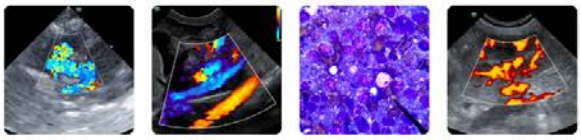


DATE

12/4/25

PATIENT

Bandit Fender

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

1/18/15

WEIGHT

78.4 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Jones

INVOICE

72320

PRESENTING CLINICAL SIGNS

Patient History: 12-02-2025 10:09:55pm (initial presentation) Presenting Complaint: Bandit presents for acute vomiting. Patient History: Vomiting started this morning at approximately 4:30 AM, >10 episodes throughout the day. Progression: initially food, then grass, then foam. No interest in food or water today. Ate normally yesterday and this morning prior to vomiting onset. History of dietary indiscretion (gets into trash regularly, most recently hours before presentation) - Specifically known to ingest tampons from trash - Previous episodes of tampon ingestion. Known chicken allergy. Previous adverse reaction to pain medication post-neuter and Nexgard (seizures). Previous urinary tract infection with hematuria approximately 1 year ago, resolved with treatment. Previous allergic reaction to Tide laundry detergent approximately 1 year ago (urticaria and periorbital swelling). Currently on Cosequin for joint health. Not on flea, tick, or heartworm preventatives (client reports patient has allergic reactions to medications). Indoor dog, no other pets in household. Client concern: left pectoral mass present for 1 year, stable size, non-painful, patient remains very active for age. Drinking water and keeping it down since presentation.

12-04-2025 -> today's visit. Presenting Complaint: Recheck Vomiting
History: Date: 12-04-2025 Notes: Bandit presents for persistent regurgitation and lethargy following yesterday's visit Patient History: - Regurgitating at least once per hour since yesterday - Minimal interest in food, requires encouragement to eat - Lethargy and hindlimb weakness (back end dropping) - Received sedation yesterday before discharge - Able to hold down small amount of pumpkin and bone broth via turkey baster for couple hours overnight - Consistent regurgitation from 1am onward, then improved 4:30am-9:30am - Small solid bowel movement at 1am, then stands outside without defecating - Cold sensitive - Currently on Cerenia at home, received dose this morning - History of eating tampons and frequent trash raiding - Ate excessive grass first day then vomited - Possible ingestion of fig tree material from fake tree - Previous radiographs yesterday showed minimal stool in colon, empty proximal GI tract

Current Medications: Cerenia [160mg] 1/2 tab PO q24 (last given this morning)
Labwork Results: Labwork not attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb and Domitor.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 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 (7.13 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 (6.4 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 0.70 cm at the cranial pole and 0.71 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 1.31 cm at the cranial pole and 0.70 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 (2.4 cm in width at the level of the hilus). The spleen echotexture is heterogenous and mottled, 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.

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 focal shadowing ingesta measuring 2.66 cm. It measures at a normal thickness of <0.36cm 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 material extends into a fluid distended pylorus, and linear foreign material is visualized extending into the proximal duodenum.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid and 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. Duodenum wall measures 0.51 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. The proximal duodenum appears corrugated and somewhat thickened with mild fluid distention and evidence of linear foreign material, most consistent with linear foreign body extending from the stomach.

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. No significant lymphadenopathy noted. There is a prominent isoechoic lymph node in the iliac region measuring 2.12 cm x 1.38 cm. The omentum is of normal echogenicity.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

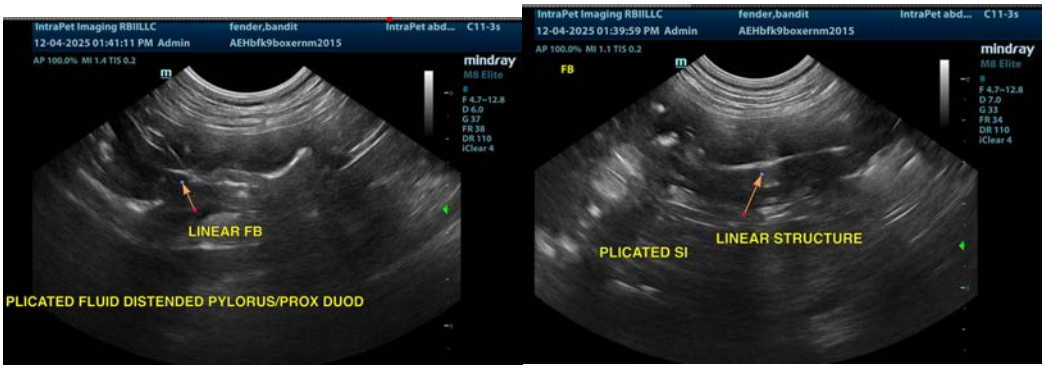
- Linear foreign body visualized associated with the stomach and proximal duodenum.
- Mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

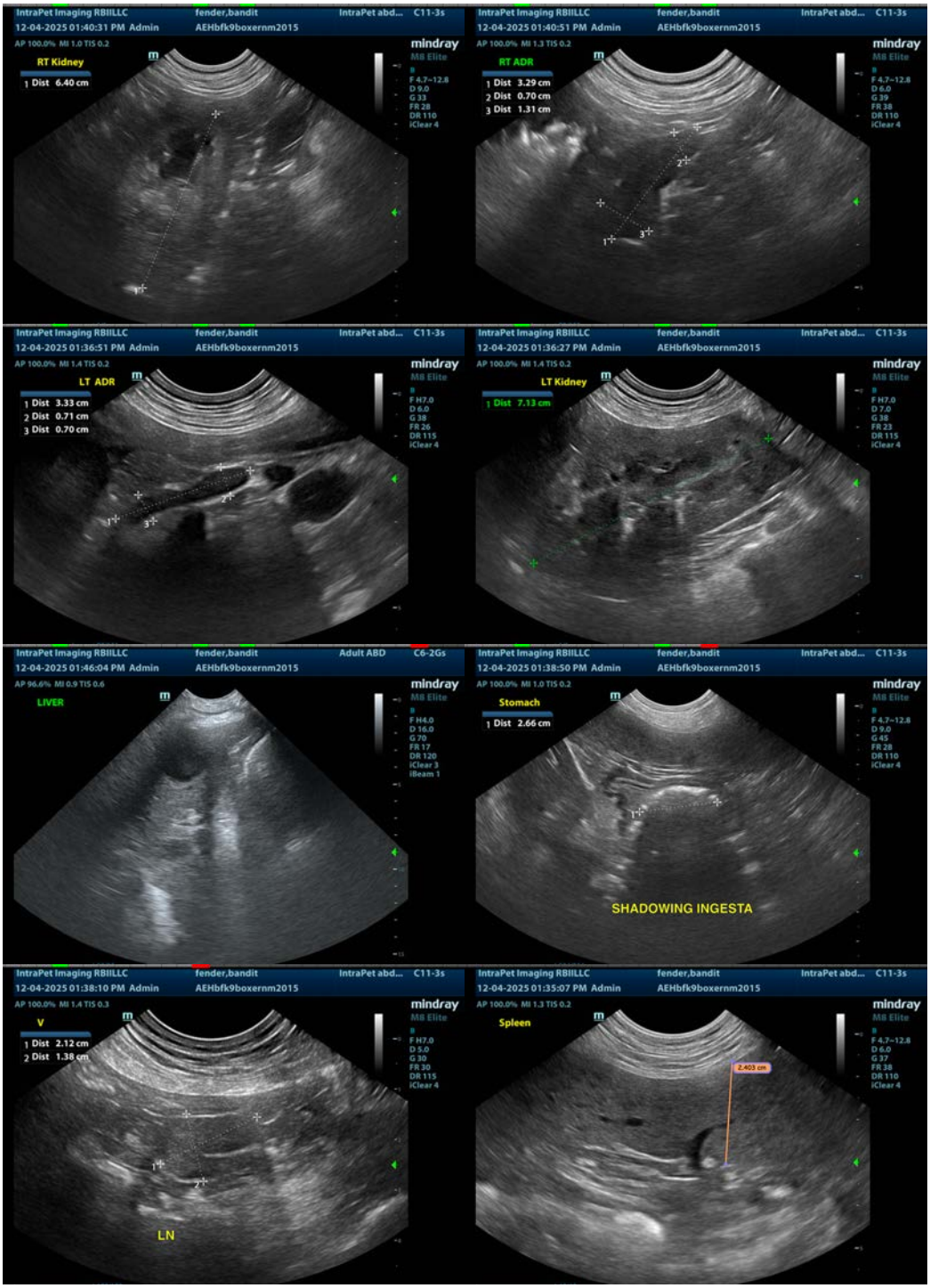
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach has moderate fluid distention with focal shadowing material. This material appears to extend through the pyloric region into the proximal duodenum, which appears significantly plicated around the linear foreign material.

Recommend surgical explore to further evaluate and remove the foreign material.

The spleen appears somewhat moth-eaten and mottled. Typically, I would recommend a fine needle aspirate. If you're proceeding to surgery, consider gross evaluation of the spleen and possibly an in-house assessment of cytology, looking for obvious mast cells, etc.




IntraPet Imaging RBIIILLC
fender,bandit
IntraPet abd... C11-3s
12-04-2025 01:40:31 PM Admin
AEHbfk9boxernm2015
RT Kidney
1 Dist 6.40 cm
IntraPet Imaging RBIIILLC
fender,bandit
IntraPet abd... C11-3s
12-04-2025 01:40:51 PM Admin
AEHbfk9boxernm2015
RT ADR
1 Dist 3.29 cm
2 Dist 0.70 cm
3 Dist 1.31 cm
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LT ADR
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2 Dist 0.71 cm
3 Dist 0.70 cm
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LT Kidney
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Adult ABD C6-2Gs
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LIVER
IntraPet Imaging RBIIILLC
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IntraPet abd... C11-3s
12-04-2025 01:38:50 PM Admin
AEHbfk9boxernm2015
Stomach
1 Dist 2.66 cm
SHADOWING INGESTA
IntraPet Imaging RBIIILLC
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IntraPet abd... C11-3s
12-04-2025 01:38:10 PM Admin
AEHbfk9boxernm2015
V
1 Dist 2.12 cm
2 Dist 1.38 cm
LN
IntraPet Imaging RBIIILLC
fender,bandit
IntraPet abd... C11-3s
12-04-2025 01:35:07 PM Admin
AEHbfk9boxernm2015
Spleen
2.403 cm
mindray

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)
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