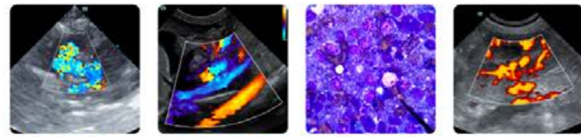


PATIENT
Jodee Soroko

SPECIES
Canine

BREED
Greater Swiss Mtn Dog

SEX
Spayed Female

AGE
11 Years 11 Months

WEIGHT
91.3 lbs

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

IMAGING PERFORMED BY
Rebecca Hamilton

HOSPITAL NAME
Companion Animal Hospital Parsippany

REFERRING VET
Dr. Tsai

INVOICE
71684

DATE
11/11/25

PRESENTING CLINICAL SIGNS

Vomiting.

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 (6.82 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 (6.88 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 1.37 cm at the cranial pole and 0.70 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 1.86 cm at the cranial pole and 0.75 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 (1.4 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.

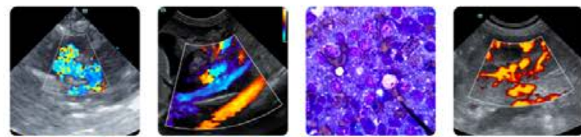
Liver

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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild/moderate 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



PATIENT
Jodee Soroko

SPECIES
Canine

BREED
Greater Swiss Mtn Dog

SEX
Spayed Female

AGE
11 Years 11 Months

WEIGHT
91.3 lbs

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

IMAGING PERFORMED BY
Rebecca Hamilton

HOSPITAL NAME
Companion Animal Hospital Parsippany

REFERRING VET
Dr. Tsai

INVOICE
71684

DATE
11/11/25

is adequate and there is no impression of reduced peristaltic activity. There is some progressive shadowing ingesta visualized within the pylorus, and a small amount of shadowing ingesta extending into the proximal duodenum. Findings are concerning for gastric foreign material. An obstructive pattern is not present at this time.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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. Duodenum wall measures 0.53 cm. Jejunum wall measures 0.32 cm. There is focal segmental fluid dilation of small intestine with focal intraluminal irregular shadowing material concerning for foreign material with the suggestion of linear material and mild bowel plication.

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 area of 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Mild fluid and progressive shadowing ingesta visualized within the pyloric region of the stomach – Findings could be consistent with ingested foreign material, retained ingesta, etc. A definitive obstructive pattern is not visualized.

- Segmental bowel distension with irregular shadowing material-findings are concerning for obstructive foreign material (possibly with a linear component.

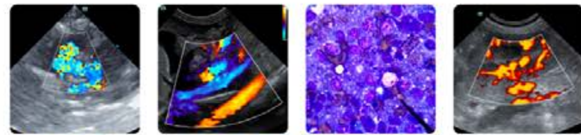
SECONDARY FINDINGS

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal section of small intestine that appears fluid distended with shadowing intraluminal material suggestive of obstructive foreign material with a linear component.

Additionally, there is some fluid and shadowing ingesta visualized within the stomach. This is visualized in the pylorus, and the proximal duodenum is mildly fluid distended. A definitive gastric obstruction is not visualized at this time but ingested foreign material is suspected.



PATIENT
Jodee Soroko

SPECIES
Canine

BREED
Greater Swiss Mtn Dog

SEX
Spayed Female

AGE
11 Years 11 Months

WEIGHT
91.3 lbs

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

IMAGING PERFORMED BY
Rebecca Hamilton

HOSPITAL NAME
Companion Animal Hospital Parsippany

REFERRING VET
Dr. Tsai

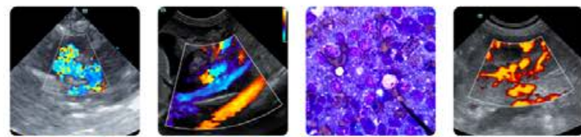
INVOICE
71684

DATE
11/11/25

It is not stated if the vomiting reported is chronic or acute in nature. Based on today's findings Surgical explore is recommended as gastric foreign material and a focal small intestinal obstruction is strongly suspected. Biopsies of the GI tract should be obtained if there is any chronic component of symptoms.

Correlate with radiographic and biochemical findings, etc.,

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

PATIENT

Jodee Soroko

SPECIES

Canine

BREED

Greater Swiss Mtn Dog

SEX

Spayed Female

AGE

11 Years 11 Months

WEIGHT

91.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Companion Animal Hospital Parsippany

REFERRING VET

Dr. Tsai

INVOICE

71684

DATE

11/11/25

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