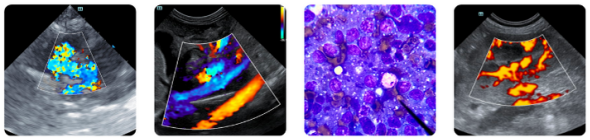


PATIENT

Buddy Schenk

SPECIES

Canine

BREED

Labrador Ret

SEX

Neutered Male

AGE

11 years

WEIGHT

96lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Dr. Kristin Marciszewski

INVOICE

10680

DATE

11/04/2025

PRESENTING CLINICAL SIGNS

Presenting for acute vomiting within 3 hours of meals for last 3 days Wanting to eat Drinking Normal urine/fecal output HX of seizures, on keppra 750 er PO q12 hours.

Abnormal PE/Chem/CBC/UA Results: Multiple historic, lipomas, muscle atrophy of hindlimbs, periodontal disease NSF on rectal CHEM/CBC pending.....

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (7.54 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. Small cortical cyst measuring 0.53 noted in these images. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (8.1 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 0.71 cm at the cranial pole and 0.73 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.

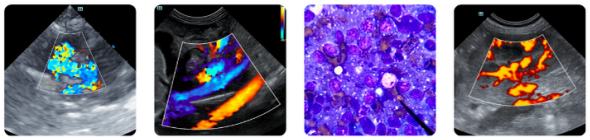
The right adrenal gland is normal in size measuring 0.88 cm at the cranial pole and 0.77 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.39 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. The blood flow through the hilus and splenic parenchyma appears normal.

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.



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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 large 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. The large amount of shadowing ingesta interferes with evaluation of the stomach and some areas of the cranial abdomen. The region of the pylorus appears dilated and prominent with shadowing intraluminal material. Findings could be concerning for obstructive foreing material.

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. The duodenum measured as normal (0.58 cm in wall thickness) and the jejunum measured as normal (0.35 cm.) Visualized peristalsis appears appropriate. The proximal duodenum appears corrugated and somewhat fluid distended with surrounding inflammation. A definitive obstruction is not visualized but there's concern for possible shadowing material visualized in the region of the pylorus. Additionally, in what appears to be more distal small bowel, there is a focal area of severe plication with concern for a possible linear foreign body.

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

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. There is reactive mesentery visualized in the right cranial abdomen in the region of the duodenum/right pancreas, and around the plicated small intestine. 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.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with mild pancreatitis in the right limb.
- Large amount of shadowing ingesta/gas visualized within the stomach and the pylorus. Correlate with the feeding history and radiographs. Findings could be concerning for ingested foreign material.
- Focal section of plicated bowel in the mid abdomen with concern for linear foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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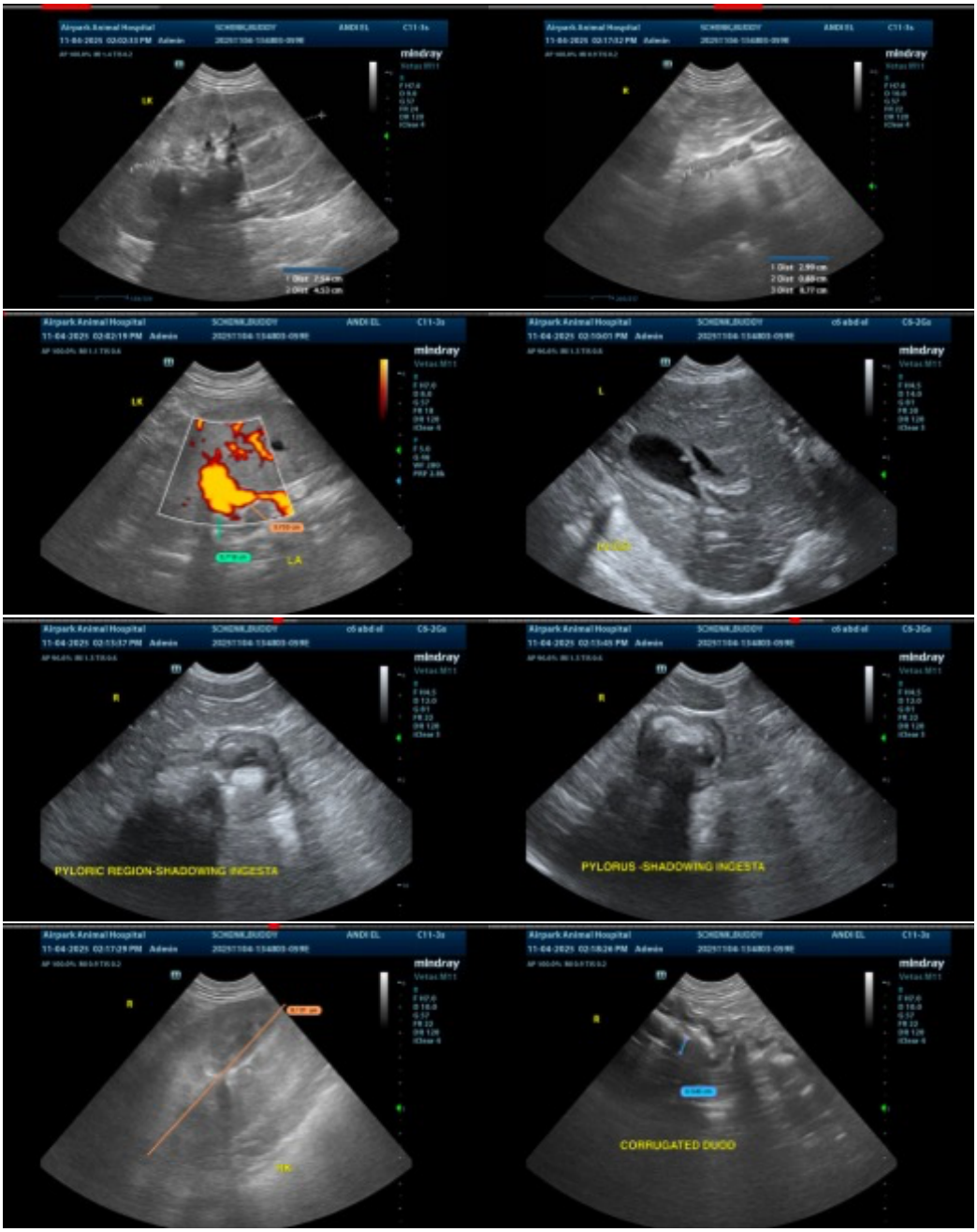
Today's findings are concerning for ingested foreign material as there is a large amount of shadowing ingesta visualized within the stomach, and in the pylorus. A definitive obstruction is not visualized but is a significant concern. Additionally in the mid abdomen there's a section of plicated bowel with hyperechoic linear appearing material concerning for a linear foreign body. If clinical assessment (radiographs, history, lab work) and clinical presentation agree with this assessment, consider exploratory surgery looking for ingested foreign material and possibly biopsies of the GI tract.



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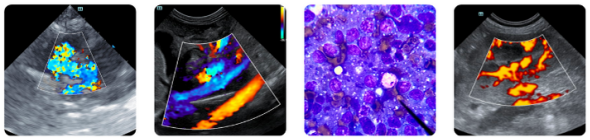

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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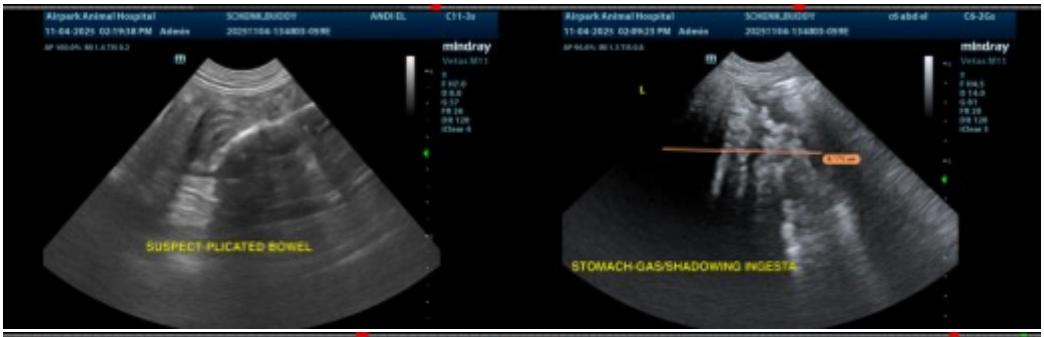

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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