



PATIENT

Lucy Mohn

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

Intact Male

AGE

1 Year

WEIGHT

7.2 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

71618

DATE

11/6/25

PRESENTING CLINICAL SIGNS

P was here on Monday for ingesting sour patch kids. Tuesday morning she vomited 7-10 times (last time 11am) She has dark, bloody, gelatinous stool, lethargic per O.

Abnormal PE/Chem/CBC/UA Results: Hypokalemia 2.8 Elevated Lactate 4.74 Stress hyperglycemia 128 CPL Normal Radiographs ; Gas dilation throughout SI, no isolated loop but some bunching noted. Material in stomach with no gas dilation- foreign material vs ingesta (o reports only ate a small amount of burger at 9pm), normal serosal detail

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 (4.49 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 (4.98 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 0.48 cm at the cranial pole and 0.45 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 0.61 cm at the cranial pole and 0.51 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 (1.09 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.



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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.

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Gastrointestinal

The stomach contains a large amount of fluid/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. The pyloric region is significantly fluid distended with some poorly defined shadowing material. This could be consistent with ingesta or poorly defined foreign material.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild 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 0.38 cm. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. Some sections of small intestine appear mildly fluid distended, most consistent with an enteritis type pattern. A focal obstruction is not observed but this cannot be definitively ruled out.

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Sections of colon are visualized with non-formed/liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

- Large, fluid distended stomach with fluid distention of the pylorus and some poorly defined shadowing material concerning for obstructive material/ingesta.
- Mild enteritis type pattern visualized associated with the small intestine.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is severely fluid distended with some gas. Similarly, the pylorus is significantly fluid distended with some focal soft shadowing material. The nature of this material is unclear. A well-defined foreign object is not observed, but given the history and presentation obstructive foreign material must be considered.

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Correlate with radiographs and consider hospitalization and continued monitoring of this individual, as delayed gastric emptying/gastritis may be playing a role. If the stomach is persistently distended, then options would include surgical evaluation or upper GI endoscopy. There is no evidence of a significant small intestinal obstruction at this time, although continued monitoring is warranted, as there some occasional mildly fluid distended bowel loops.

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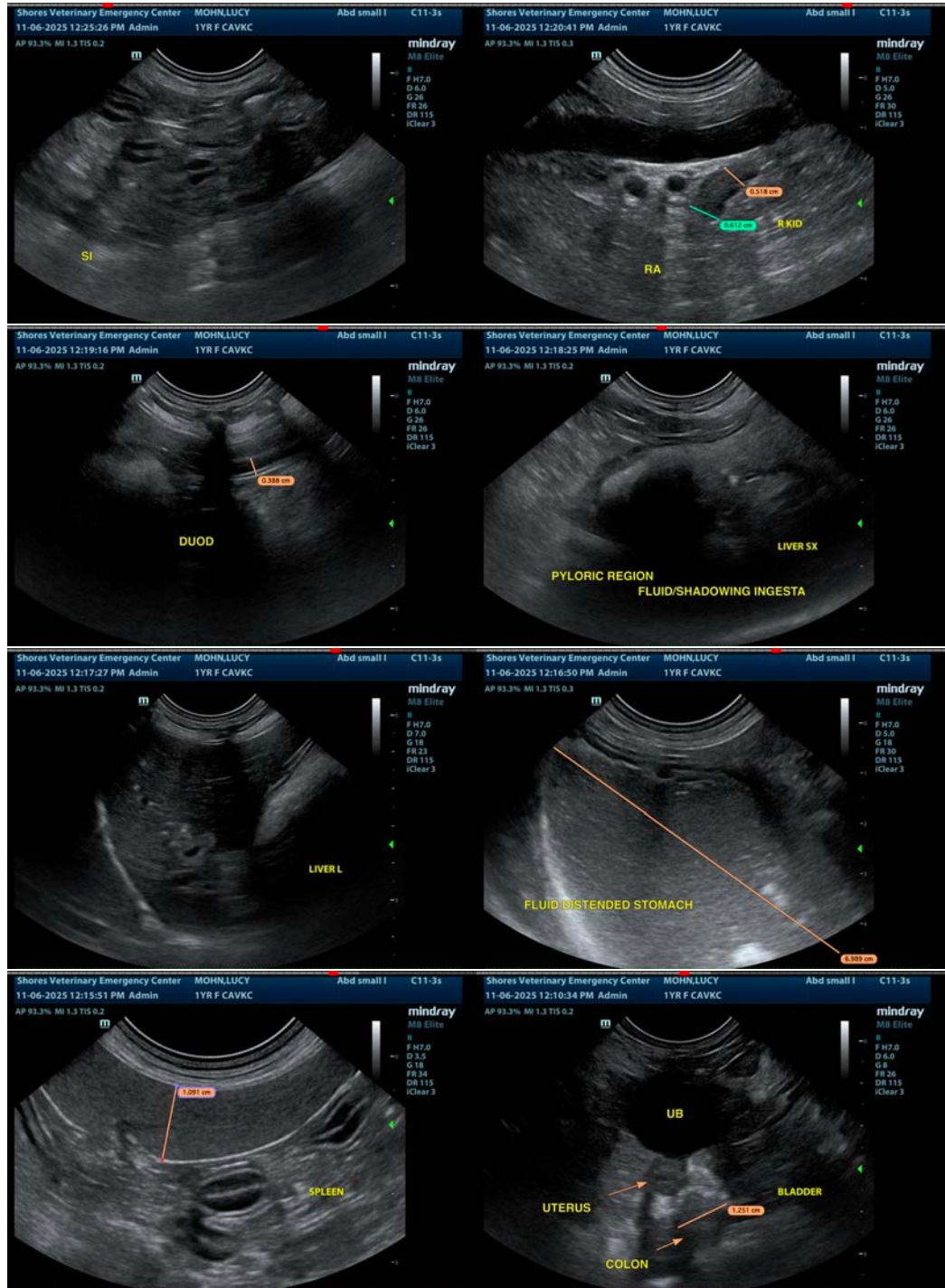
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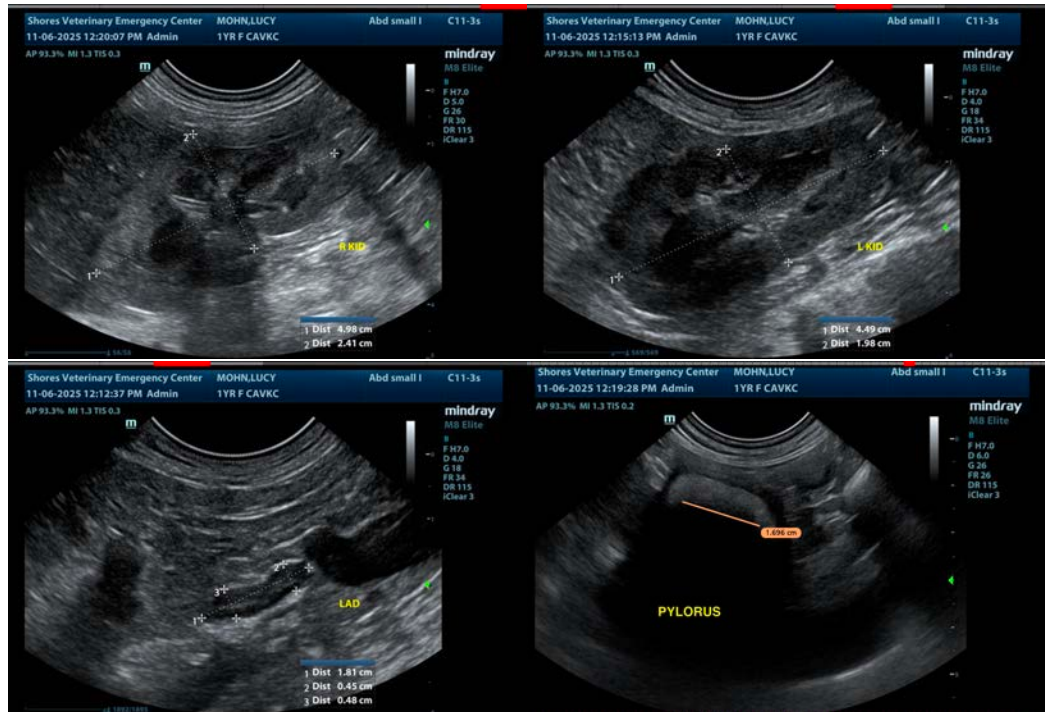
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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