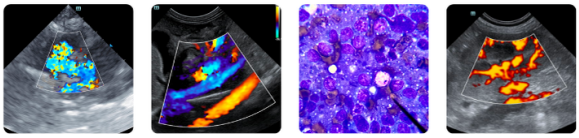

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PATIENT

Milo Susnjar

SPECIES

Canine

BREED

Red Lab

SEX

MN

AGE

4.5 years

WEIGHT

30.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Plains Animal Hospital

REFERRING VET

Dr. Lowe

INVOICE

11870

DATE

5/6/2026

PRESENTING CLINICAL SIGNS

Has been eating a lot of grass. Not interested in food. Has been vomiting, even ice chips. Lethargic. Not himself.

Abnormal PE/Chem/CBC/UA Results: Please see attached rads.

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 (0.6 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 (5.93 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 (5.76 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 0.54 cm at the cranial pole and 0.61 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.

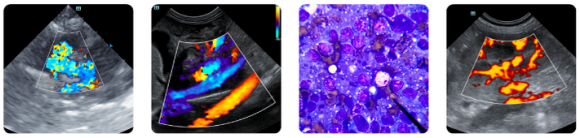
The right adrenal gland is normal in size measuring 1.24 cm at the cranial pole and 0.51 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.93 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible 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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. There is focal hard shadowing material visualized within the stomach, measuring at 2.92 cm, with significant concern for a partially obstructive foreign body passing through the pylorus.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. In the proximal bowel, most consistent with the duodenum, there is significant bowel plication with intraluminal linear shadowing material concerning for a linear foreign body with an associated obstructive pattern and more distal in the GI tract there is focal intraluminal shadowing material, most consistent with an obstructive/partially obstructive foreign body measuring 1.67 cm. The jejunum measures at 0.26 cm, and the duodenum measures at 0.61 cm.

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 pancreas is visible/mildly mottled. 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. There is some mild to moderate reactivity around the abnormal bowel loops.

ULTRASONOGRAPHIC FINDINGS

- Gastric shadowing material most consistent with a foreign body extending into the pylorus and the duodenum, where it is consistent with a linear foreign body.
- Areas of more distal bowel with intraluminal shadowing material and fluid distension. Findings are most consistent with a partial/complete obstruction secondary to an intestinal foreign body.
- Pancreatic changes most consistent with chronic pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is distended with fluid and shadowing ingesta. This appears to be extending into the pyloric region and there's concern for extension into the proximal duodenum as there is a proximal section of bowel which appears significantly plicated with intraluminal linear foreign material and an obstructive pattern. Distally in the small intestine there is a second are with intraluminal shadowing material and bowel distension concerning for a partial or complete obstruction from ingested foreign material.

Based on the ultrasonographic presentation and the history provided, exploratory surgery is warranted

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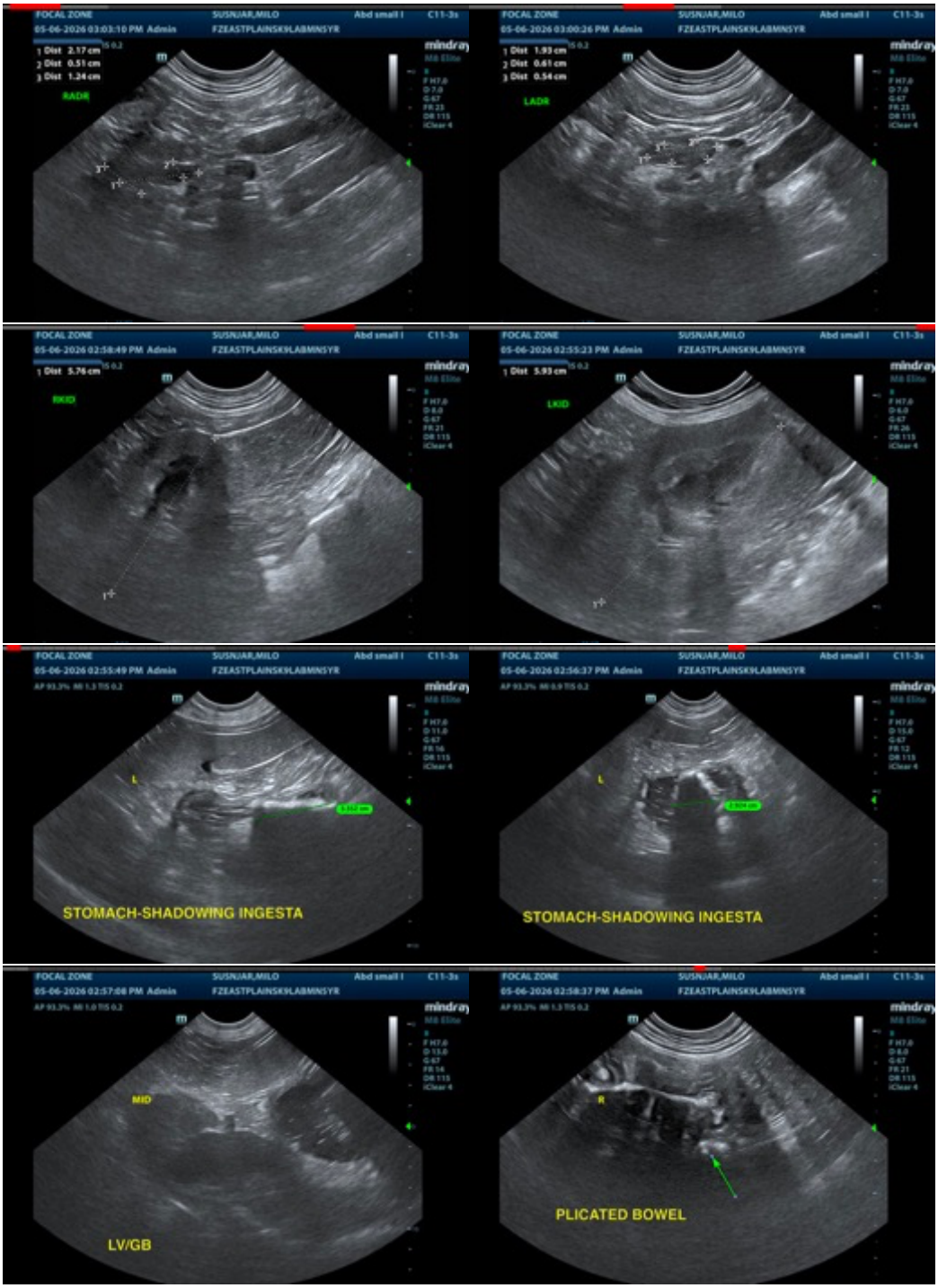
to further evaluate these regions +/- to obtain GI biopsies. If this does not fit your clinical assessment, consider 6-8 hours of rehydration and repeat imaging to reassess.



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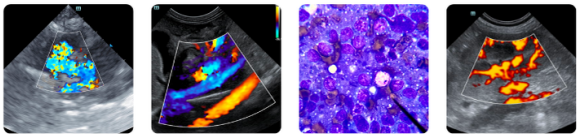

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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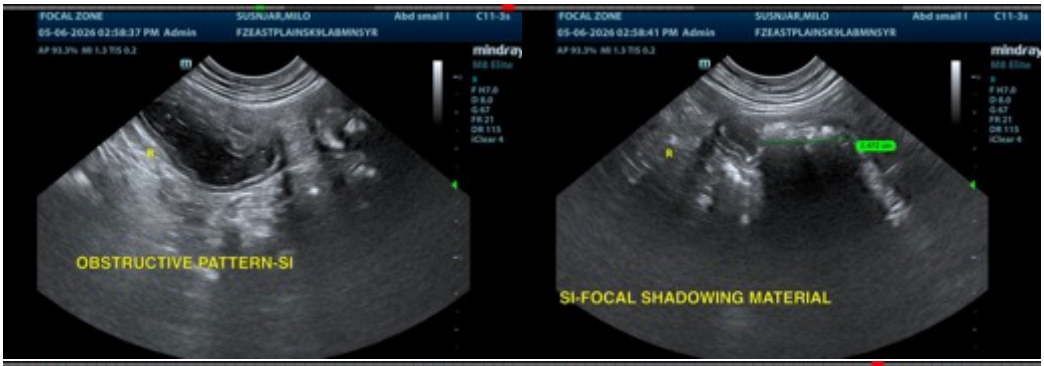

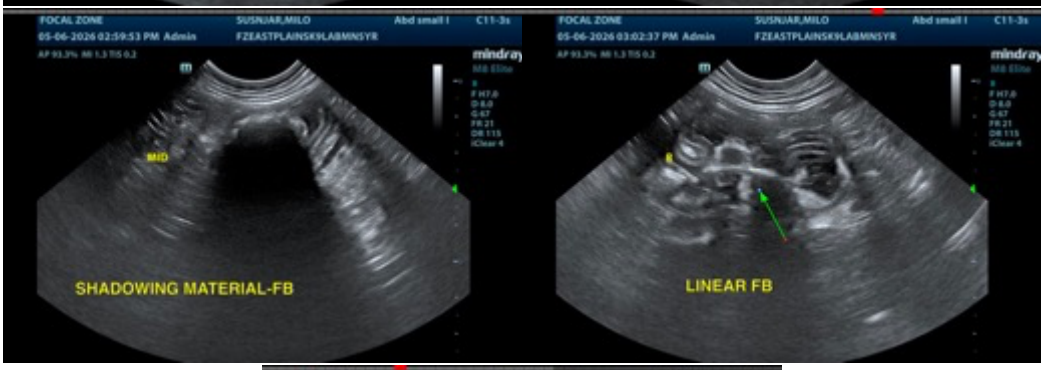

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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