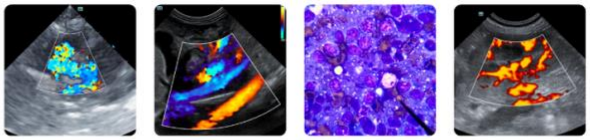


PATIENT

Luna Ross

SPECIES

Canine

BREED

Pitbull X

SEX

Spayed Female

AGE

5 Years

WEIGHT

29.6 kg

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Resolution VU

REFERRING VET

Dr. Laura

INVOICE

35987

DATE

12/21/25

PRESENTING CLINICAL SIGNS

History: Presented for vomiting, which started on Thursday night (two days ago). Luna was eating normally that night then only ate a small amount of chicken yesterday, which she vomited this up. Today she took a few liver treats at Os rDVM before coming here, which she vomited up. She is still drinking but will vomit this up too. She will cough after vomiting. No blood seen. No diarrhea. She is a little quieter than normal. Luna is not prone to dietary indiscretion. She did get a new treat recently. She does not typically appear sensitive to diet changes. Luna has a history of TPLO surgery. She also has a broken incisor. Diet is Purina Pro Plan kibble with raw food as a topper including chicken feed and quail eggs. No medications. Vaccs UTD as far as O aware. Bloodwork consistent with hemoconcentration, and severe electrolyte derangements, mild inflammatory leukogram, and possible pancreatitis. 3 view abdominal radiographs did not reveal obvious obstructive pattern in the intestines, but pyloric material was considered possible. She was Hospitalized for supportive care, IV fluids, antiemetics, and regurgitated/vomited through this overnight. An NG tube is currently being placed, and ultrasound is being requested to assess for foreign body disease, and other changes such as pancreatitis, hepatopathy, gastroenteritis, etc.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 6.0 cm. The right kidney measured 5.8 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.59 cm and 0.57 cm in width. The right adrenal gland measured 0.58 cm in width.

Spleen

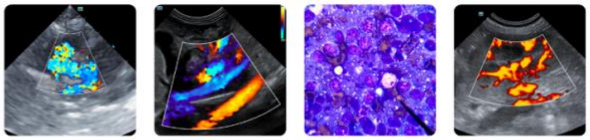
Normal size (2.1 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Shadowing material was present within the stomach, measuring approximately 3.0 cm in length, with a normal appearance of the gastric wall, showing normal thickness with no loss of layering, and maintaining a 1:3 muscularis to mucosa ratio. Shadowing material was present within the proximal duodenum, with the wall at the duodenum having a normal thickness with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. The small intestine, ileo-cecal junction, and colon revealed no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness, and no distension of the lumen. A small amount of shadowing material was present within the ileocecal junction. A small amount of fluid and gas were present within the stomach.

Pancreas

Visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastro-duodenal foreign body with possible intestinal obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideal further assessment/therapy would be laparotomy. Alternatively, continue with the current supportive therapy and repeating ultrasound in 12-24 hours, and if there is no improvement in clinical signs or the appearance of the GI tract on ultrasound, then a laparotomy would be necessary.

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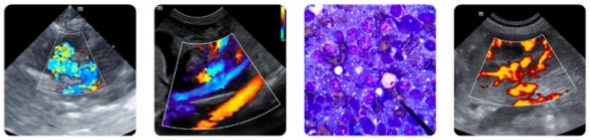

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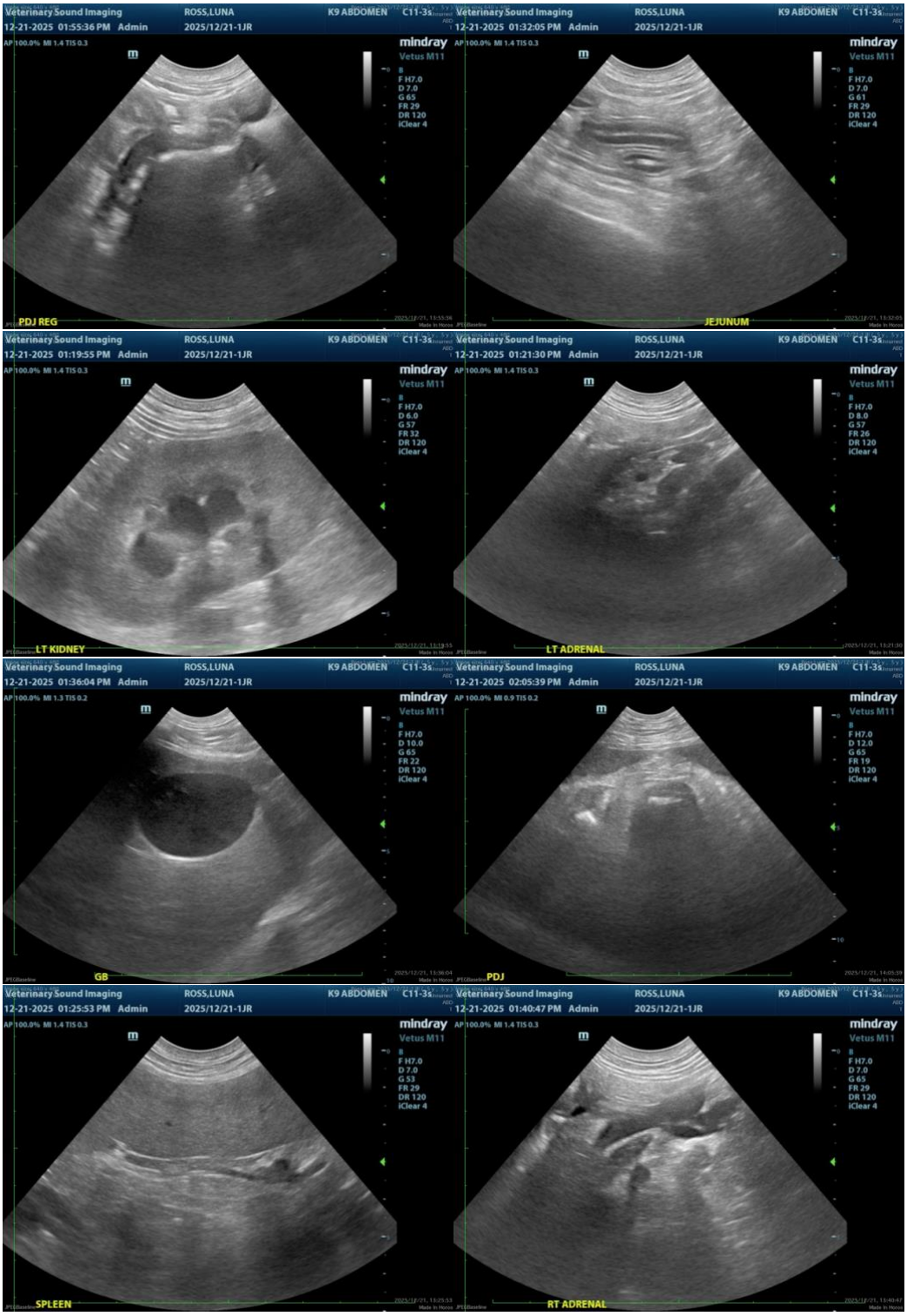

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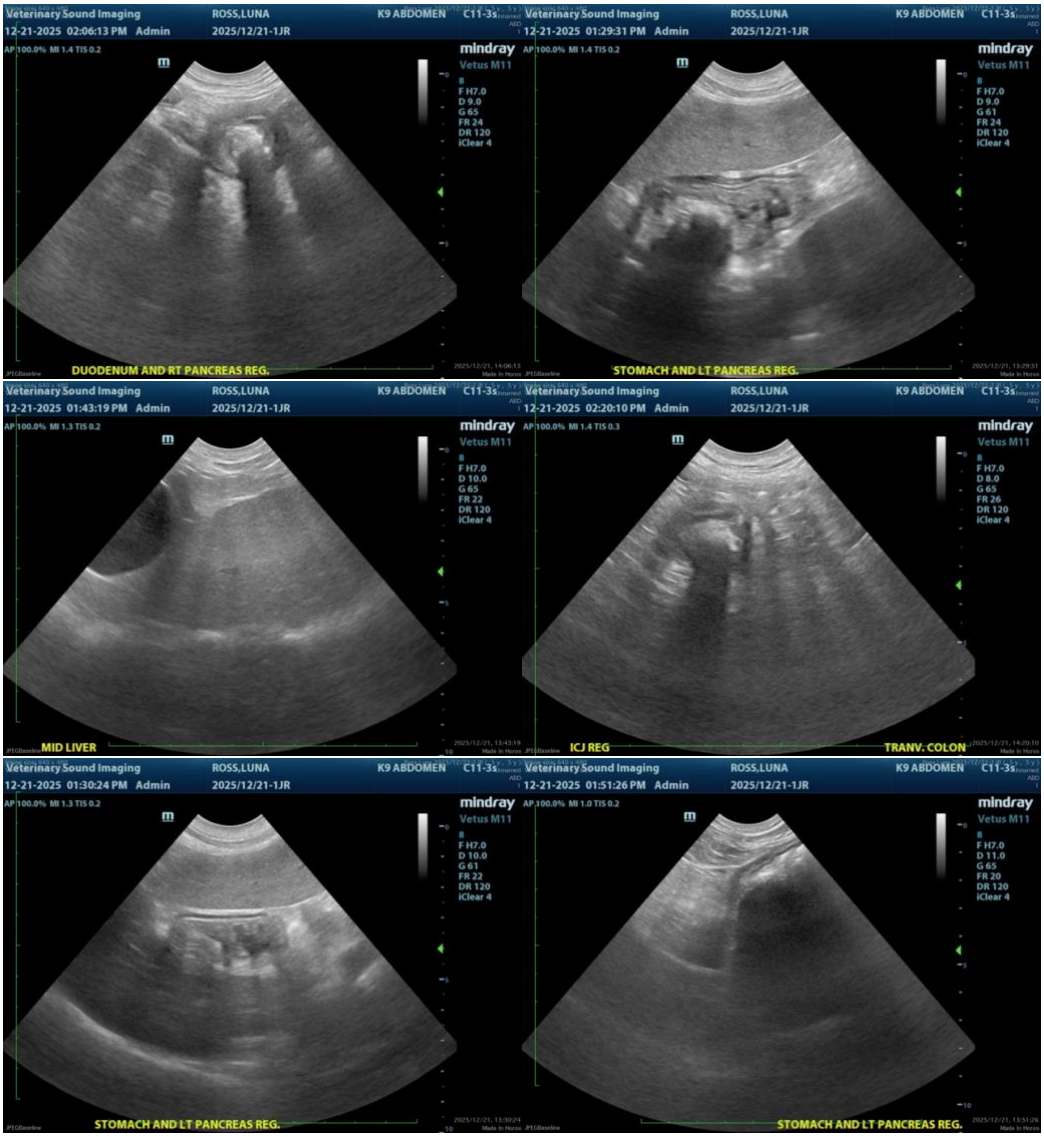

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com