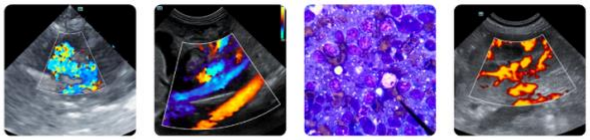


PATIENT

Fletcher Sallavanti

SPECIES

Canine

BREED

Doodle Mix

SEX

Neutered Male

AGE

3 Years

WEIGHT

11.4 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. Law

INVOICE

12712

DATE

12/17/25

PRESENTING CLINICAL SIGNS

Owners state that around 8p Patient vomited twice (Dark brown and foul smelling) within 15 mins of each other. He's been restless and hunching. When he vomited owner states it poured out of him. Patient has been groaning while being uncomfortable. Increased drinking water but no interest in food. Owner state there was a tree about a month ago that fell over with toxic berries on them. Also that patient got into underwear about 1.5 weeks ago.

Abnormal PE/Chem/CBC/UA Results: Reactive to abdominal palpation HCT 76.4 Inappropriate reticulocytosis Elevated lactate Elevated BUN Hyperphosphatemia Pan hyperproteinemia Hypercholesterolemia Elevated GGT Radiographs Marked gastric distention completely resolved with nasogastric tube placement can be secondary to acute gastritis or indicate gastric outflow obstruction due to either a pyloric or proximal duodenal foreign body. NG tube placed.

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 2.0 cm) 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 (4.74 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (4.72 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.44 cm at the cranial pole and 0.47 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.

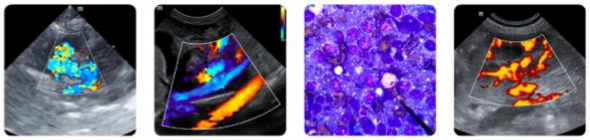
The area of the right adrenal gland is normal.

Spleen

The spleen is subjectively normal in size, 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. The spleen measured 1.71 cm width.

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



PATIENT

Fletcher Sallavanti

SPECIES

Canine

BREED

Doodle Mix

SEX

Neutered Male

AGE

3 Years

WEIGHT

11.4 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. Law

INVOICE

12712

DATE

12/17/25

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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate shadowing ingesta and some fluid. It measures at a normal thickness of <0.7 cm 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. Shadowing ingesta interferes with full evaluation of the stomach and the pylorus. There is a suspicion that the shadowing ingesta represents shadowing foreign material and there is concern for possible extension into the pylorus/proximal duodenum.

Most of the areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid/gas 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 (0.38 cm in wall thickness) and the jejunum measured as normal (0.25 cm) Visualized peristalsis appears appropriate. There is focal shadowing material in what appears to be the proximal duodenum. Additional images later in the study show hard shadowing material visualized within a bowel loop with the impression of a possible associated linear component. The exact location of this second area was not clear.

Sections of colon are visualized with nonformed/liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering. The descending colon wall measured 0.20 cm with intact wall 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

- Mild fluid and moderate shadowing ingesta visualized within the gastric lumen and proximal duodenum- findings are concerning for possible gastric foreign body extending into the duodenum. Visualization of the pylorus is somewhat obscured due to shadowing ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach has a small amount of fluid and shadowing material. The pylorus is not definitively clearly visualized extending to the duodenum (due to shadowing) but there is concern for possible extension of the shadowing material into the region of the pylorus and there is a bowel loop adjacent to the right kidney, most consistent with proximal duodenum, with shadowing material extending cranially towards the stomach. Findings are highly suspicious for gastric foreign body with duodenal extension. Correlate with clinical signs and radiographs. If this is strongly suspected, surgical exploration could be considered. Otherwise, recommend medical management and continued monitoring for change in

PATIENT

Fletcher Sallavanti

SPECIES

Canine

BREED

Doodle Mix

SEX

Neutered Male

AGE

3 Years

WEIGHT

11.4 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. Law

INVOICE

12712

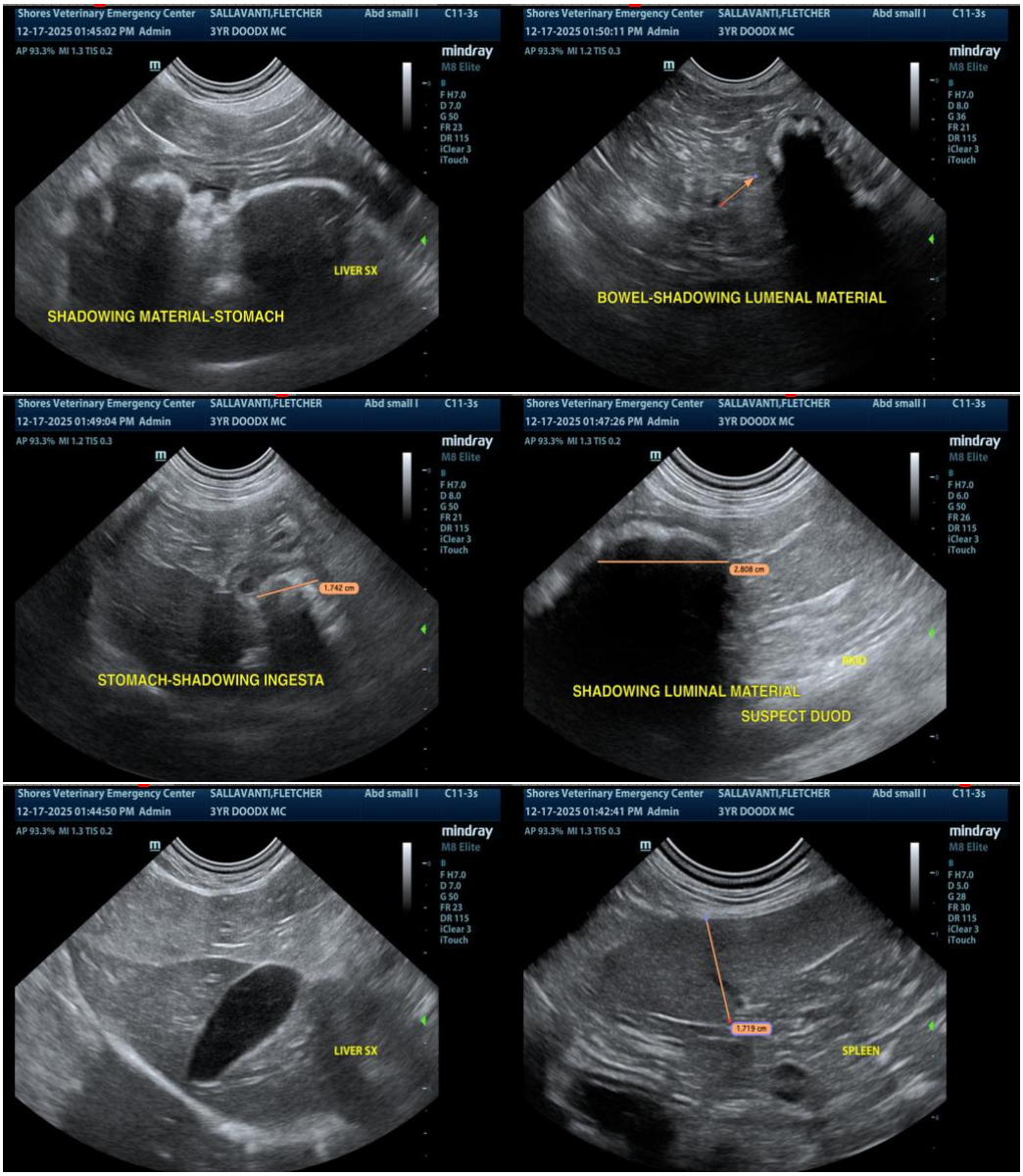
DATE

12/17/25

appearance in this region.

Later in this study, there is a section of bowel with hard shadowing material. This gives the impression this is a more distal bowel loop, but no evidence of an associated obstructive pattern is visualized. This could represent a second lesion.

Consider aggressive rehydration and revaluation of biochemical parameters to see if any of the changes observed resolve with hydration.



PATIENT

Fletcher Sallavanti

SPECIES

Canine

BREED

Doodle Mix

SEX

Neutered Male

AGE

3 Years

WEIGHT

11.4 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

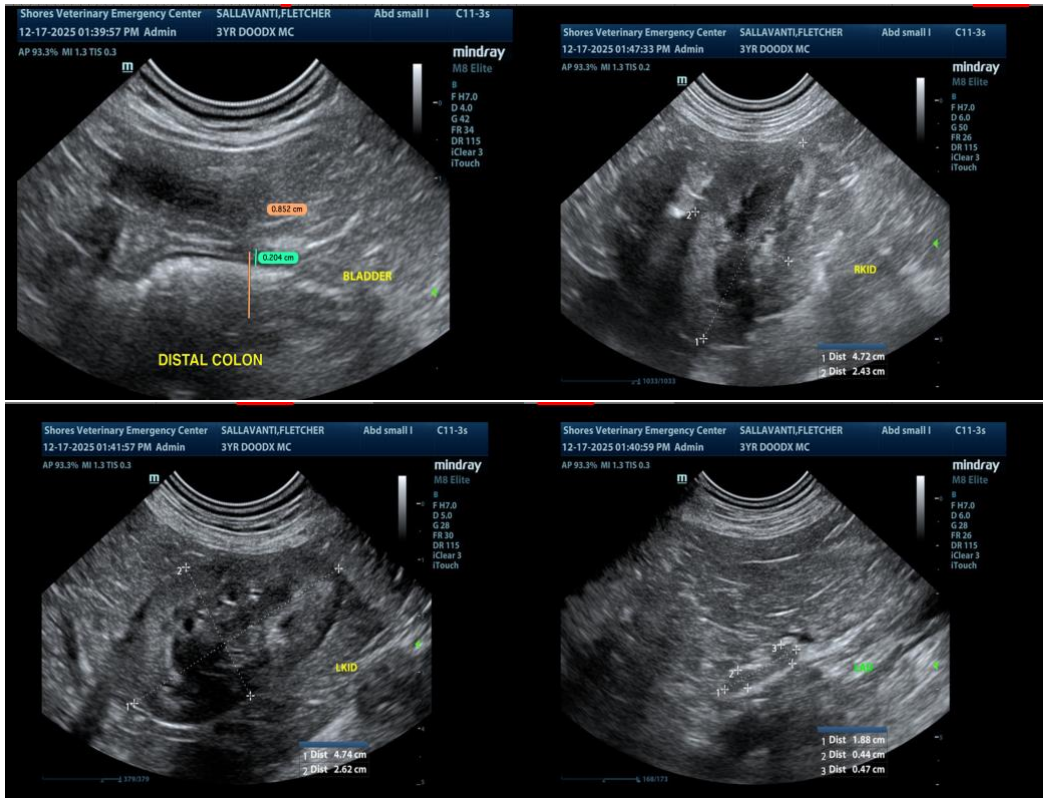
Dr. Law

INVOICE

12712

DATE

12/17/25



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