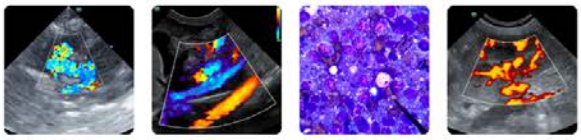


DATE

3/25/26

PATIENT

Loki Siperko

SPECIES

Canine

BREED

Black Lab

SEX

Neutered Male

AGE

2/12/21

WEIGHT

25.7 kg

INTERPRETED BY

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

HOSPITAL NAME

Mason Dixon Animal Emergency Hospital

REFERRING VET

Dr. McCafferty

INVOICE

73976

PRESENTING CLINICAL SIGNS

Patient History: Loki presented on 3/19 was vomiting not eating, and radio-opaque material in abd. enemas and hospitalization and then went home. came back on 3/21 still vomiting, food and bloody vomit. rads sent out 3/22 2:25 am and no obvious foreign body but rads rec repeating in 12 hours. owner took pet home with sq fluids, cerenia. cerenia, sucralfate, metro, omeprazole to go home. pet is not vomiting but is barely eating. sunday ate really well 7 small meals, then ate 1/2-1 cup chicken yesterday (monday) and 1/4 cup or so today (tuesday). rectal normal formed poop. normal vitals except tacky. bloodwork on 3/22 normal. rads no obvious gastric foreign body but possible ileus,or small intestinal linear foreign body. may have peritonitis or pancreatitis. on physical exam, mm pink, tacky, somewhat depressed, not painful on abdominal palpation, very thin.

Current Medications: None listed.
Labwork Results: Labwork not attached.
Date of Previous IntraPet Ultrasound: 2/20/25. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested.
Imaging Performed by: Andi Parkinson 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 (7.1 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 (6.55 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 0.58 cm at the cranial pole and 0.58 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 0.55 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 normal in size and shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic nodule visualized within the parenchyma measuring 1.06 cm x 0.88 cm.

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, gas, and 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. No masses or focal lesions were observed.

Most of 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 0.41 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. There is a focal section of jejunum with irregular hard shadowing material measuring 4.06 cm in length in the sagittal view. The bowel in this area appears focally thickened, measuring at 0.487 cm with reduced detail of wall layering and with surrounding inflammation. Findings are suggestive of obstructive foreign material.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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
There is scant free fluid noted. No significant lymphadenopathy. The omentum is hyperechoic around the abnormal bowel loop with a suspected foreign body.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Fluid, gas and shadowing ingesta visualized within the gastric lumen – Correlate with feeding history. Findings could represent delayed gastric emptying/gastric ileus or retained foreign material.

- Focal shadowing material visualized within the jejunum with surrounding inflammation and bowel wall thickening – Findings are concerning for an obstructive/partially obstructive foreign material.

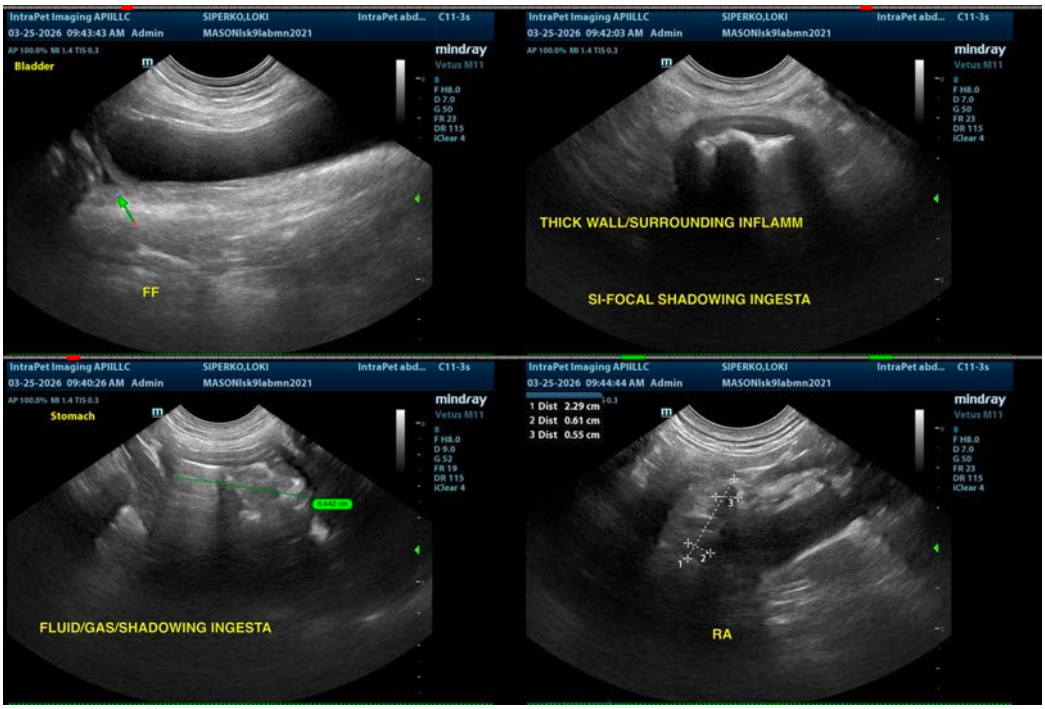
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

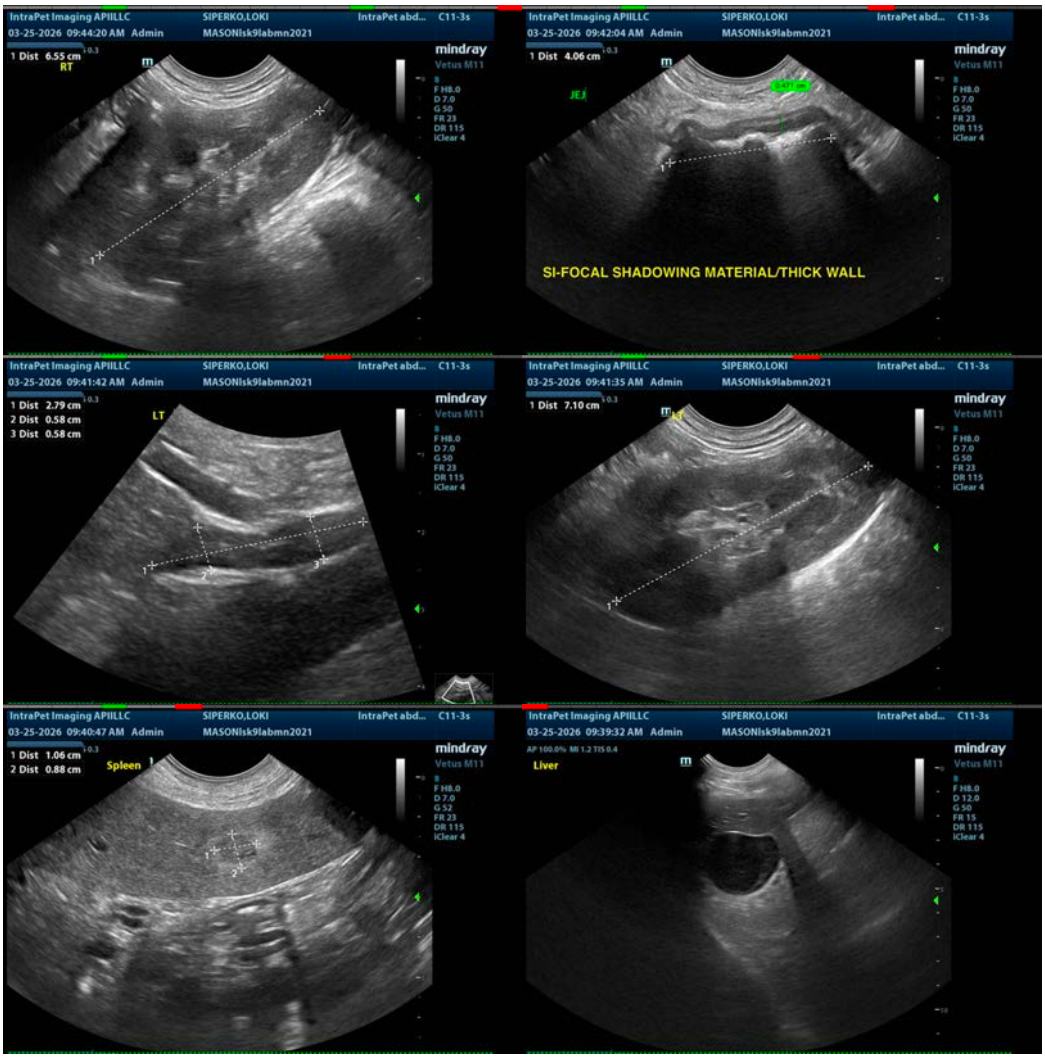
There is a focal section of small intestine with hard shadowing material. This section of bowel appears inflamed with surrounding inflammation and a thickened wall, most consistent with focal enteritis. Findings are suspicious for ingested foreign material. Based on the prolonged history, this could represent partially obstructive foreign material or material that has been in the stomach and more recently obstructed.

Additionally, there is some shadowing material within the stomach. Based on the chronicity of these symptoms and today's findings, surgical explore would be warranted. Correlate with your clinical findings. If surgery is pursued, recommend evaluation of gastric contents to ensure there is not ingested foreign material in the stomach as well. Consider obtaining biopsies of the GI tract at the same time.

There is a focal hypoechoic nodule in the spleen. This could represent a benign or early neoplastic lesion. Recommend a fine needle aspirate for further evaluation and continued monitoring.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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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