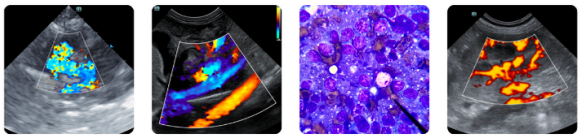


DATE

1/16/2026

PATIENT

June Lorden

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

5 years

WEIGHT

63.6 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Goessling

INVOICE

1139

PRESENTING CLINICAL SIGNS

Patient History: June presents for vomiting and anorexia Patient History: - Vomiting began Sunday, continued Monday, no observed vomiting Tuesday-Wednesday, vomited again Thursday morning - Anorexic since Sunday (5 days duration) - Dark colored vomitus with grass noted - Lethargy, not playing with toys, decreased activity compared to normal behavior - Attempted feeding: rice, chicken, scrambled eggs, wet dog food with gravy - all refused - Two new toys received at Christmas (shark and alligator without squeakers) – both intact, no missing pieces - Regular diet includes weekly spaghetti with ground beef, noodles, and sauce containing garlic and onion powder - No evidence of ingestion of plants, missing toys, or other foreign material found in home or yard - Two other dogs and one cat in household - all unaffected - No prior history of gastrointestinal issues beyond occasional single vomiting episodes with normal appetite recovery – Chews on sticks and eats leaves in yard

Current Medications: Buprenorphine, Protonix, Ondansetron, Potassium Chloride.

Labwork Results: Not attached, Xray Abdomen 2 View- Stomach empty Portion of small intestines dilated.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.41 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.49 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.73 cm at the cranial pole and 0.74 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is plump in size measuring 0.91 cm at the cranial pole and 0.9 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.05 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate variable fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.39 cm in wall thickness) and the jejunum measured as normal (0.24 cm.) Many areas of small bowel have mild segmental fluid and gas distension consistent with an enteritis type pattern. There is a focal section of bowel in the right mid cranial abdomen with hard shadowing intraluminal material concerning for an intraluminal foreign material measuring 2.96 cm.

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

Pancreas

The pancreas is visible/mildly mottled. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity revealed scant free fluid. There is a mesenteric lymphadenopathy. An example of a prominent mesenteric lymph node near the ileocecal junction measures 0.99 cm x 2.75 cm. The omentum is hyperechoic around the focal bowel loop with the shadowing intraluminal material.

ULTRASONOGRAPHIC FINDINGS

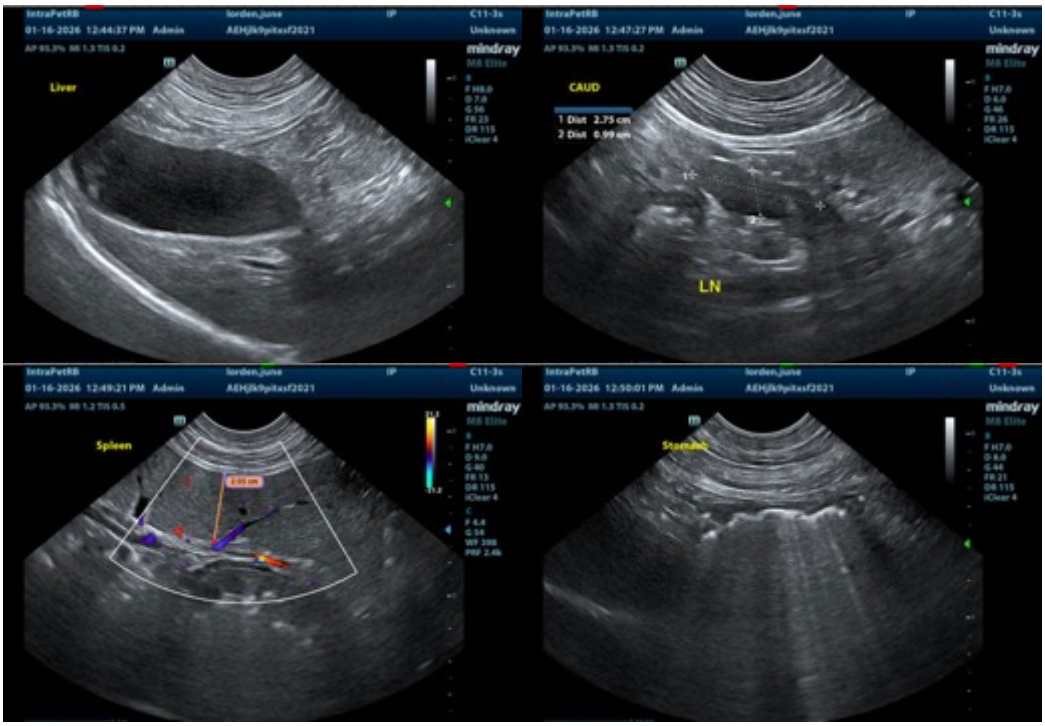
- Pancreatic changes consistent with chronic pancreatic remodeling.
- Shadowing gas and ingesta visualized within the gastric lumen. Findings are most consistent with a small amount of ingesta or ingested foreign material.
- Focal shadowing material and inflammation visualized associated with the small bowel. Findings are concerning for partially obstructive foreign material.
- Likely reactive lymphadenopathy.

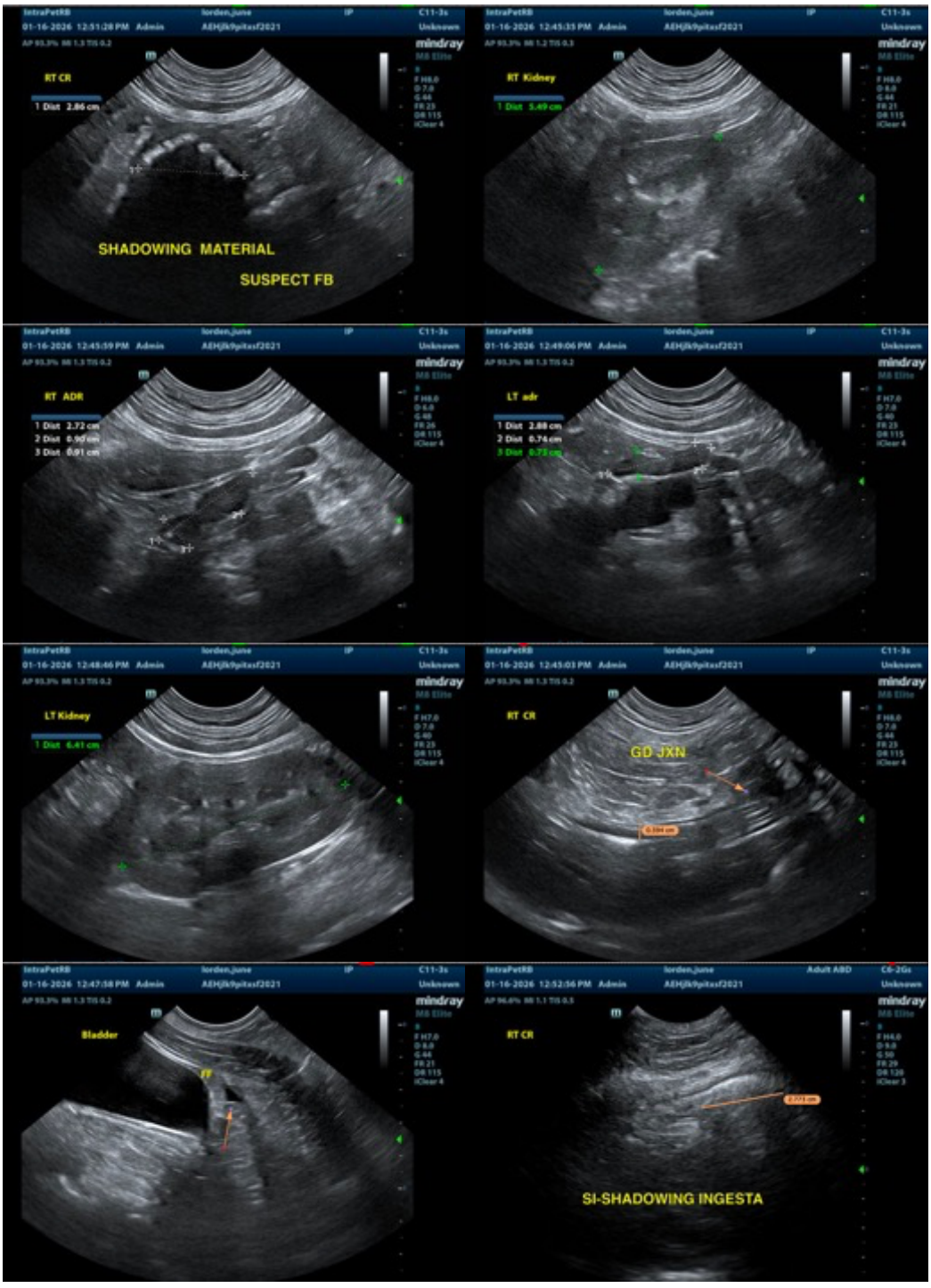
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a general enteritis type pattern of the small bowel with variable fluid and gas distension. The stomach has some fluid and soft shadowing material most consistent with ingesta/stasis. Although, ingested foreign material cannot be ruled out.

There's a focal section of bowel with hard shadowing intraluminal material with surrounding reactive mesentery concerning for partially obstructive foreign material.

If this fits your clinical assessment, surgical explore should be considered.





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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
info@sonopath.com