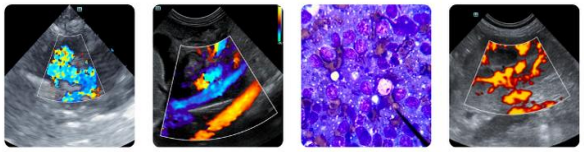


PATIENT

Major Roscario

SPECIES

Canine

BREED

Pitbull

SEX

MI

AGE

6yr

WEIGHT

55lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Smithfield Animal Hospital

REFERRING VET

Dr Carney

INVOICE
25044

DATE
06/09/2026

PRESENTING CLINICAL SIGNS

Suspect foreign body. Lethargy, rads suspect gastric FB.

Abnormal PE/Chem/CBC/UA Results: Wbc 24.11 Neut 19.05, mono 4.43, MCHC 40.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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. The left kidney measured 7.5 cm in length. The right kidney measured 7.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.5 cm in diameter.

The bilateral testicles were sonographically normal.

Adrenal Glands

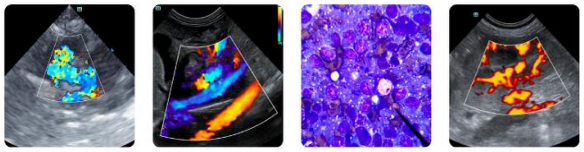
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.5 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width 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 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 mild primarily gravity dependent non-organized hyperechoic debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented indistinct stomach wall owing to empty lumen with mild lumen gas. Potential borderline to mildly thickened stomach wall with no evidence of shadowing content, retained fluid or obstruction to pyloric outflow.

The small intestine presented primarily intact wall layering with maintained muscularis/mucosa ratio. A segment of mid abdomen jejunum exhibited mildly thickened wall compared to adjacent jejunum with intact to indistinct jejunum wall layering and associated segmental primarily mild ileus and segmental gas. Normal appearing duodenum wall measured 0.55 width, normal appearing empty jejunum measured 0.40 cm wall width. Mildly thickened jejunum measured 0.49-0.55 cm in width.

Normal visible colon wall layers were present with focal formed to shadowing and concurrent semi-formed fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent mildly enlarged mesenteric 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. An example of lymph node size was 2.3 cm x 0.93 cm.

Associated peri-intestinal mild hyperechoic omentum, no overt effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Empty stomach with possible borderline to mild thickened stomach wall
- Segmental thickened mid abdomen jejunum exhibiting intact to mild indistinct wall layering and associated ileus
- Concurrent sonographically unremarkable empty duodenum and jejunum
- Formed / shadowing to semi-formed fecal matter in colon
- Peri-intestinal hyperechoic omentum and mild swollen jejunal lymphadenopathy
- Sonographically normal area of pancreas

Secondary

- Mild benign prostatic hyperplasia pattern, minor potential for prostatitis thought less likely
- Non-organized gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt or definitive gastrointestinal foreign body was visualized. Potential for a small amount of non-visible to passing intestinal material given possible segmental partial to mild intestinal obstructive pattern or material in the colon not excluded. Segmental mildly thickened hypomotile jejunum and jejunal lymphadenopathy secondary to passed material, primary intestinal disease such as inflammatory /infectious disease, associated jejunal lymphatic hyperplasia, lymphadenitis or segmental

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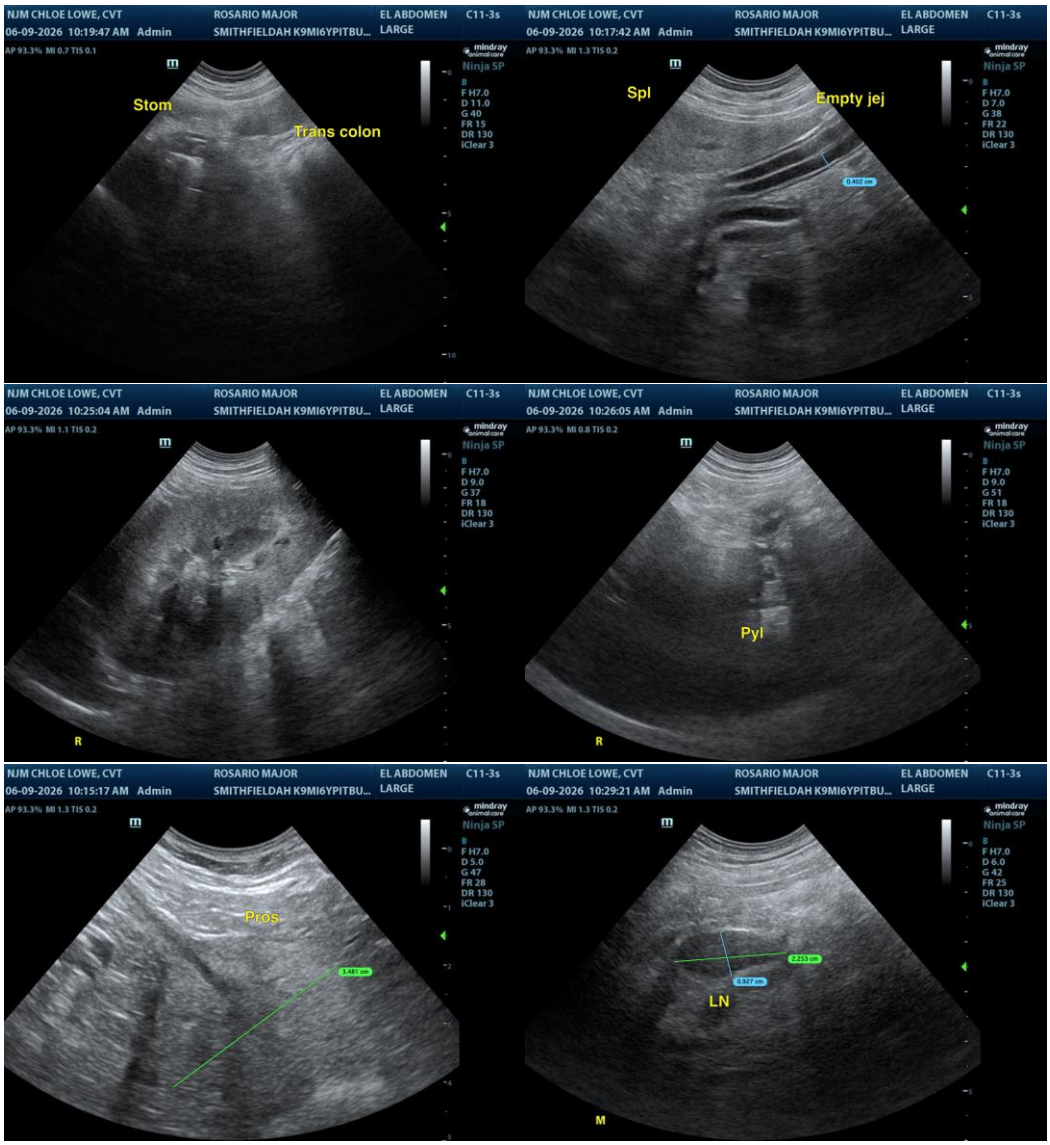
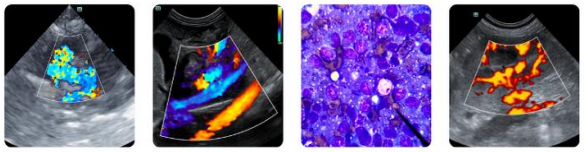
intestinal neoplasia and early metastatic lymphadenopathy all potentials.

Given gastrointestinal presentation combined with patient clinical signs, exploratory laparotomy with gross inspection of the gastrointestinal tract and with intestinal /lymphatic biopsies considered essential is recommended. Hospitalization with 24-hour IV fluid / gastrointestinal support with sonographic monitoring of the gastrointestinal tract would be more conservative.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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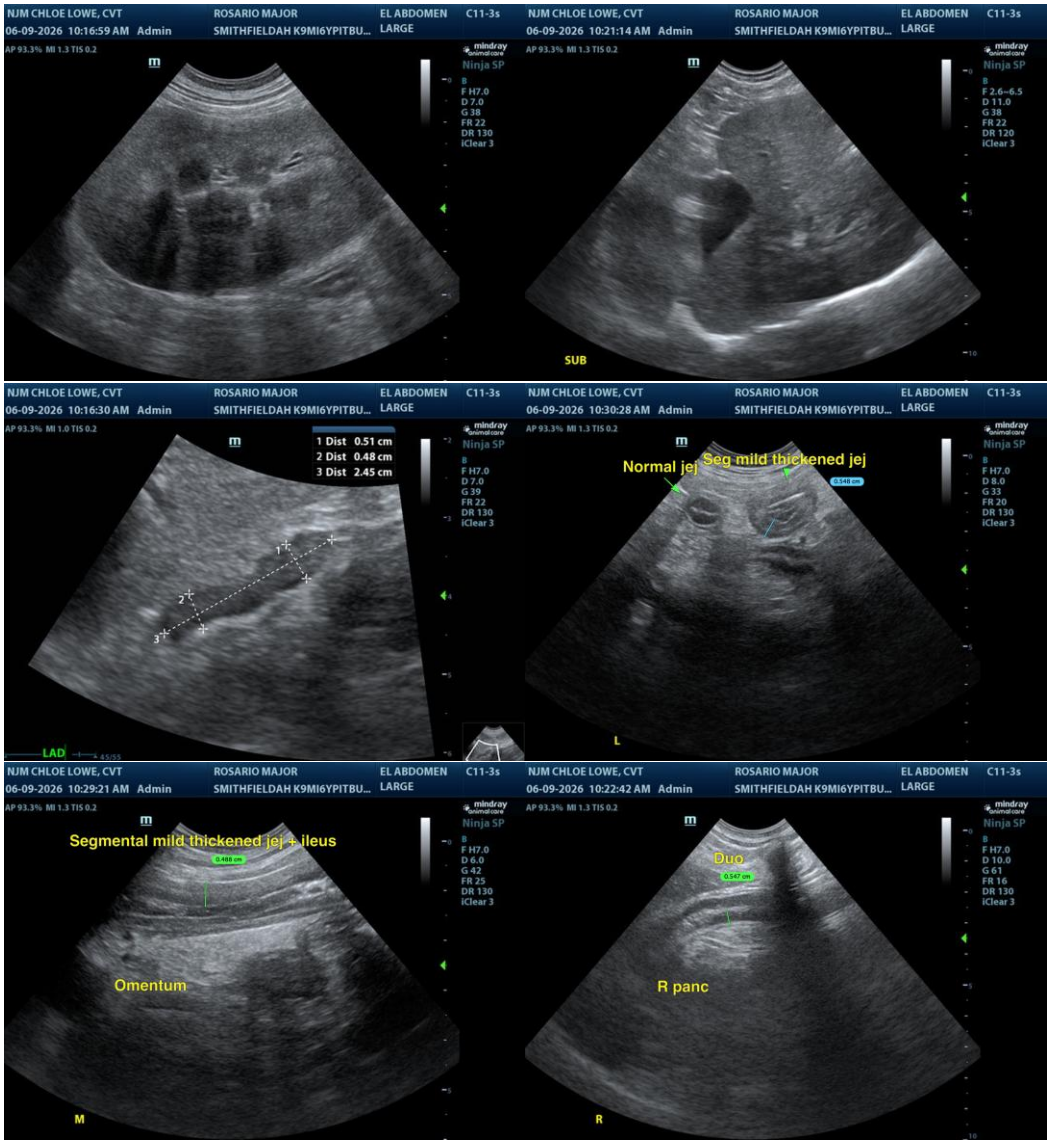

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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