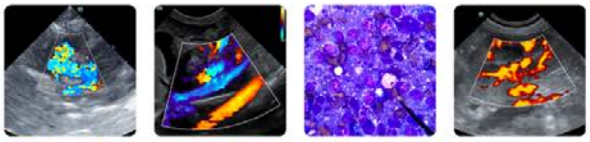


PATIENT

Macho Plummer

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

3 Years

WEIGHT

73 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sophia Riscavage

HOSPITAL NAME

North Winds Veterinary Services

REFERRING VET

Dr. Maxwell Babinec

INVOICE

71563

DATE

11/5/25

PRESENTING CLINICAL SIGNS

P ate a rope toy and has been vomiting pieces of it up. P has tried eating but will immediately vomit it up. P is drinking and keeping that down. O elected to do an ultrasound before an exploratory surgery. P did defecate a small amount last night.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem- unremarkable Radiographs- stomach suspicious of foreign material/rugal folds, small intestine appeared plicated ventrally, colon appeared to have foreign material/feces present.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The Bladder wall appears mildly thickened and 0.39 cm with a smooth mucosal surface. The 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 prostate is normal in size (1.22 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.61 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 (7.45 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.

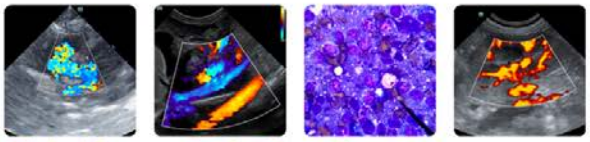
Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 cm at the caudal pole (cranial pole not clearly visualized). 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (2.11 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.



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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 moderate fluid and gas/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. Moderate gas and shadowing ingesta interfere with full evaluation of the stomach and some areas of the cranial abdomen. The pylorus appears mildly fluid/ingesta distended. No definitive obstruction is visualized but ingested foreign material cannot be ruled out.

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 0.49 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There is a moderate enteritis type pattern visualized with some areas showing mild fluid distention and intraluminal material. A focal obstruction is not clearly visualized.

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 left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid noted. No lymphadenopathy. The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling in the left limb.
- Mildly thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Moderate fluid/gas/shadowing ingesta visualized within the gastric and pyloric lumen – If the patient has been adequately fasted, this could represent retained foreign material/ingesta or delayed gastric emptying. A complete obstruction is not clearly visualized.

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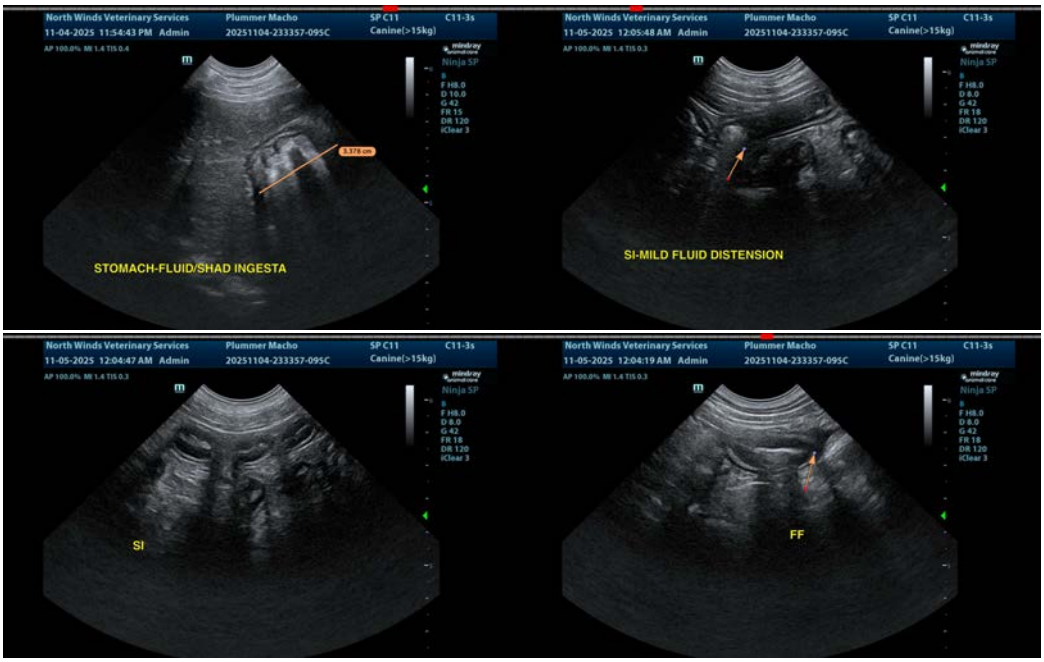
- Enteritis type pattern visualized associated with the small intestine. Ingested foreign material or a partial obstruction cannot be ruled out.
- Scant free abdominal fluid and mesenteric inflammation – Findings are most consistent with mild peritonitis (sterile versus septic)/

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach contains a moderate amount of shadowing material and gas. This interferes somewhat with full evaluation of the stomach. Some of this material appears to be present visualized within the duodenum, but a definitive obstruction is not visualized. The majority of the areas of small intestine appear relatively empty with occasional areas showing mild fluid distention and some intraluminal ingesta/fluid. Additionally, there appears to be a small amount of formed fecal material visualized within the colon. A definitive obstruction is not visualized, although a partial obstruction or passing foreign material cannot be ruled out.

Correlate findings with patient's current clinical status. Options could include hospitalization NPO with IV fluids and hydration, with continued monitoring and serial imaging, looking for resolution or persistence of current clinical status. If the patient is not improving, then consider surgical explore. Alternately, if the patient has had adequate time to improve, and clinical assessment strongly supports persistence of ingested foreign material, then surgical explore could be considered at this time.

At this time there is not enough free fluid to easily sample. This should be monitored. If the free fluid increases in volume and sampling is possible, consider cytologic evaluation to rule out possible septic peritonitis.



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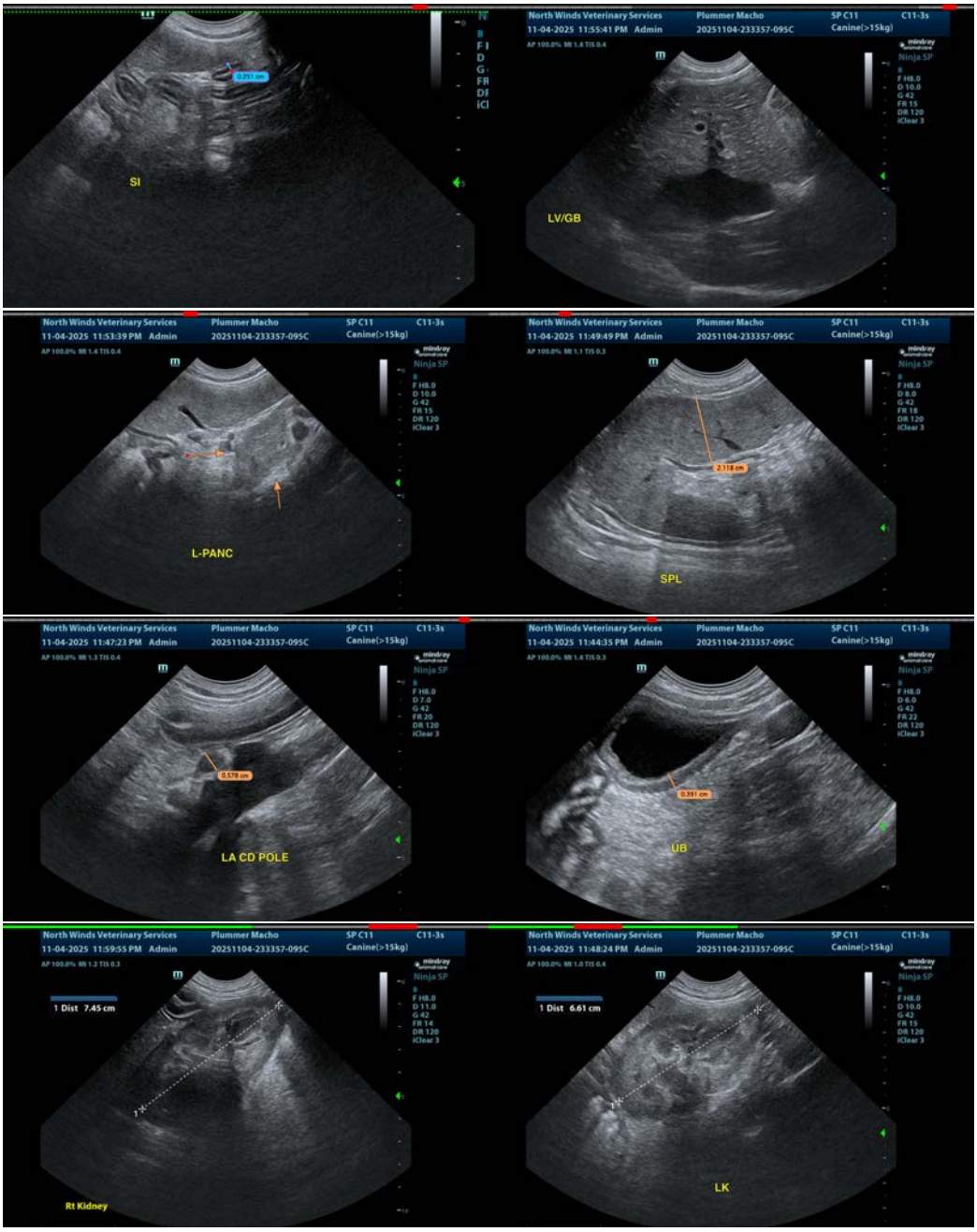

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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