



PATIENT

Louie Naimo

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered Male

AGE

11 Years 1 Month

WEIGHT

20 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bond Vet Montclair

REFERRING VET

Dr. Tyagi

INVOICE

12458

DATE

11/25/25

PRESENTING CLINICAL SIGNS

Vomiting food and bile since dinner yesterday night. Cranial abd discomfort and tenderness Cerenia iv today

Abnormal PE/Chem/CBC/UA Results: Uneventful

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident prostatic pathology.

Left kidney is normal in size (5.57 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (5.68 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.46 cm at cranial pole and 0.46 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is unable to be well visualized in these images.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately distended with fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is diffusely mildly fluid distended, however, in the right cranial abdomen in what I believe may be the duodenum, the bowel is slightly more fluid distended cranial to a bright echogenic hard shadowing intraluminal density consistent with a possible obstructive foreign object.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. The lumen is diffusely markedly distended with fluid.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

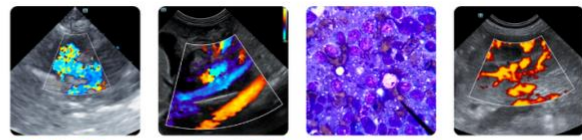
There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Suspect (at least partially if not fully) obstructed small bowel foreign body. With the partial or early full obstructive qualifiers given due to the very mildly fluid distended bowel cranial to the suspect obstruction.
- A markedly diffusely fluid distended colon, likely represents irritation secondary to previously passed foreign material versus other benign colitis. Continued foreign material within the colon isn't visible but cannot be definitively ruled out. A rectal exam may be helpful for further assessment of the distal colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An exploratory laparotomy for removal of the suspected obstructive small bowel foreign object is recommended when patient is stable enough to undergo surgery.
- While I feel certain as I can that the foreign object is within small bowel, the obstructive pattern involving the stomach and small bowel is subtle and while thought much less likely, foreign material within the colon is a possibility. Therefore, prior to surgery if additional confirmation is elected, additional imaging such as contrast radiography could be considered.



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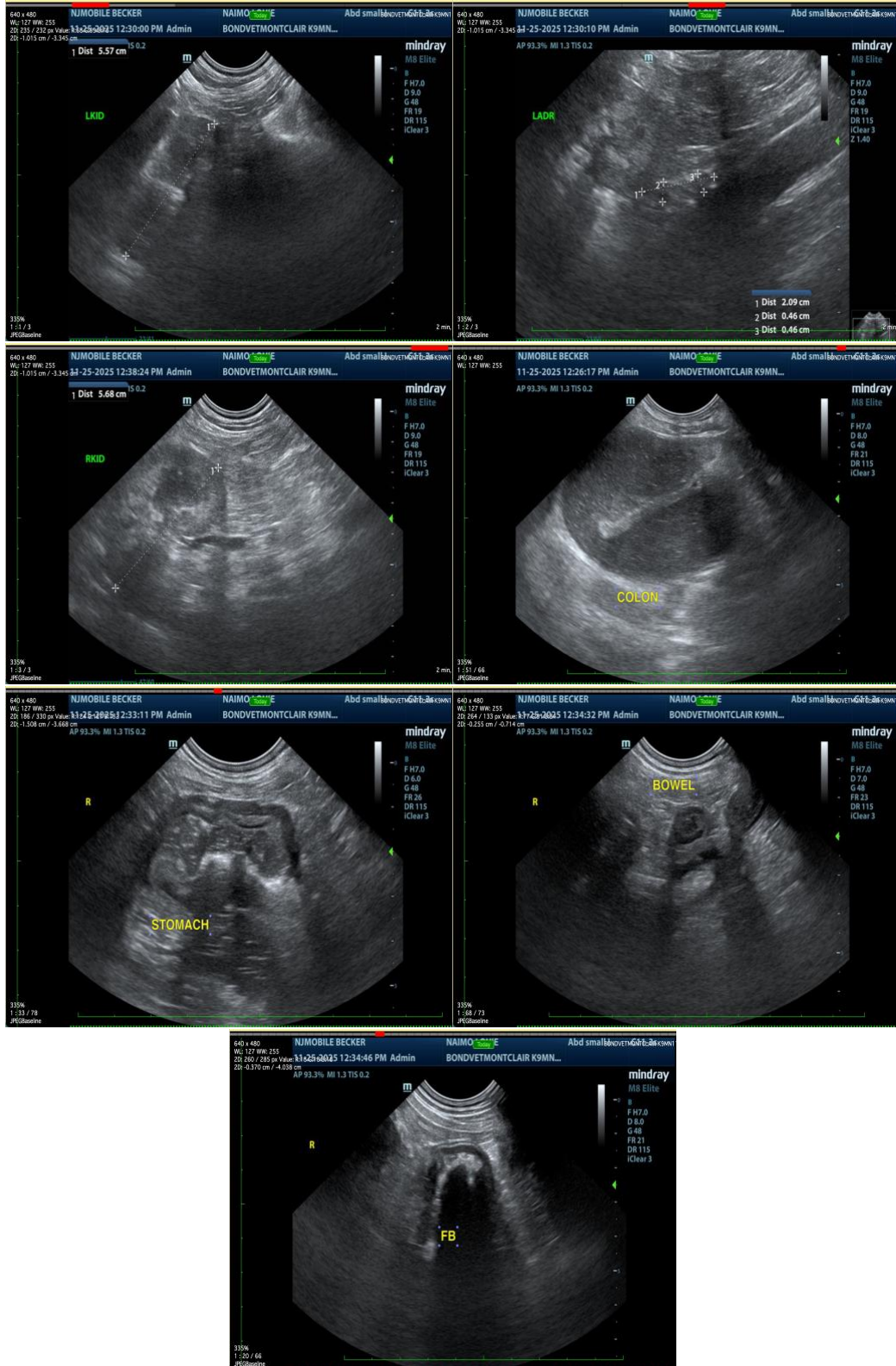
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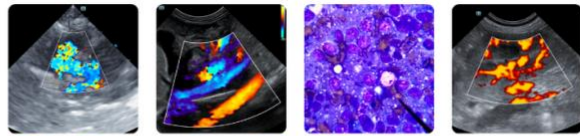
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

info@sonopath.com