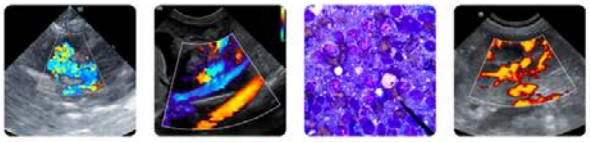


PATIENT

Oakley Guerin

SPECIES

Canine

BREED

Micro Bully

SEX

Female

AGE

4 Years

WEIGHT

29 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Margaret Kovach, DVM

INVOICE

72488

DATE

12/10/25

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Patient went to the ER on November 16th for lethargy, generalized discomfort, and black stool mixed with brown. Patient still has not improved. History of weight loss for a month. MEDICATIONS: none

Abnormal PE/Chem/CBC/UA Results: Lab Work Review (from ER visit): - WBC: 19.5 x 10^3/uL - Mild neutrophilia - Low eosinophils - Stressed leukogram - HCT: 46.7% (not anemic) - Albumin: 3.3 g/dL (normal)

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 (5.13 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 (5.59 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 0.52 cm at the cranial pole and 0.54 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.

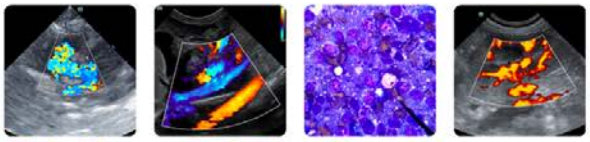
The right adrenal gland is normal in size measuring 0.40 cm at the cranial pole and 0.47 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.47 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.

Gastrointestinal

The stomach contains a large amount of 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. The shadowing ingesta visualized within the gastric lumen is hard shadowing and most consistent with a gastric foreign body. There is shadowing foreign material visualized within the pylorus, which appears somewhat thickened, measuring at 0.76 cm. Foreign material appears to be extending into the duodenum. The shadowing ingesta in the stomach interferes with visualization of the entire stomach and some areas of the cranial abdomen.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid distension. There are several views of small intestine with intraluminal shadowing material. The duodenum appears plicated, with shadowing intraluminal material suggestive of a linear foreign body. This is most consistent with foreign material extending from the stomach into the proximal duodenum. There are additional views of bowel plication and an early intussusception. This is suspected to be the same section of bowel, although multiple areas of partial obstruction are possible.

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 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. There is no evidence of a severe diffuse lymphadenopathy. There is a prominent lymph node in the cranial abdomen measuring 1.05 cm x 1.57 cm. The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Hard shadowing ingesta visualized within the gastric lumen – Findings most consistent with gastric foreign material. Atypical ingesta is possible.
- Focal plication of the small bowel with intraluminal shadowing material and an early intussusception – Findings are suggestive of linear foreign material.
- Likely reactive cranial abdominal lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is hard shadowing material visualized within the gastric lumen. Correlate with abdominal radiographs and feeding history. If the patient was adequately fasted, this lis consistent with ingested foreign material.

Additionally, there are views of plicated bowel (duodenum) with shadowing intraluminal material

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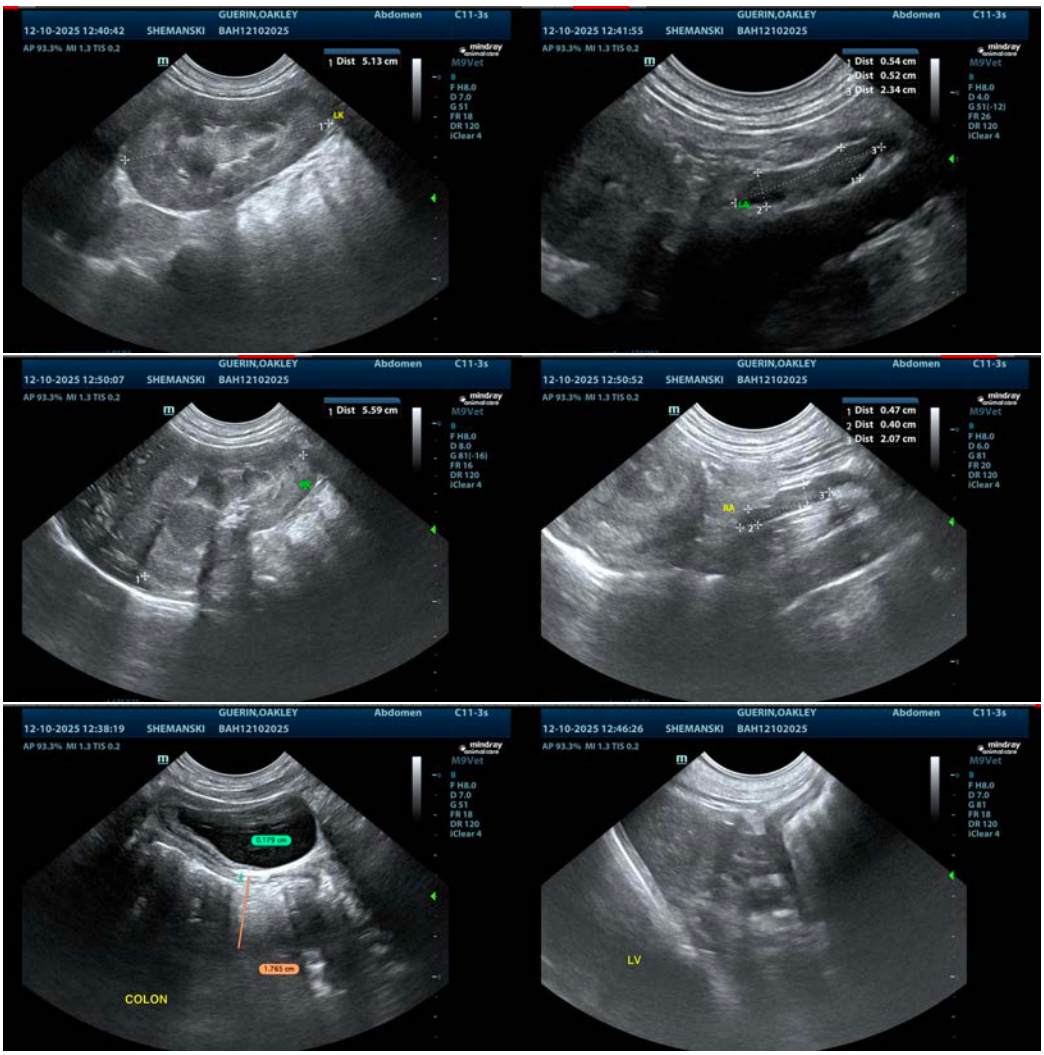
suggestive of linear foreign material. This is most consistent with a linear foreign body extending from the stomach.

Based on the chronic history and today's findings, exploratory surgery could be warranted to evaluate for ingested foreign material and biopsy the GI tract. Correlate with abdominal radiographs and your clinical evaluation.



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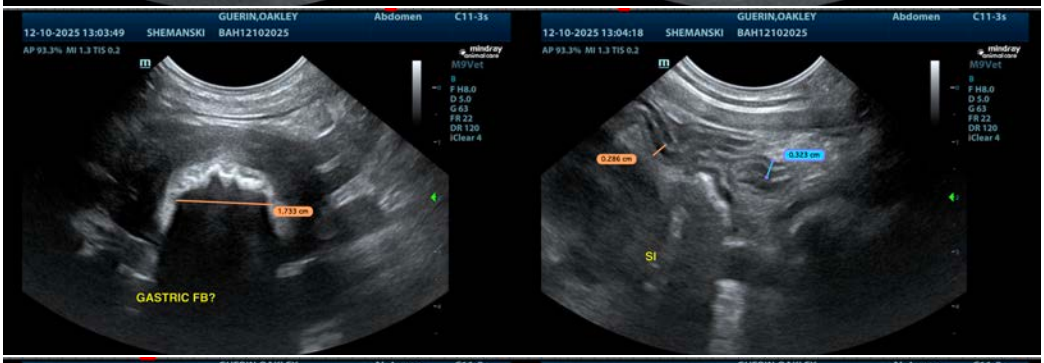

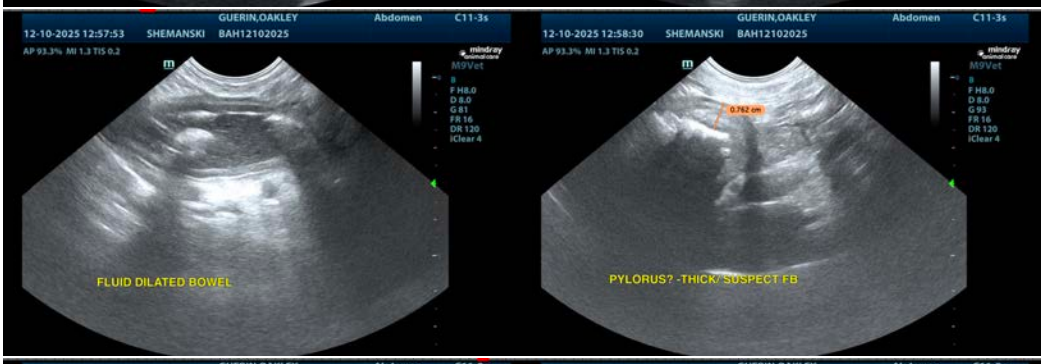

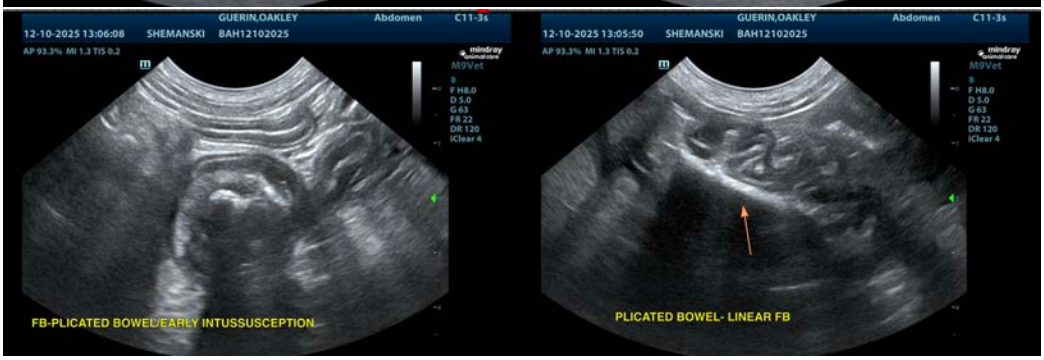

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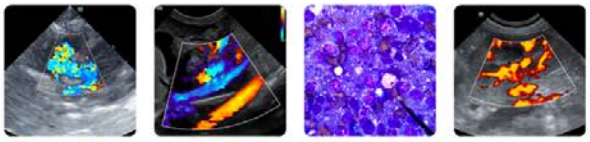

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com