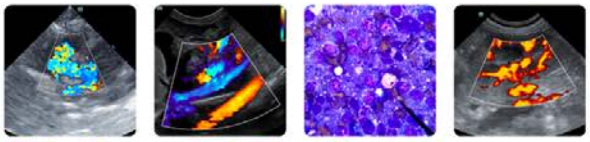


PATIENT

Daisy Rupp

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

8 Years

WEIGHT

32 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Law

INVOICE

72577

DATE

1/29/26

PRESENTING CLINICAL SIGNS

P ate normally Monday AM then started vomiting Mon PM. has been vomiting since then and not wanting to eat anything. P can't even keep water down. yesterday she was up and moving fine, today she has only been walking around very little and spending most of the day just laying. O carried her outside to urinate and she just laid down and couldn't get up so O brought her in. P does love to chew up toys and plastic etc.

Previous Health Concerns large lipoma left thorax.

Abnormal PE/Chem/CBC/UA Results: Mono 1.92, Eos 0.00, Hct 65.1, Hgb 21.1, RBC 9.87, BUN 65.7, Phos 5.9, TP 8.0, Alb 4.6, Gluc 195, Chol 327, ALP 224, pH 7.564, TCO2 30.8, Bicarb 32.5, Na 133, K 2.7, Cl 86, iCa 1.08, Lact 6.87, BUN 45, Creat 1.62, Gluc 197, Hct 59 1. Nonspecific, nonobstructive gastroenterocolitis; differential diagnoses include dietary indiscretion, pancreatitis, inflammatory, or metabolic etiologies. 2. Described changes on the r lat rad of thorax suspect artifact secondary to superimposition of the L lat abd body wall lipoma, a small volume pneumothorax (likely secondary to Macklin effect from the patient's vomiting) cannot be ruled out. 3. Diffuse bronchial pattern is nonspecific 4. Splenic nodule; may represent extramedullary hematopoiesis or lymphoid hyperplasia, hematoma, or an early malignancy.

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.

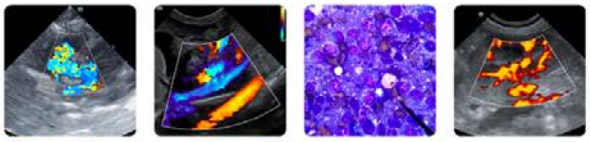
The left kidney has a normal shape and size (6.39 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.94 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 0.66 cm at the cranial pole and 0.64 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 normal in size measuring 0.63 cm at the cranial pole and 0.60 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.



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Spleen

The spleen is subjectively normal in size (1.55 cm), echotexture is homogenous, and the splenic capsule is smooth with no 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 contains a large amount of fluid and shadowing ingesta. 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 layers is adequate and there is no impression of reduced peristaltic activity. There is hard shadowing material visualized within the gastric lumen. This appears to extend into the pylorus and the proximal duodenum, concerning for a partial gastric obstruction and a pyloric foreign body.

Some of the areas of jejunum and ileum appear normal with minimal fluid distention and normal wall thickness. Normal areas of jejunum measure at 0.60 cm. The proximal duodenum appears significantly thickened, measuring at 0.48 cm, with plication and surrounding inflammation. There is the appearance of shadowing material from the pylorus extending into the proximal duodenum, causing plication with linear foreign material, most consistent with a partially obstructive linear foreign body. There is occasional shadowing material visualized in the distal abdomen. This could represent passing ingesta/foreign material or a secondary obstruction.

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 normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a scant amount of free fluid. No lymphadenopathy noted. The omentum is hyperechoic in the cranial abdomen around the region of the duodenum.

ULTRASONOGRAPHIC FINDINGS

- Large, shadowing ingesta visualized within the gastric lumen, extending into the pylorus and the proximal duodenum – Findings are most consistent with a partial gastric obstruction and a linear foreign body.
- Generalized enteritis with questionable intraluminal shadowing material and areas of distal jejunum. Evidence of a distal small intestinal obstruction is not visualized but cannot be excluded due to passing foreign material.

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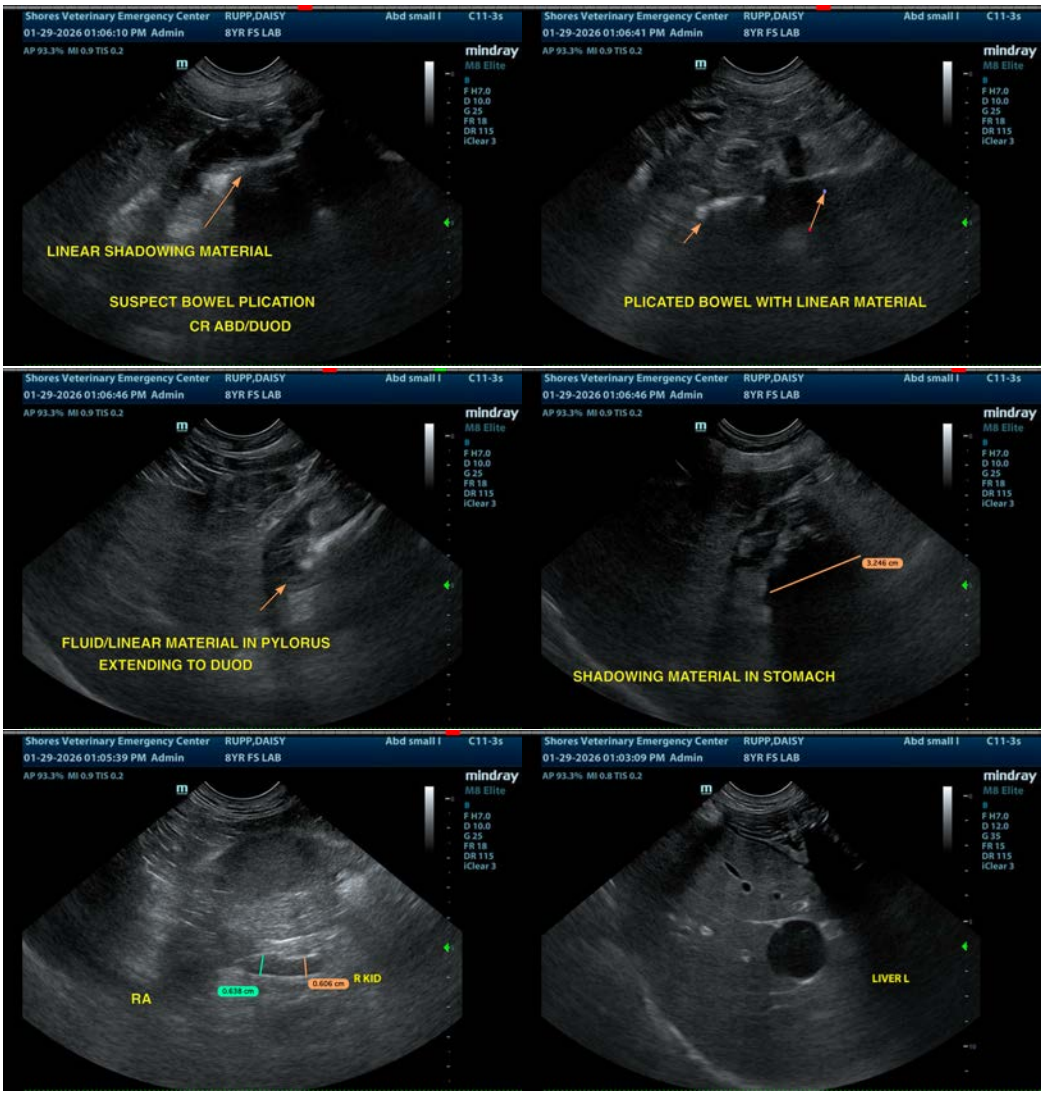
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is focal hard shadowing material visualized within the gastric lumen. This is extending into the pylorus and the proximal duodenum with plication and thickening of the proximal duodenum with surrounding inflammation. Findings are concerning for a partial gastric obstruction and linear foreign body extending into the duodenum. Correlate with the clinical history and current radiographs. Consider surgical explore, particularly if the patient has been fasted.

Based on the information provided, the patient is significantly dehydrated with electrolyte abnormalities, etc. Recommend stabilization prior to explore, and 3-view thoracic radiographs, looking for evidence of aspiration pneumonia, etc.



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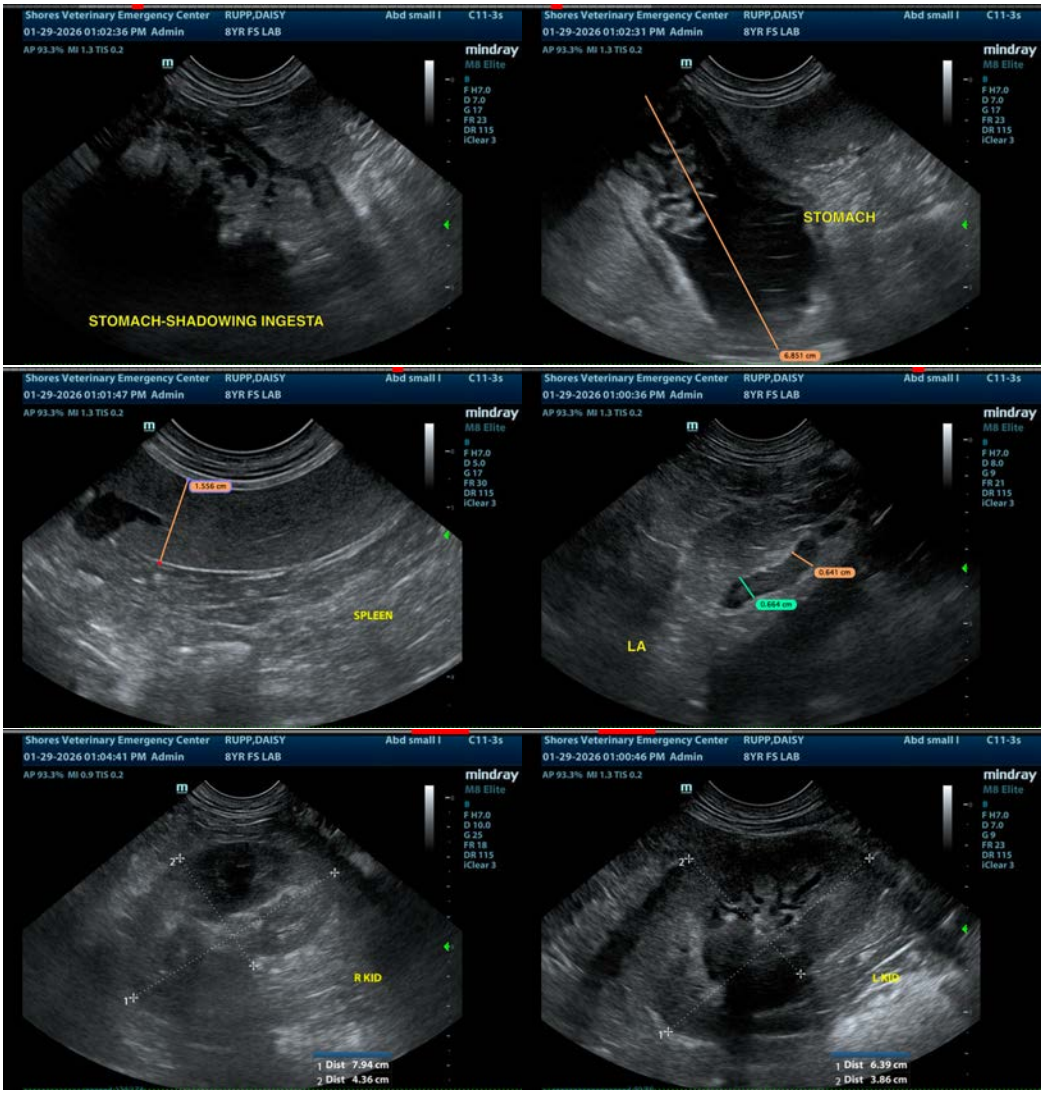

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com