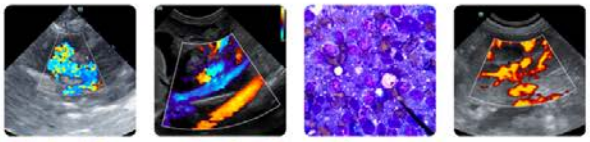


PATIENT

Cocoa Osbeck

SPECIES

Canine

BREED

Newf

SEX

Intact Female

AGE

4 Years

WEIGHT

43.4 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. Mostoller

INVOICE

71645

DATE

11/7/25

PRESENTING CLINICAL SIGNS

Vomited 2 gallons of water at once, keeps vomiting was seen at Rossmoyne on Sunday for vomiting multiple times with pieces of plastic in it. Regurgitated huge amount of clear liquid right around midnight and continued regurgitating small amounts of clear liquid throughout the evening. not drinking much water, eating well still This morning very small BM with some hard pieces in it possibly plastic. Hadn't thrown up since Monday. O has not seen P drink any water since Cerenia wore off on Monday.

Abnormal PE/Chem/CBC/UA Results: Canine CPL result (ng/ml) 282.9 Neutrophilia Mild Dehydration Hypokalemia Radiographs: Plication of SI, Fluid distension of stomach

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 (7.78 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 (7.96 m). 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/borderline “flat” measuring 0.37 cm at the cranial pole and 0.39 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.

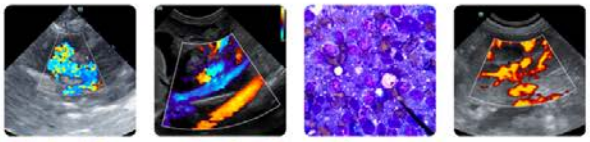
The right adrenal gland is normal/borderline “flat” measuring 0.49 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.48 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.



PATIENT

Cocoa Osbeck

SPECIES

Canine

BREED

Newf

SEX

Intact Female

AGE

4 Years

WEIGHT

43.4 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. Mostoller

INVOICE

71645

DATE

11/7/25

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. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. There subjectively appears to be reduced motility possibly consistent with ileus. Gas artifact interferes with evaluation of some of the areas of stomach.

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 0.43 cm. Jejunum wall measures 0.40 cm. There is a general enteritis type pattern with segmental gas and fluid distention and ileus. No definitive obstructive pattern is visualized.

Some of the colon is distended with fluid and non-formed fecal material in addition to some shadowing material (possibly ingesta?) and gas. 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.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis type pattern with suspected gastric ileus and segmental small intestinal ileus.
- Colitis with passing gas, non-formed fecal material, and some shadowing ingesta.
- Borderline “flat” adrenal glands – Consider screening for Addison’s.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive obstructive pattern is not visualized on today’s exam. The stomach is moderately fluid and gas distended, and there are segmental areas of small intestine that are fluid and gas distended most consistent with segmental ileus/gastroenteritis-possibly secondary to dietary indescretion. A small focal obstruction or partial obstruction cannot be definitively ruled out but is not clearly visualized.

The colon appears distended in some areas with some shadowing material and gas/ non-formed fecal material. Findings could be consistent with colitis and passing small non-obstructive foreign material.

Recommend supportive medical care with rehydration to encourage motility and the passage of foreign material (potentially fasting), with reassessment to determine if fluid distention is worsening, and/or the described bowel plication, etc. resolves (this is not clearly seen on today’s scan). Recommend close monitoring of symptoms and fecal output/character, with reassessment if persistent or progressive

PATIENT

Cocoa Osbeck

SPECIES

Canine

BREED

Newf

SEX

Intact Female

AGE

4 Years

WEIGHT

43.4 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. Mostoller

INVOICE

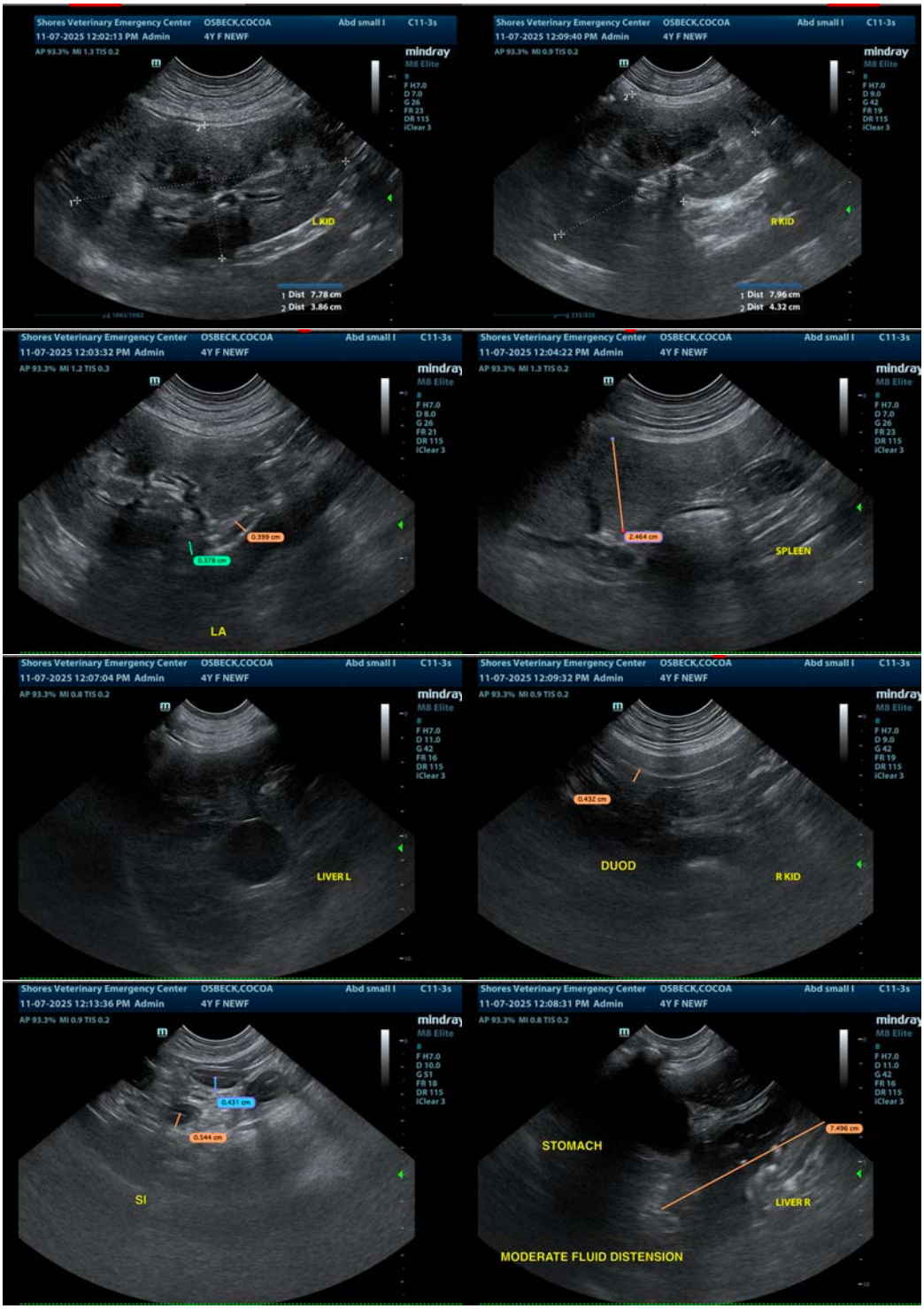
71645

DATE

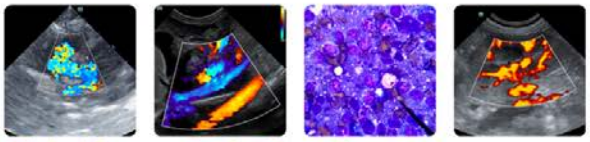
11/7/25

gastrointestinal signs are present.

Both adrenals are subjectively flat. Consider a baseline cortisol to screen for atypical Addison's.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Cocoa Osbeck

SPECIES

Canine

BREED

Newf

SEX

Intact Female

AGE

4 Years

WEIGHT

43.4 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

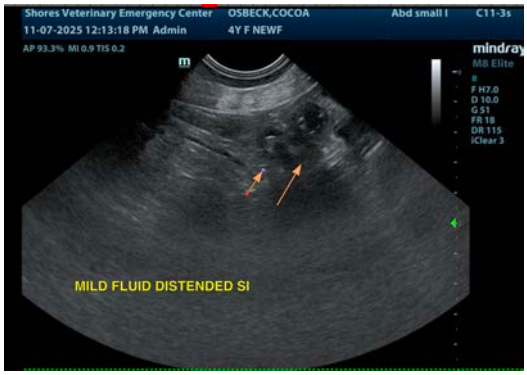
Dr. Mostoller

INVOICE

71645

DATE

11/7/25



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