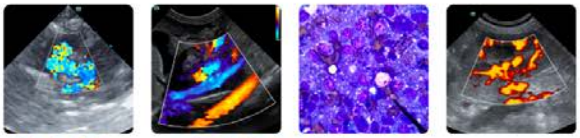


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Chewy Kemp

SPECIES

Canine

BREED

JRT x

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

14.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Lock One Animal Hospital

REFERRING VET

Dr. Culf

INVOICE

75098

DATE

5/13/26

PRESENTING CLINICAL SIGNS

May 11 presented for 4 day history of intermittent vomiting, lethargy, anorexia and diarrhea. On morning of presentation he improved slightly and ate breakfast, no vomit and had energy. No known FB ingestion but owner was away until May 10, stayed with someone else. On PE was BAR and mildly reactive to abdominal palpation but that is not unusual in clinic for this patient. Gave Maropitant and Biome diet. May 12 ate well through previous day and into the evening but by night became lethargic and anorexic again. This AM remains lethargic, no appetite, drooling and not drinking water. MM mildly tacky, still reactive on abdominal palpation. Start IVF, Maropitant and Buprenorphine, gave low dose Alfaxan for scan.

Abnormal PE/Chem/CBC/UA Results: Baseline BW found mild hypochloremia, mild neutrophilia and monocytosis, ALT elevated 417U/L and pancreatic lipase elevated 468U/L.

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 prostate is normal in size (0.96 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.71 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (5.66 cm). Overall echogenicity is slightly hyperechoic with poor 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.

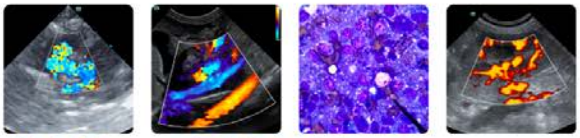
Adrenal Glands

The left adrenal gland is normal in size measuring 0.67 cm at the cranial pole and 0.73 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 1.57 cm at the cranial pole and 0.64 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 (1.84 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.



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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 a large amount of shadowing ingesta and fluid. 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. Correlate with feeding history. The large shadowing ingesta is concerning for ingested foreign material. The region of the pylorus is somewhat obscured but there is concern for possible extension of foreign material through the pylorus.

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 0.53 cm. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. The region of the pylorus and proximal duodenum are challenging to clearly visualize due to shadowing ingesta from the stomach, but there is concern for possible fluid, gas, and shadowing material in the proximal duodenum 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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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

- Age related changes associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling in the right limb.
- Large, hard shadowing material visualized within the stomach with questionable extension into the proximal duodenum – Findings are concerning for possible gastric foreign body. Atypical ingesta or similar cannot be ruled out.

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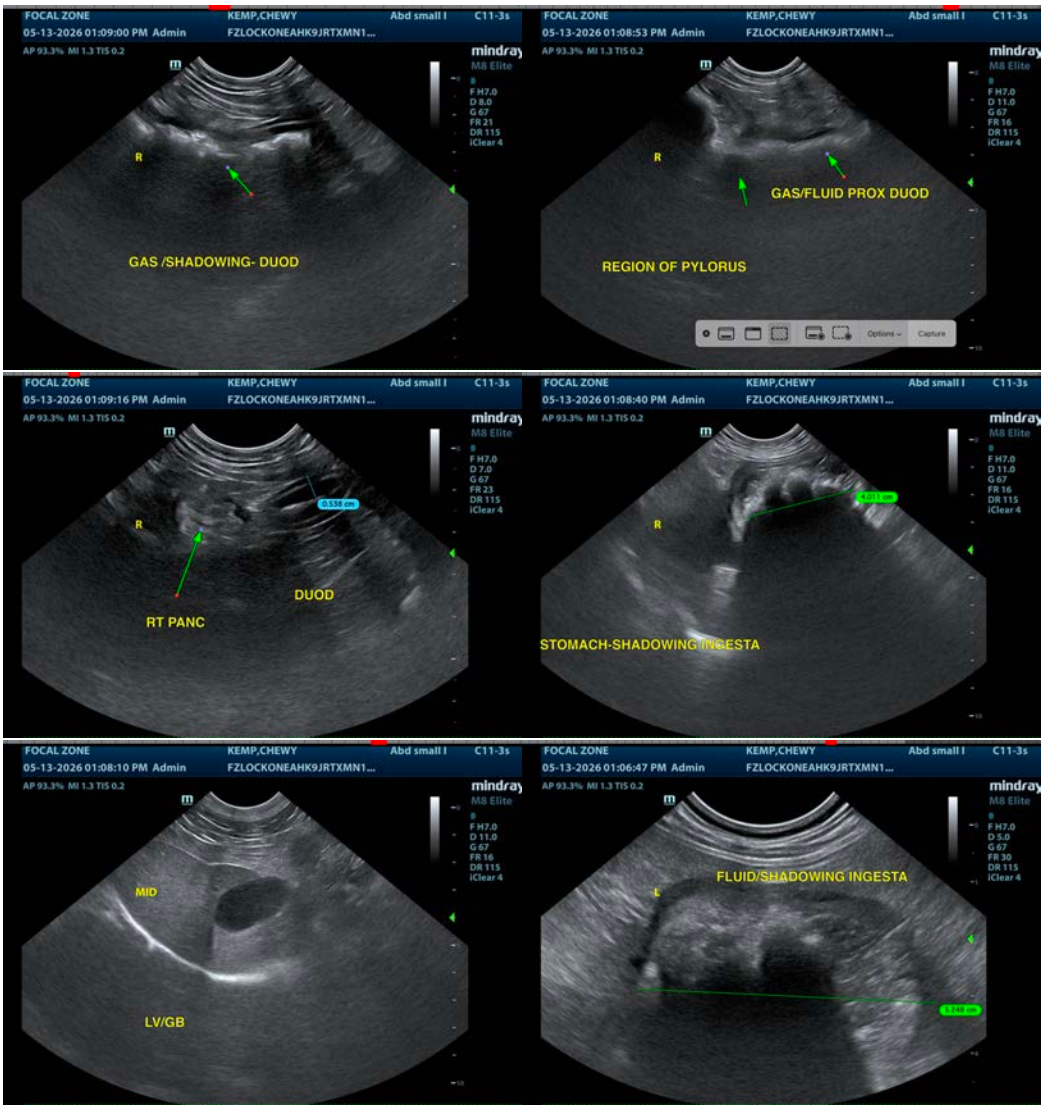
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of hard shadowing material visualized within the stomach. Correlate with abdominal radiographs and the patient's eating history. This could be consistent with a large amount of ingesta, but ingested foreign material is a significant concern. The pylorus is somewhat obscured but there is some fluid distention of the proximal duodenum and questionable shadowing material extending into the proximal duodenum.

If history, presentation, and radiographs are strongly suggestive of gastric foreign body, consider exploratory. If this is still questionable, you could consider hospitalization and hydration for 8-12 hours and repeat imaging, looking to see if there is persistent material within the stomach. Additionally, upper GI endoscopy could be considered, but this would not be effective if foreign material has extended into the more distal GI tract.



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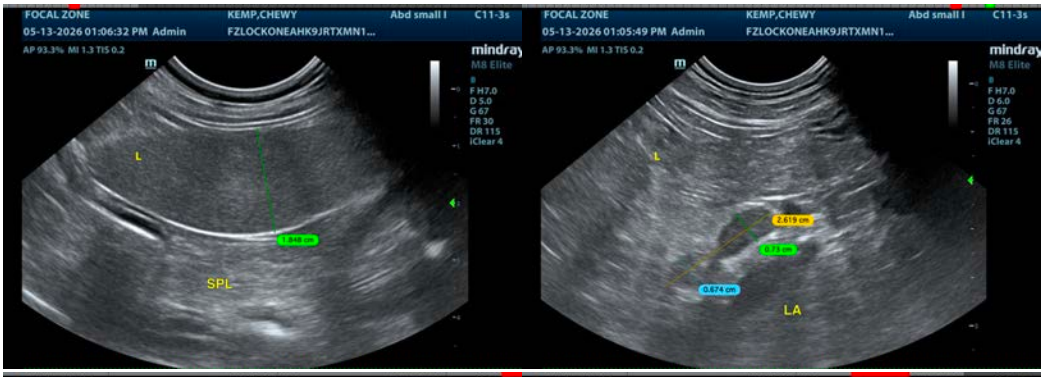

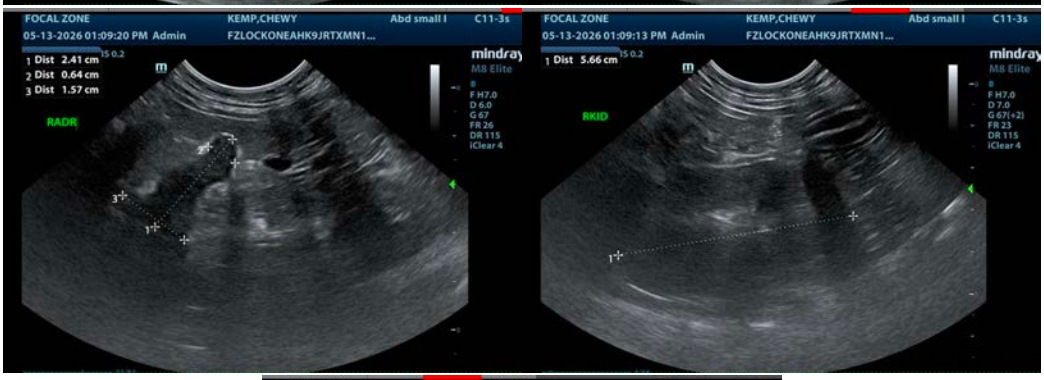

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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