



PATIENT

Jack Carlos Villalobos

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Months

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ramy Sharkawy

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr. Joseph Kamel

INVOICE

16362

DATE

05/18/26

PRESENTING CLINICAL SIGNS

HISTORY OF BLOODY FECES SINCE 2 DAYS AGO WITH A history of eating different kinds of food and table food and access to garbage with a pain when palpating abdomen

Abnormal PE/Chem/CBC/UA Results: BUN 50 CR 1.9 K 3.4

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 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.

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 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.32 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, moderate focally shadowing ingesta extending into the pyloric outflow. Concurrent mild nonobstructive shadowing ingesta was present in the pylorus lumen. No obstructive pyloric mural pathology. The pylorus wall measured 0.33 cm wall width.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Primarily empty lumen with mild segmental nonshadowing ingesta to the level of the colon.

The colon walls presented intact yet borderline prominent visible descending colon wall. the colon was nondistended containing semi formed to soft fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

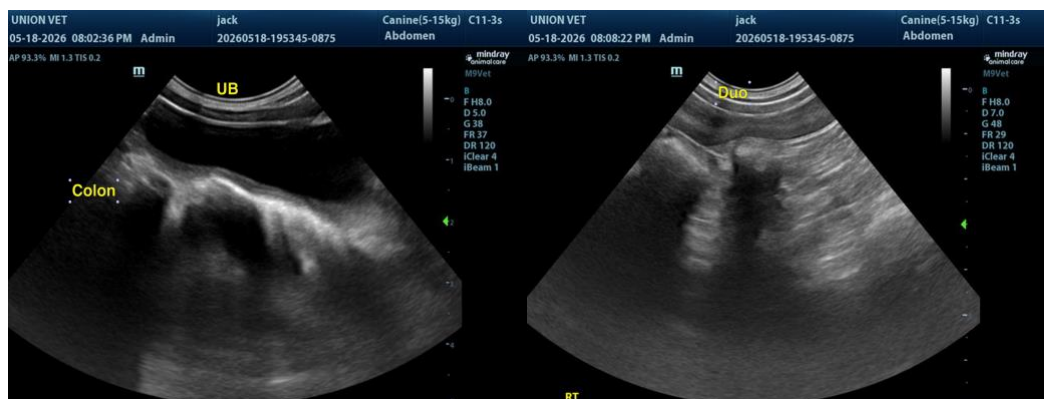
ULTRASONOGRAPHIC FINDINGS

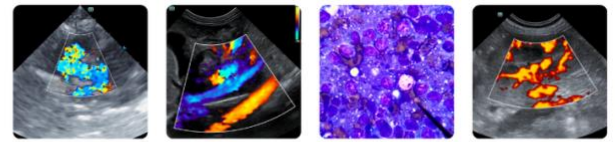
- Moderate, variably echogenic to shadowing gastric ingesta extending into pylorus.
- Normal small intestine exhibiting primarily empty lumen with mild segmental non-shadowing intestinal ingesta.
- Mild colitis pattern with semi-formed to soft fecal matter.
- Normal area of pancreas.
- Sonographically normal bilateral kidneys.
- Normal visualized left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Metabolic gastric ileus and colitis secondary to dietary indiscretion with variably dense ingesta, treat medication or a possible mixture of gastric ingesta, non-obstructive foreign material is possible. No evidence of small intestine obstructive pattern or foreign material. Possible past material in the colon is not excluded.

Given time frame between ultrasound study and interpretation, clinical reassessment, ideally brief recheck ultrasound to assess gastric content is indicated. Screening cortisol level to rule out occult Addison's disease, fresh fecal analysis and panel to include PLI, TLI, cobalamin and folate is suggested. Document 12-hour fast and sonographic monitoring of gastric emptying and gastric content is indicated if persistent gastrointestinal signs or gastric ingesta. Exploratory laparotomy with gastric evacuation and biopsies may be indicated if persistent gastric ingesta and pending further monitoring of renal parameters and screening cortisol level.





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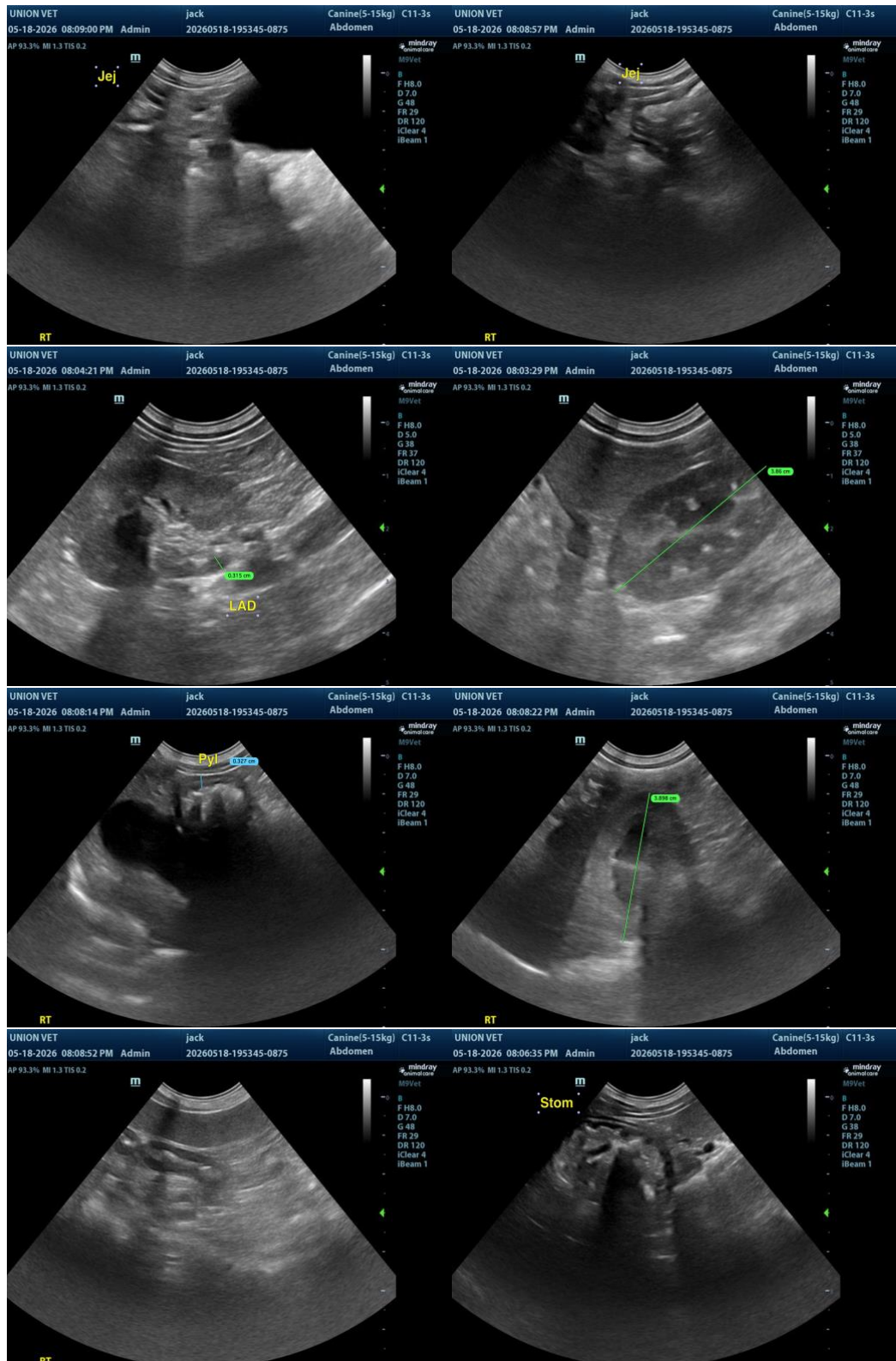
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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