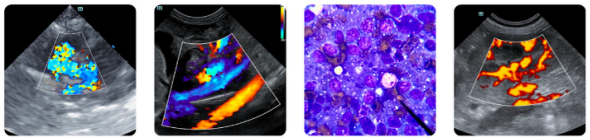


PATIENT

Rihanna Mahmood

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

9 years

WEIGHT

23.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ray

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Ray

INVOICE

12064

DATE

6/2/2026

PRESENTING CLINICAL SIGNS

Appetite loss; drinking more water than usual since yesterday. The owner reports that the patient might have eaten plastic yesterday.

Abnormal PE/Chem/CBC/UA Results: Normal Blood work and no concerns.

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 left kidney has a normal shape and size (5.44 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 (5.15 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 0.56 cm at the cranial pole and 0.51 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

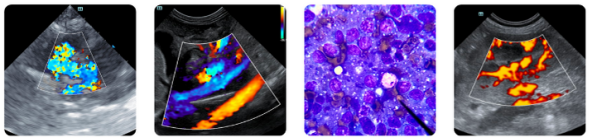
The spleen is subjectively normal in size (2.06 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal



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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. Shadowing ingesta interferes with full evaluation of the stomach and some areas of the cranial abdomen.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild to moderate fluid and gas distension. Wall thickness is normal. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.29 cm.) Visualized peristalsis appears appropriate. The small intestine appears generally variably fluid and gas distended with some intraluminal shadowing material. There is a focal section of shadowing material visualized within the small intestine which could represent partially obstructive or obstructive foreign material, but a definitive single obstruction is not observed. Findings are suggestive of diffuse enteritis +/- possible passing foreign material or multiple areas of partially obstructed foreign material.

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, 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.

PRIMARY FINDINGS

- Large amount of fluid and shadowing ingesta visualized within the gastric lumen. Correlate with the feeding history. If the patient was adequately fasted this could represent delayed gastric emptying or a partial outflow tract obstruction.
- Variably fluid and gas distended small intestine with an enteritis type pattern and some shadowing intraluminal material. Findings are most consistent with diffuse enteritis at this time, potentially with passing foreign material, partial obstruction, or developing obstruction cannot be ruled out.

SECONDARY FINDINGS

- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's the general appearance of variably fluid and gas distended small intestine with some areas containing shadowing and ingesta, possibly consistent with passing ingesta/foreign material. There are some areas with more discrete shadowing ingesta, possibly consistent with a developing partial obstruction. Corrrelate these findings with radiographic findings and the history (last meal, etc.)

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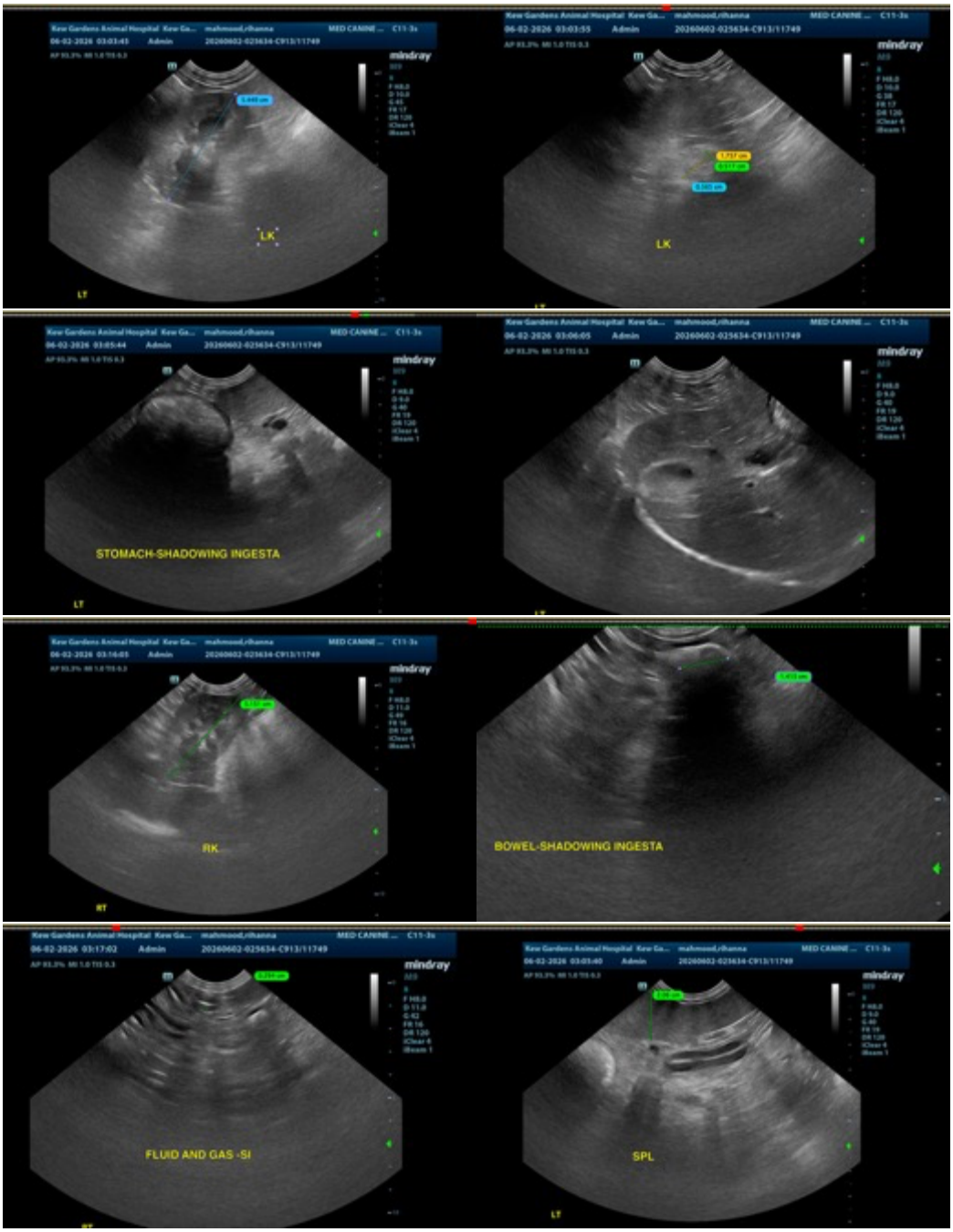
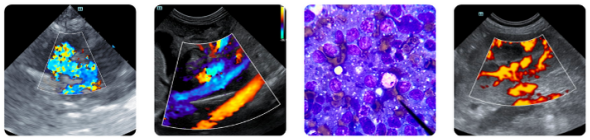
Consider supportive care for gastroenteritis with IV fluid therapy, nausea medications, etc., and repeat imaging (radiographs +/- ultrasound) to assess if material appears to be passing. If the patient is not responding supportive care and/or the foreign material does not appear to be moving, surgical evaluation may be warranted.



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



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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