



PATIENT

Ripley Bennett

SPECIES

Canine

BREED

Bull Mastiff

SEX

Spayed Female

AGE

9 Years 11 Months

WEIGHT

135 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

72265

DATE

12/3/25

PRESENTING CLINICAL SIGNS

Vomiting: >10 episodes overnight; expelled large, undigested black corn cob pieces. - Diarrhea: single small-volume, liquid episode without blood. Inappetence: no food intake this morning. - Behavioral changes: shivering, discomfort, pacing, unable to rest overnight.

Abnormal PE/Chem/CBC/UA Results: ABNORMALS: - QAR; tolerant but apprehensive - BCS 7/9; decreased from previous visit - Eyelid margin irregularity; mild-moderate bilateral medial canthus discharge - Mild waxy ceruminous discharge AU - Marked attrition; markedly worn and shortened canines - Hyperkeratosis of nares and nasal planum - Difficult deep palpation; mild right-sided discomfort

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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 right kidney is normal is size (8.9 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.

The left kidney is normal is size (7.8 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

The adrenal glands are unable to be visualized in these images.

Spleen

The 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

The 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.

The 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 gastric wall is normal in thickness and layering. The stomach is moderately fluid distended with some bright echogenic intraluminal densities that subtly demonstrate some shadow, but a



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definitive foreign body is unable to be diagnosed or ruled out, and the pylorus is unable to be well visualized.

The definitively identifiable small intestines are normal in wall thickness and layering with empty. However, in one clip there is a loop of bowel with echogenic intraluminal contents and strong acoustic shadow, concerning for possible foreign object, although colon can't be ruled out. Therefore, normal stool versus foreign body is a possibility.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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

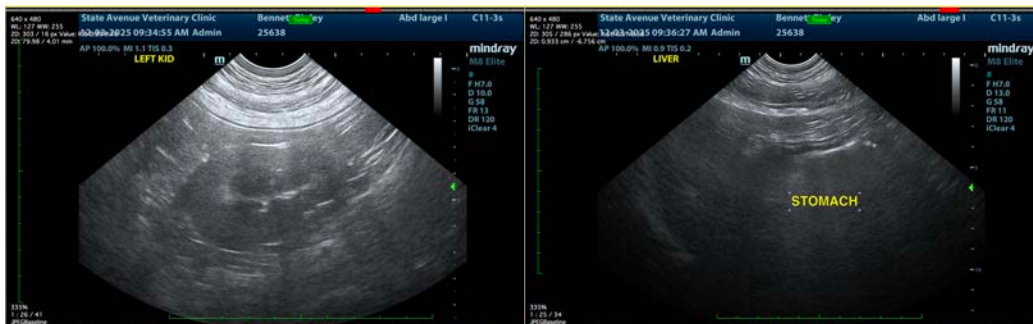
- Given the gastric distention and shadowing from one bowel loop, an obstructive foreign body is possible, but as described above, colon versus a small bowel foreign body versus an obstruction is also possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

**Overall detail in these images as well as artifact limit full visualization, especially of finer details such as gastrointestinal wall, pancreas, etc.*

Alternative imaging such as contrast radiography could be considered to more definitively identify small bowel versus colon.

Alternatively, given patient's history, especially if vomiting is persisting in the face of symptomatic/supportive medical management, an exploratory laparotomy could be considered with owner education about the possibilities and potentially even benefits of a negative explore.





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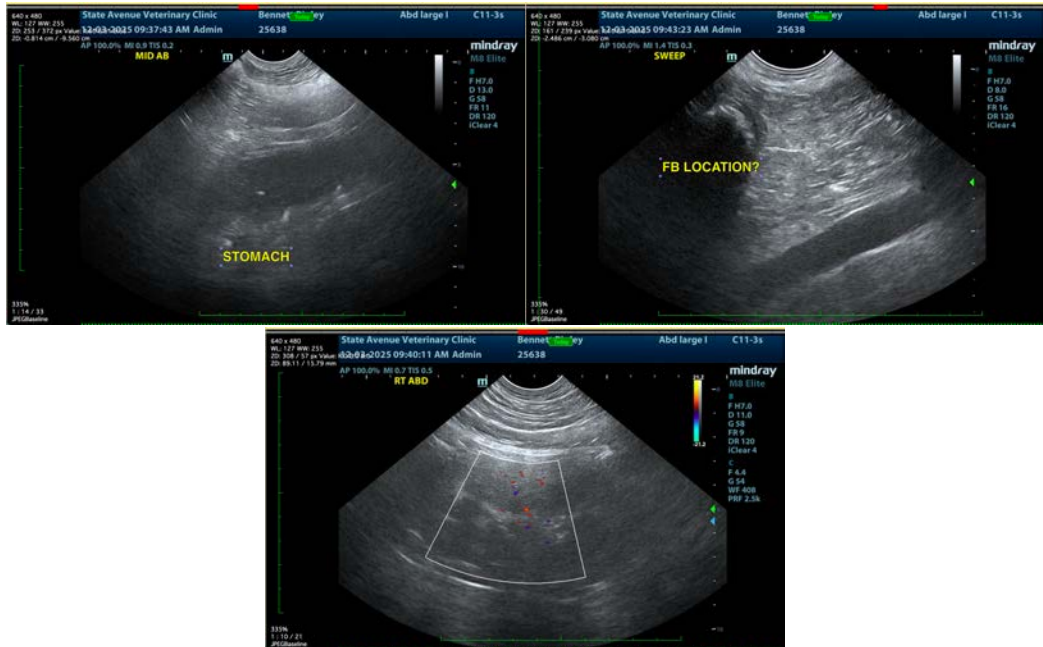
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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