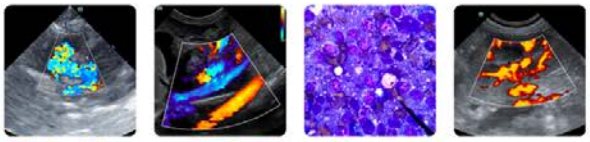

PATIENT

Phoebe Serdar

SPECIES

Canine

BREED

Pit x

SEX

Spayed Female

AGE

5 Years

WEIGHT

20.6 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Kerr

INVOICE

75451

DATE

5/27/26

PRESENTING CLINICAL SIGNS

P has not been wanting to eat since Saturday. Was lethargic, didn't want to come inside and was hiding under the camper. O found vomit outside, has 2 dogs but knows it's from her because it had grass and p was eating grass. P has been weak and shaking. Drinking excessively but hasn't really seen urinate. No bm since Saturday. Went to rDVM today and they did bw but declined rads. BW showed dehydration. Previous Health Concerns None. Sometimes has episodes where p is ADR for a couple of days and then is fine. Now hospitalized with NG tube, foul dark colored liquid pulled before AUS.

Abnormal PE/Chem/CBC/UA Results: Rads: mild loss of serosal detail. Gas within the non distended stomach moves appropriately with positioning, and the pylorus appears patent. Mild gas and fluid present in SI without evidence of obstructive pattern. Colon is relatively empty. Multiple small radiopaque foci within the R cranial ABD quad visible on all 3 views in a consistent location; metallic, mineralized, or possibly small bone fragments/foreign mat. They do not appear clearly localized to the duodenum on VD Bloodwork: pH 7.519; BE 9.0; Hyponatremia 127; Hypokalemia 3.3; Hypochloremia 88; BUN 62; Crea 3.09; GLU 164; HCT 69% Canine CPL 511.7 Resting Cortisol 15.3 TruRapid Negative x4 Urine: Cystocentesis PH 5.0 Occult Blood +++250 NON Hemolyzed Specific Gravity 1.060 Sediment: Hyaline cast; Non-Hyaline casts; Cocci

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 (6.35 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 (6.31 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 right adrenal gland is normal in size (0.59 cm at cranial pole and 0.82 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.86 cm at cranial pole and 0.78 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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

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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 stomach wall is normal in thickness and layering. The lumen is markedly overdistended primarily with fluid.

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 proximal small bowel is markedly fluid distended to the level of an intraluminal curvilinear echogenic density with strong acoustic shadowing beyond which the lumen returns to empty.

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.

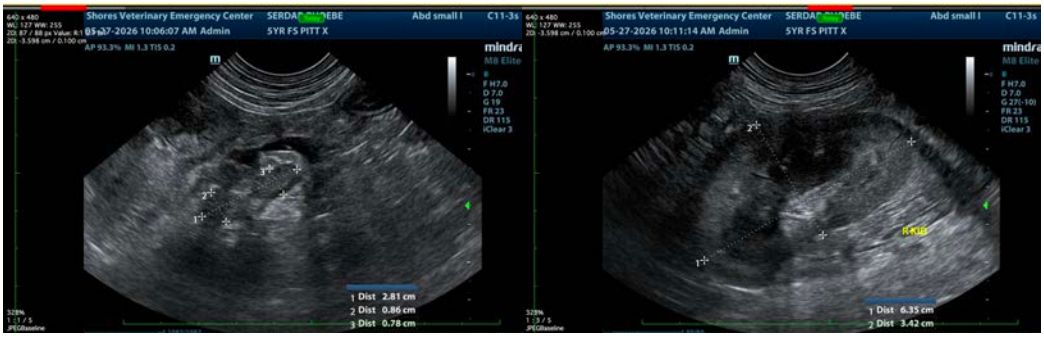
There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Suspect full small bowel obstruction secondary to shadowing foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As soon as patient is stable enough for surgery, an exploratory laparotomy for further investigation and removal of the suspected obstructive foreign material is recommended.



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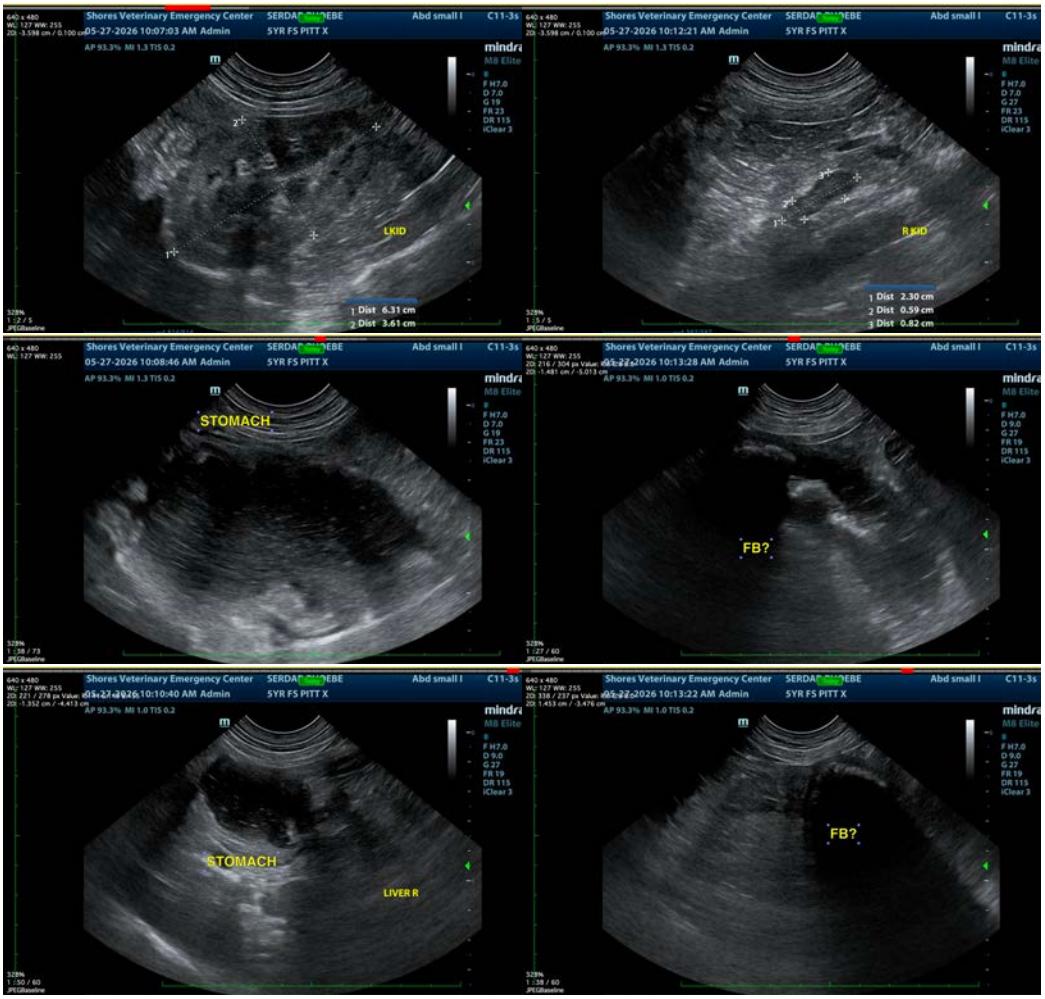

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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