



PATIENT

Kalia Wolfe

SPECIES

Canine

BREED

GSD

SEX

SF

AGE

6 yrs 5 mos

WEIGHT

33.3 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti,
VMD

HOSPITAL NAME

Blue Pearl
Wyomissing

REFERRING VET

Blue Pearl
Wyomissing, ER

INVOICE

10828

DATE

4/22/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate gastric FB. Scope vs Sx? Followed by IM for management of IBD- endoscopic bx confirmed, well controlled currently, on Prednisone, PCIA both GI dz and behavioral related. Previous FB sx, last in Feb 2026. Eats numerous objects both hard, fabric, clothing, etc. Vomiting induced in ER and material retrieved; however, gastric material remains on rads.

Pred 5 mg SID currently, Tacrolimus eye drops

Abnormal PE/Chem/CBC/UA Results: - AXR (DACVR): Gastric material persists which is consistent w/ foreign material. No obvious mechanical obs although the duo is not well seen. - Elevated lactate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 7.3 cm in length. The right kidney measured 6.8 cm in length, with probable mild underestimation of right kidney size.

Adrenal Glands

The left and right adrenal glands were flattened in appearance, consistent with patient history. The left adrenal gland measured 0.30 cm width at the caudal pole. The right adrenal gland measured 0.38 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 echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.



PATIENT

Kalia Wolfe

SPECIES

Canine

BREED

GSD

SEX

SF

AGE

6 yrs 5 mos

WEIGHT

33.3 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti,
VMD

HOSPITAL NAME

Blue Pearl
Wyomissing

REFERRING VET

Blue Pearl
Wyomissing, ER

INVOICE

10828

DATE

4/22/26

Gastrointestinal

The stomach was non-distended with overtly normal intact visible wall. The stomach contained moderate, irregular to strongly shadowing content extending into the pyloric outflow. Shadowing gastric content measured ~3.5-4.0 cm in diameter.

The small intestine presented intact wall layering with a maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty without an obstructive pattern to the level of the colon. A focal, similar-appearing, strongly shadowing yet small nonobstructive echo was noted at the level of the distal duodenum to upper jejunum. Mild segmental jejunal gas was noted.

Normal visible colon wall layers were present with formed feces 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body appearing to extend into the pyloric outflow and possible upper duodenum
- Empty small intestine with focal nonobstructive distal duodenal to upper jejunal foreign body

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the amount of gastric foreign material potentially extending into the upper duodenum with concurrent focal nonobstructive distal duodenal to jejunal foreign body not likely reachable via scope, exploratory laparotomy with gross inspection of the gastrointestinal tract, possible manual manipulation of the gastric foreign body extending into the upper duodenum into the stomach lumen with gastrotomy and probable focal enterotomy is recommended. Additional small to non-visualized foreign material obscured by intestinal gas is not definitively excluded.



PATIENT

Kalia Wolfe

SPECIES

Canine

BREED

GSD

SEX

SF

AGE

6 yrs 5 mos

WEIGHT

33.3 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti,
VMD

HOSPITAL NAME

Blue Pearl
Wyomissing

REFERRING VET

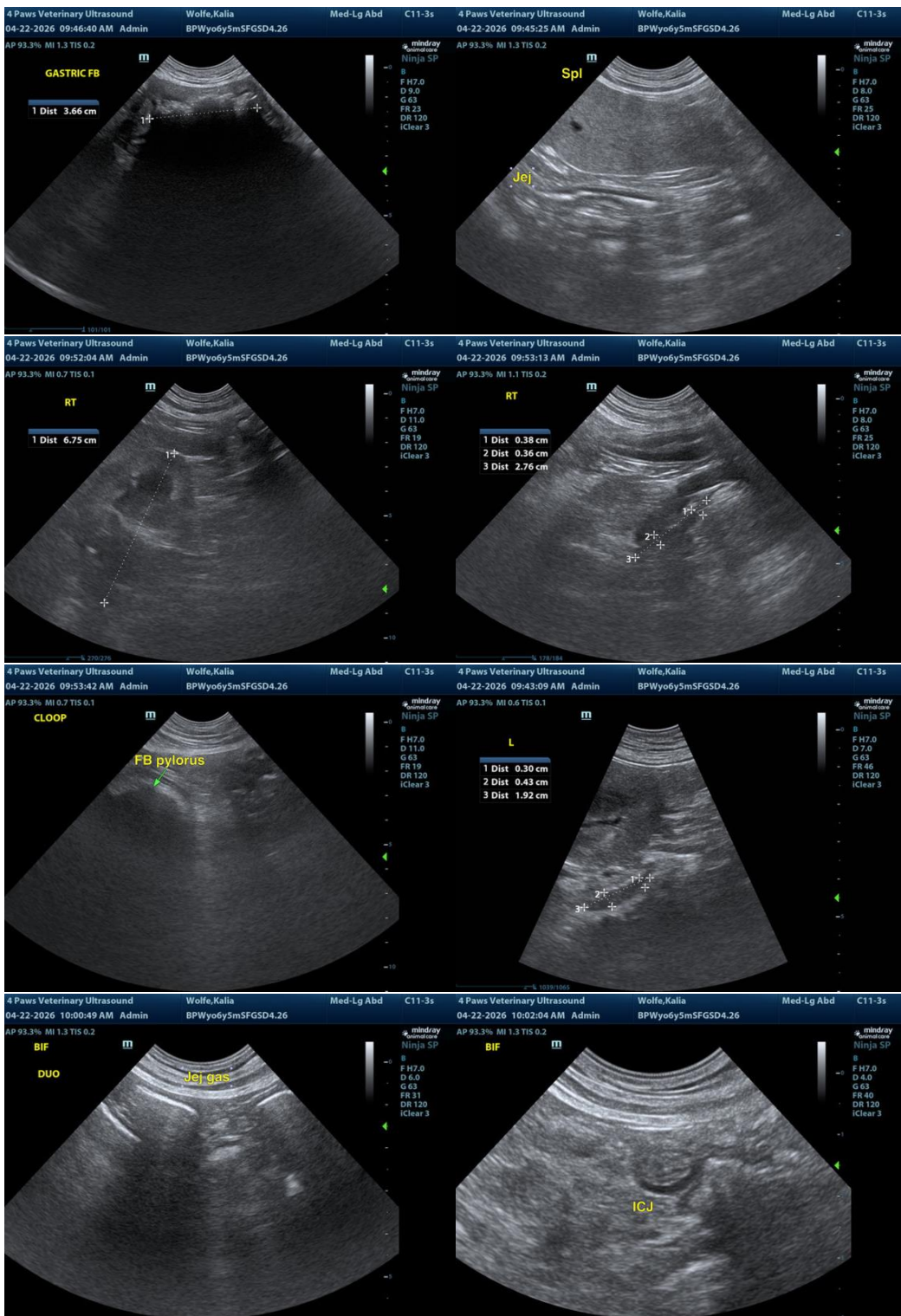
Blue Pearl
Wyomissing, ER

INVOICE

10828

DATE

4/22/26





PATIENT

Kalia Wolfe

SPECIES

Canine

BREED

GSD

SEX

SF

AGE

6 yrs 5 mos

WEIGHT

33.3 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti,
VMD

HOSPITAL NAME

Blue Pearl
Wyomissing

REFERRING VET

Blue Pearl
Wyomissing, ER

INVOICE

10828

DATE

4/22/26



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