



**DATE PRESENTING CLINICAL SIGNS**

11/20/25

**Patient History:** Decreased appetite over the last 2 weeks. Vomiting 10-15 times at home yesterday. Presented to MDAEH yesterday evening. Was BAR, painful on abdominal palpation. Bloodwork indicated dehydration and pancreatitis. Radiographs showed a tissue opacity within the intestines and were sent for review: prioritized moderate to severe segmental enlargement of the small intestine with concern for an intestinal mass or focal small intestinal foreign body in the mid to cranial abdomen. Mild diffuse hepatomegaly. Questionable mild bilateral nephrolithiasis.

**PATIENT**

Penny Collins

**SPECIES**

Canine

**BREED**

Miniature Poodle x

**SEX**

Spayed Female

**AGE**

1/19/13

**WEIGHT**

5.95 kg

**INTERPRETED BY**

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

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Yolles

**INVOICE**

71973

**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 (3.99 cm) with pinpoint non-obstructive mineralizations. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.42 cm). Overall echogenicity is slightly hyperechoic with poor 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 large, measuring 0.88 cm at the cranial pole and 0.91 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 large, measuring 0.64 cm at the cranial pole and 0.85 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 (0.92 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. Some of the debris is mineralized, most consistent with numerous small choleliths, examples measure 0.36 cm and 0.40 cm. There is no evidence of bile duct dilation.

### ***Gastrointestinal***

The stomach contains a moderate to large amount of fluid. 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 focal hard shadowing material visualized within the gastric lumen, concerning for ingested foreign material and a partial obstruction. The outflow tract is visualized. There is no evidence of a pyloric outflow tract obstruction at this time. It appears clear of any foreign material at this time.

Just distal to this the duodenum is fluid distended with an obstructive appearance. Distal to this fluid distention there is shadowing intraluminal material most consistent with ingested foreign material (possibly fabric). It extends for approximately 3.97 cm and is adjacent to/very close to the inflamed right limb of the pancreas. Additionally, there is a section of distal small intestine that has an obstructive appearance and focal shadowing intraluminal material suggestive of a 2<sup>nd</sup> obstruction. The bowel in this region appears somewhat thickened, measuring at 0.38 cm, indicating either an associated enteritis or even infiltrative disease (neoplasia, etc.). Duodenum wall measures at 0.40 cm. Jejunum wall measures 0.32 cm. The remainder of the small intestine appears variably fluid and gas distended with a normal wall thickness and intact wall layering.

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 right limb of the pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy. The omentum is hyperechoic around the right limb of the pancreas/duodenum and around the abnormal bowel at the suspected 2<sup>nd</sup> obstruction.

## **PRIMARY FINDINGS**

- Suspect gastric and intestinal foreign material with two points of obstruction and small intestinal thickening.

- Moderate pancreatitis in the right limb.
- Bilateral adrenomegaly – Findings could be consistent with anatomic variation, pituitary dependent hyperadrenocorticism, etc.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Large amount of gallbladder debris with numerous small choleliths.

## SECONDARY FINDINGS

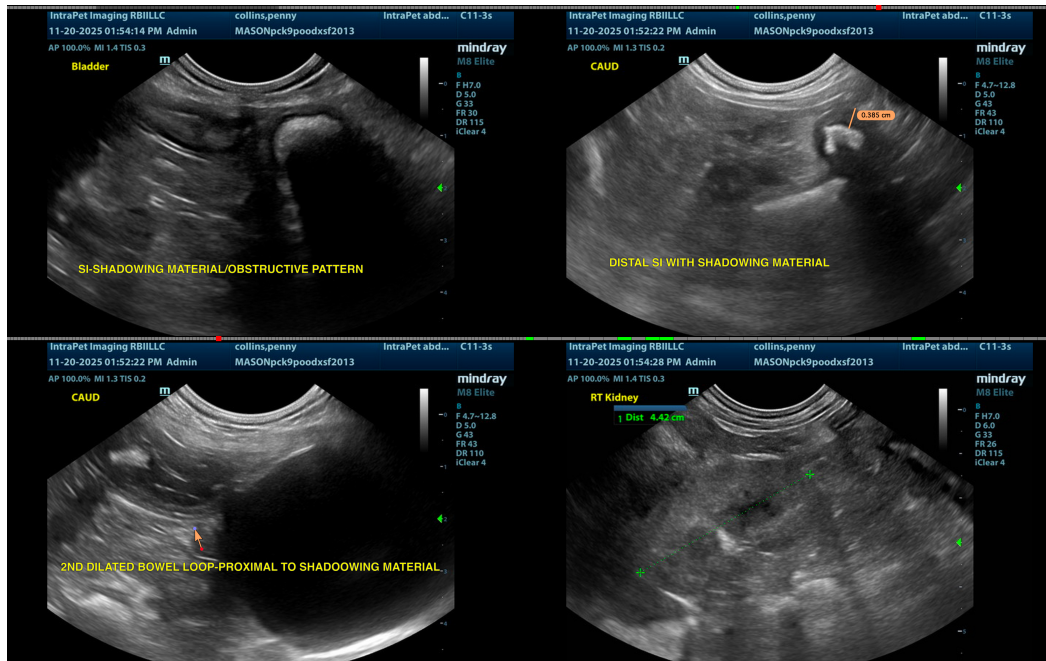
- Age related change visualized associated with both kidneys.

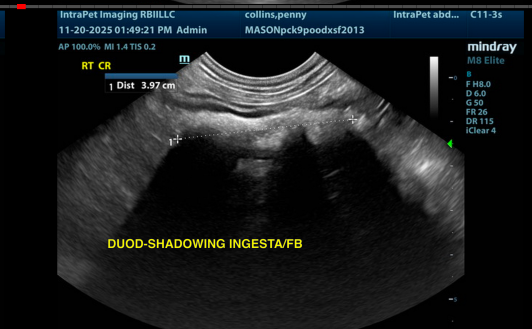
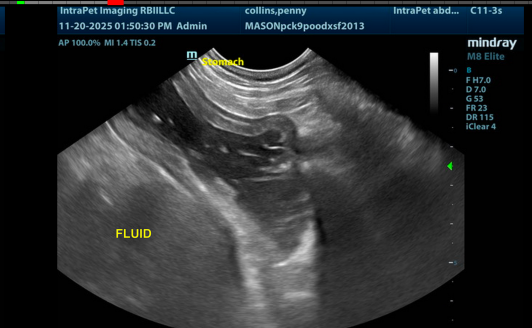
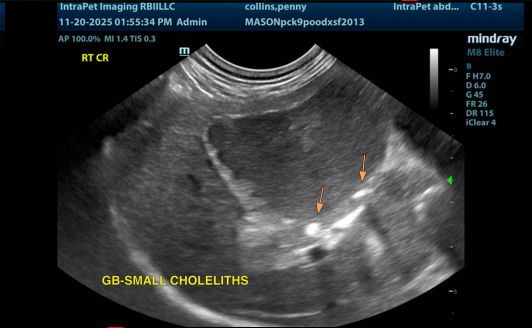
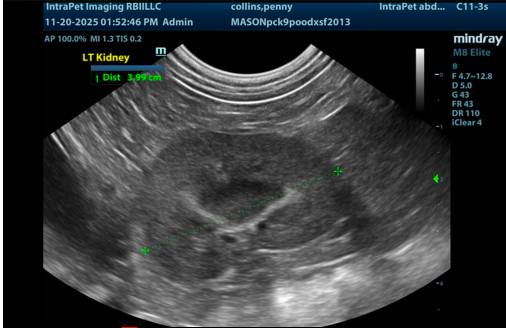
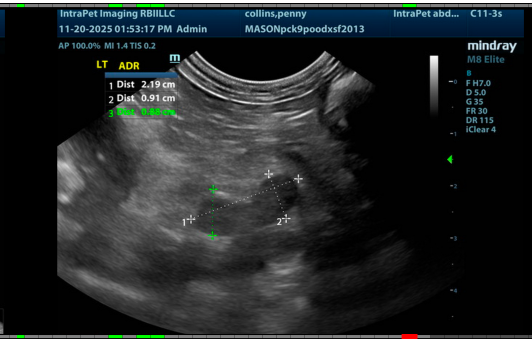
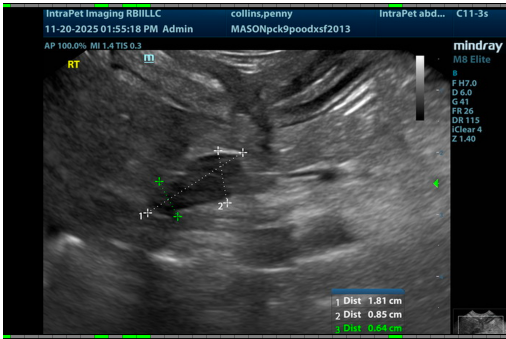
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on today's scan there is suspicion of gastric foreign material and two small intestinal lesions suggestive of intestinal obstruction. Recommend surgical explore to further evaluate these regions, remove foreign material, and biopsy any abnormal bowel. There is some thickened bowel associated with the distal lesion, most likely consistent with focal enteritis, but a primary intestinal lesion cannot be ruled out.

Additionally, there is significant pancreatitis in the right limb. This is in the region of the duodenal obstruction and will need to be considered when considering therapeutic options, recovery time, etc.

Consider starting chronic Ursodiol therapy due to the large amount of debris present and the small choleliths present.





**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.

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