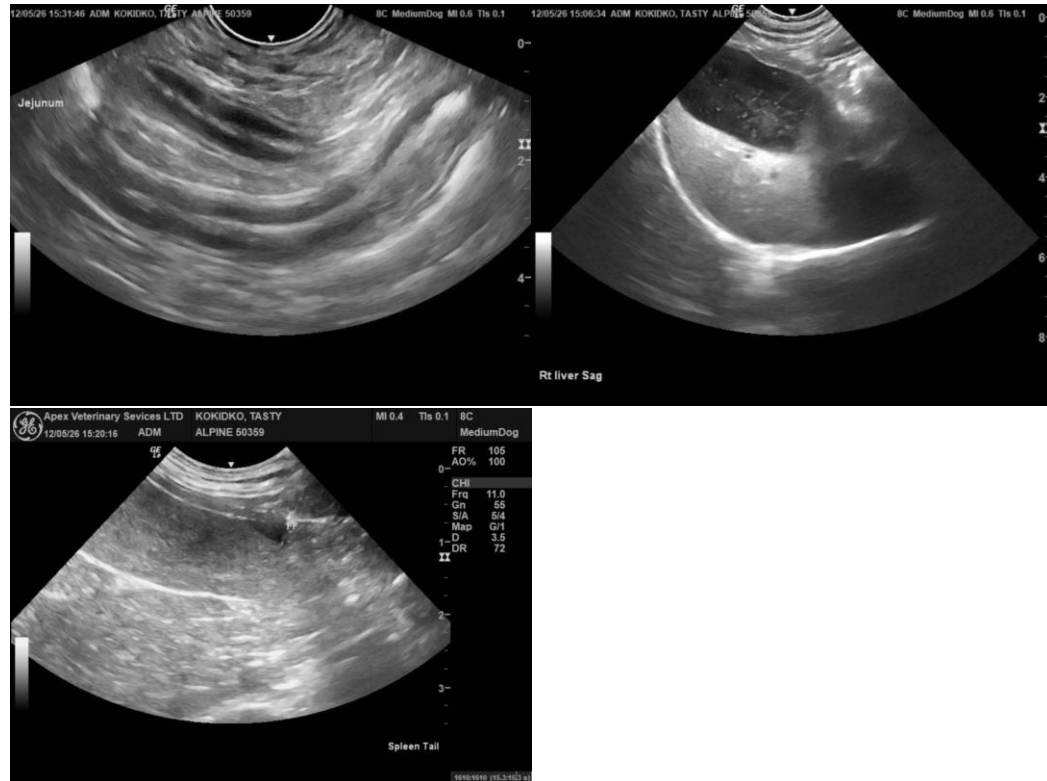
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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