



PATIENT

Belly Henry

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

2 Years

WEIGHT

22.8 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

73269

DATE

2/26/26

PRESENTING CLINICAL SIGNS

Presented 2/25 for ingestion of wooden ruler, ink pen and potentially other foreign objects. MM tacky; mucous membranes ink stained pink/purple. Tachycardic. Fur on RF and LH paws ink stained pink

Abnormal PE/Chem/CBC/UA Results: Radiographs: R lateral view reveals a 2mm x 1.5mm oblong foreign object within the stomach; pylorus has hazy appearance to it with no clear signs of obstruction. Small intestines mostly empty with pockets of gas and no clear signs of obstruction. Foreign object not visible on L lateral view. Repeat radiographs: Previously noted foreign object no longer visible; however, stomach appears more distended and there is a loss of serosal detail in the cranial abdomen that was not present previously. EPOC: iCa 1.44 (H) PCV/TS: 53%/6.6 clear

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measured 6.43 cm. Right kidney measured 7.0 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.15 cm in length x 0.69 cm at the caudal pole and 0.66 cm at the cranial pole. Right measures 3.4 cm in length x 0.87 cm at the caudal pole and 1.03 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach is significantly distended with fluid. There are multiple hyperechoic linear shadowing objects within the gastric lumen. The pylorus tapers normally, and there is no visible shadowing material within the pylorus or at the level of the PDJ.



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The small intestines are largely empty with some gas shadowing seen. There is one loop with a small curvilinear shadowing object consistent with foreign material. There is no distended small intestine around it. It is not overtly obstructive.

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Sections of colon are visualized with gas shadowing. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

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Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

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ULTRASONOGRAPHIC FINDINGS

- Significant gastric distention with shadowing material in lumen – suspicious for gastric foreign material.
- Small area of shadowing within the small intestine – Possible foreign material, not overtly obstructive.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

The progressive gastric distention with concern for foreign material on radiographs and ultrasound is suggestive of a foreign body. While it is not overtly obstructive at the pylorus and the potential foreign material visualized within the small intestine is not overtly obstructive in the sense that it is not causing small intestinal dilation, the gastric distention is concerning. Upper GI endoscopy could be utilized to further evaluate gastric contents. The nature of the contents cannot be definitively determined by ultrasound. Alternatively, abdominal explore could be considered, as this would allow for full evaluation of the entire GI tract including the small intestine.

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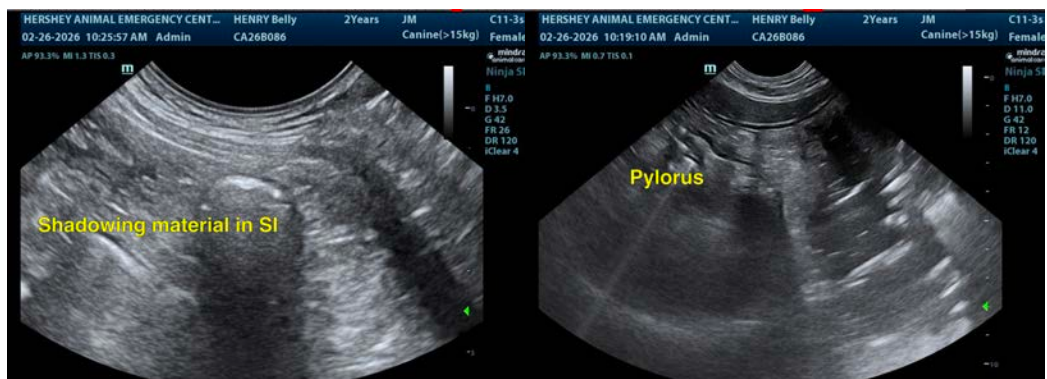
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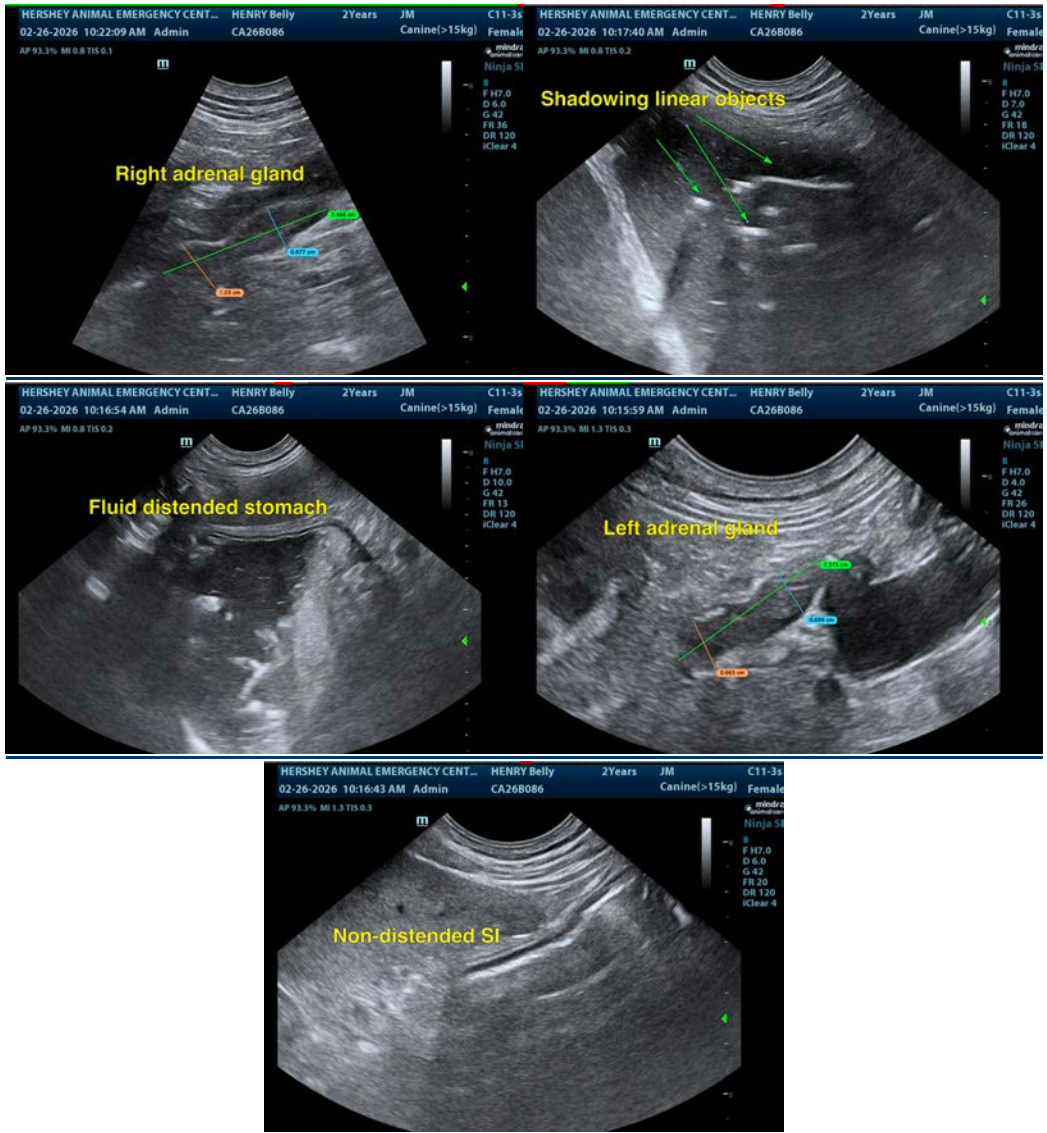
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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