



PATIENT

Saffy Kein

SPECIES

Canine

BREED

Spinger Spaniel

SEX

Spayed Female

AGE

1Y, 3M

WEIGHT

17.7

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary
Services Ltd.

REFERRING VET

Alpine 24/7 / ER
doctor

INVOICE

74040

DATE

3-4-26

PRESENTING CLINICAL SIGNS

- Acute onset vomiting and lethargy beginning the previous evening. Multiple vomiting episodes reported, initially containing partially digested kibble and later mostly fluid. Vomiting occurred both shortly after eating and several hours post-meal. Appetite decreased, with reluctance to eat. One small bowel movement the previous night; none since.
- Relevant History:
- Saffy underwent foreign body surgery approximately 2 weeks prior, which was her second surgery for gastrointestinal foreign body obstruction. Known history of ingesting socks. No current medications. Attends dog park frequently.

Abnormal PE/Chem/CBC/UA Results: Mentation: Quiet, lethargic Temperature: 39.4°C Hydration: Mild dehydration Mucous membranes: Slightly dry, CRT <2 sec Cardiovascular/Respiratory: Within normal limits Abdomen: Firm structure palpated in caudal abdomen with significant pain on palpation Surgical incision from previous procedure healing No peripheral lymphadenopathy Ambulation normal

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 changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 6.1 cm in length. The right kidney measured 6.0 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 0.41 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 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/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse



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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 intact wall layering with a normal wall layer ratio. The lumen of the stomach was moderately distended with retained fluid. No obvious visible obstruction to the pyloric outflow was seen.

The small intestine presented intact wall layering with maintained wall layer ratio. Within the mid abdomen jejunum, strongly shadowing lumen echo was present measuring approximately 2.5 cm in diameter. Variable retained jejunal ingesta likely proximal with empty jejunum distal to approximate level of the ileum and colon. The duodenum appeared empty.

Normal visible colon wall layers were present with semi-formed to possible soft fecal matter in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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). Mild perilymphatic hyperechoic omentum was evident. An example of lymph node size was 1.3 cm in diameter.

Mild peri intestinal hyperechoic omentum was noted in the area of the jejunal shadowing echo.

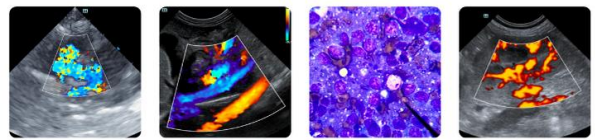
Scant to minor peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Jejunal foreign body with ingesta distended jejunum proximal, empty jejunum distal.
- Moderate hypomotile stomach.
- Mild peri intestinal hyperechoic omentum and scant to minor effusion.
- Intermittent mesenteric lymphadenopathy – suggestive of reactive hyperplasia or possible mild lymphadenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with enterotomy is recommended. Additional gastrointestinal foreign material was not obvious. Intestinal biopsies suggested at the time of surgery to assess for underlying intestinal disease given repeated foreign body ingestion / pica.



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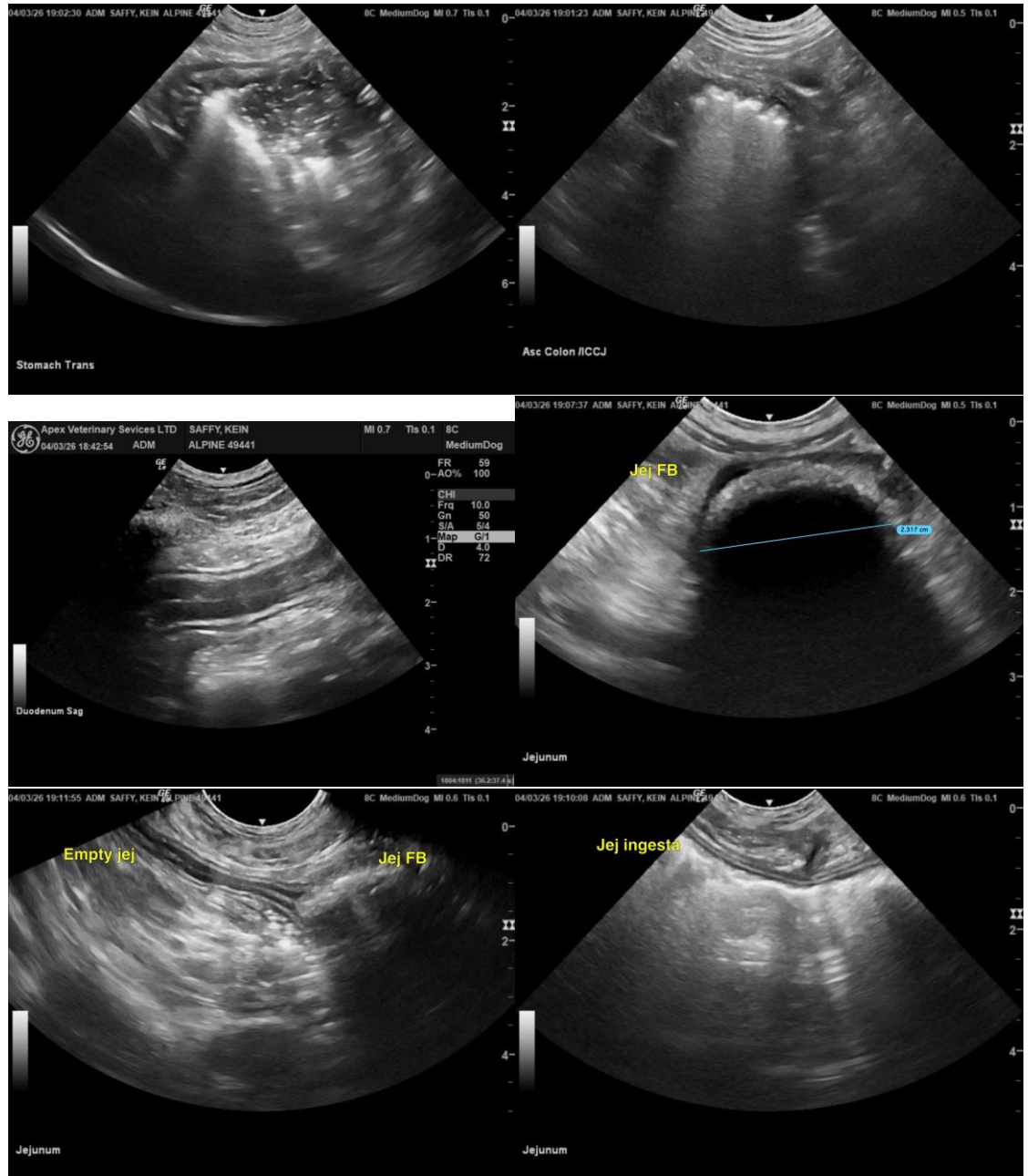
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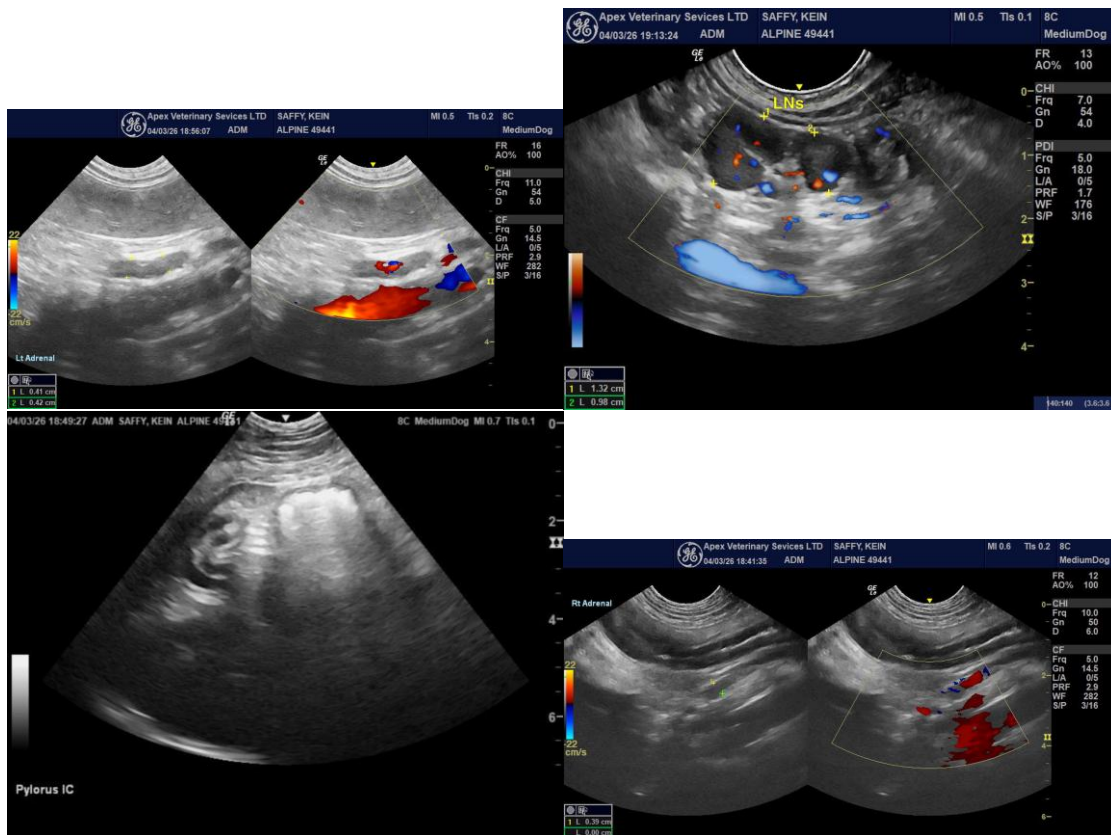
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com