



PATIENT

Alice Loudermilk

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

3 Years 4 Months

WEIGHT

33.8 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Sunriver Veterinary
Clinic

REFERRING VET

Dr. Wendy Meredith
DVM

INVOICE

12830

DATE

12/23/25

PRESENTING CLINICAL SIGNS

Seen Monday (12/22) for vomiting 20-30 times since Saturday (12/20), lethargic & not eating. O has not seen a BM since Saturday. Started Cerenia + sucralfate. This morning (12/23), O reported Alice is still not interested in food and vomited bile and fluid overnight.

Abnormal PE/Chem/CBC/UA Results: Yesterday: 3-view abdominal radiographs, No evidence of obstructive gas pattern. WBC: 39.25, Neutrophils 32.67, Mono: 2.80

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.0 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized with overtly normal size, position and shape. The right adrenal gland measured 0.73 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented with moderate distention with retained primarily anechoic to mildly echogenic fluid. Overtly normal visible stomach wall. No obvious evidence of obstruction to pyloric outflow.



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The small intestine presented overall intact wall layering and maintained wall layer ratio. The small intestine exhibited segmental empty intestinal segments with concurrent segmental mild fluid and chyme distended intestinal segments in the jejunum. A strongly shadowing visualized jejunal echo was present consistent with foreign body and measuring approximately 4.0 cm in diameter. Mid abdomen jejunum and subjective adjacent to the medial spleen. Mild surrounding to regional peri-intestinal hyperechoic omentum.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The right limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

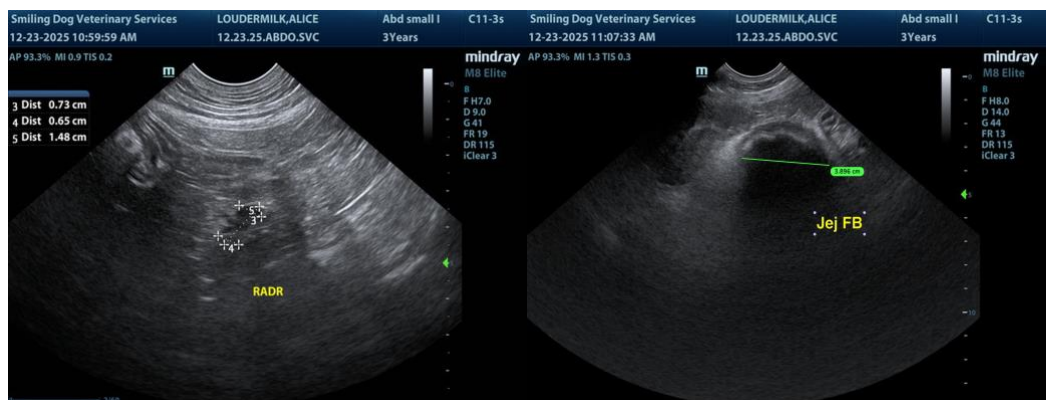
Intermittent mildly enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 3.0 cm x 0.86 cm. No obvious peritoneal effusion was present.

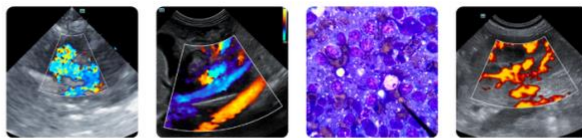
ULTRASONOGRAPHIC FINDINGS

- Jejunal foreign body with a partially obstructive proximal intestinal pattern.
- Moderate gastric distention with retained fluid.
- Associated peri-intestinal to regional hyperechoic possibly mild inflamed omentum.
- Subjective concurrent mild pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the timeframe between ultrasound study and interpretation, brief sonographic reassessment is recommended for evidence of jejunal foreign body movement or development of peritoneal effusion. If not possible, direct exploratory laparotomy with gross inspection of the gastrointestinal tract and expectation toward enterotomy is indicated. Intestinal biopsies at the time of the surgery is suggested to assess for underlying intestinal disease as a cause of the foreign body, ingestion or pica. Potential need for resection anastomosis is considered less likely yet dependent upon gross inspection of the small intestine at the time of surgery.





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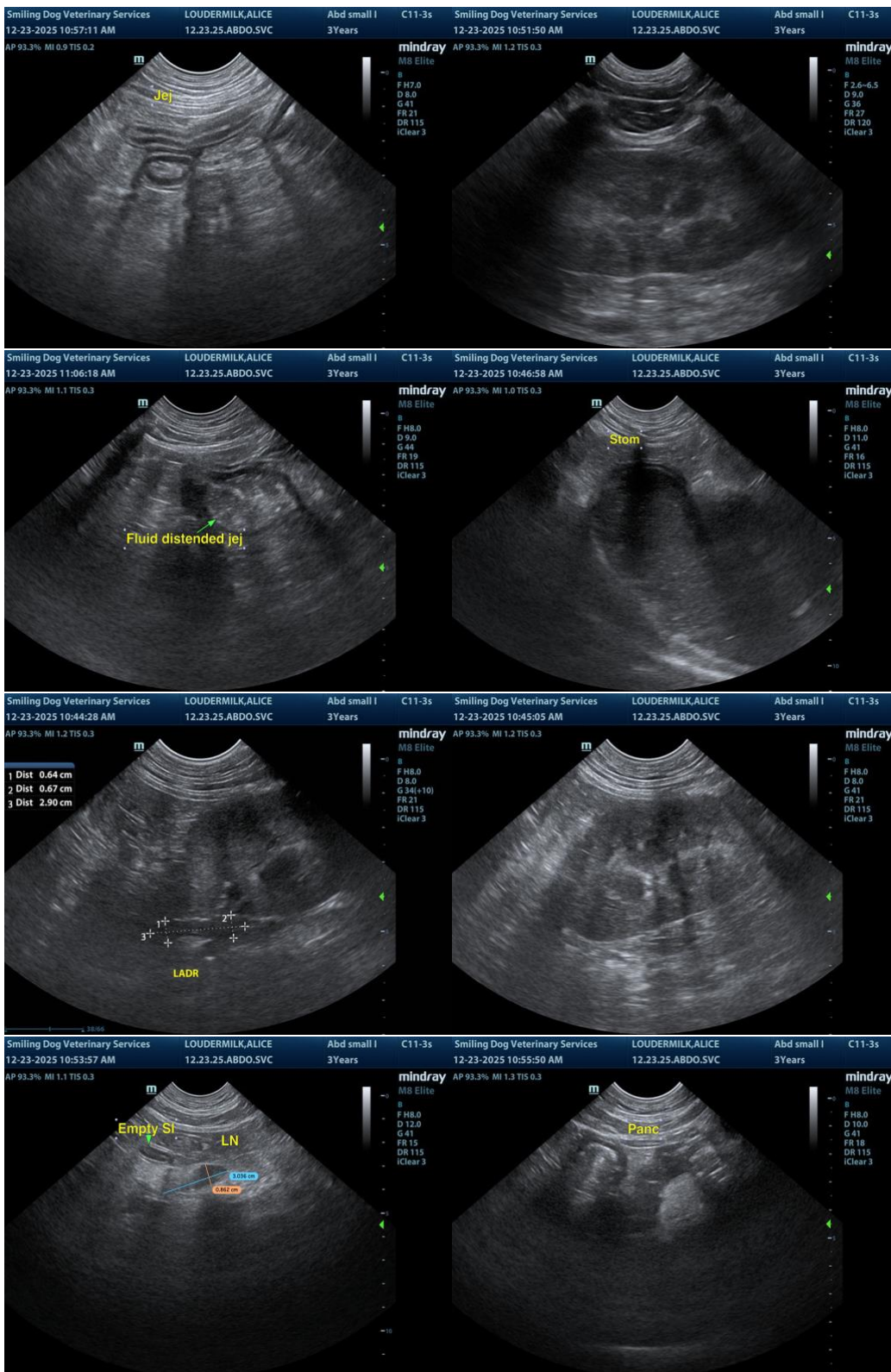
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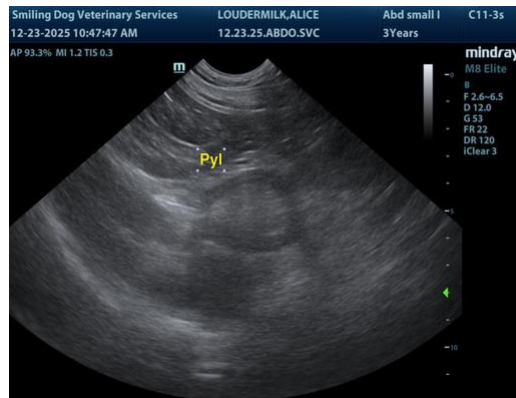
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com