



PATIENT

Mia Biondolillo

SPECIES

Canine

BREED

MBD x Staffordshire

SEX

Spayed Female

AGE

8 Months

WEIGHT

47 lbs

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Dr. Michael
Wasserman

HOSPITAL NAME

Highlands Animal
Hospital

REFERRING VET

Dr. Tuckett

INVOICE

72114

DATE

1/11/26

PRESENTING CLINICAL SIGNS

Began vomiting last night unable to keep food down. anorexia 1 day duration. cerenia 1mg/kg SC. No BW performed yet. Imaging submitted for FB interpretation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 4.0 cm.) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 6.0 cm. Right kidney measures 6.7 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 3.3 mm at the cranial pole and 4.0 mm at the caudal pole. Right measures 5.9 mm at the cranial pole and 4.9 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with gas and fluid. The gastric wall is 4.6 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. There are markedly fluid-dilated loops observed, along with a population of empty bowel loops, and a 4.0 cm length of shadowing material noted adjacent to the dilated bowel, consistent with an obstructive foreign body. Although not definitive, the segment of bowel just distal to the obstruction would be typical of the ileoceocolic junction.

The visible portions of the colon are of normal thickness (1.9 mm) with intact wall layering.



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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

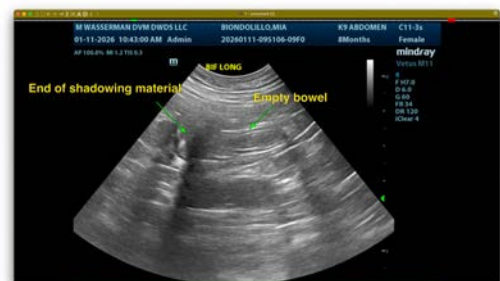
There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- 4cm segment of bowel with shadowing material - there is fluid dilated bowel on one side of this segment, and empty bowel on the other, consistent with an obstructive pattern (see attached photos)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The location of the shadowing material within the bowel is not definitively identified, however the ileocecolic junction is suspected. It is possible that this material will pass with fluid therapy - thus one option would be to recheck the ultrasound after 6-8 hour of IV fluid therapy (if not already administered), and if the obstructive pattern persists, then surgical exploratory would be warranted. Alternatively, abdominal exploratory could be performed, and if the material is in or near the colon it is possible it could be manually "milked out" through the colon - otherwise, enterotomy may be needed for extraction. Gastrointestinal biopsies should be considered if surgery is performed to rule out the possibility of any underlying pathology.





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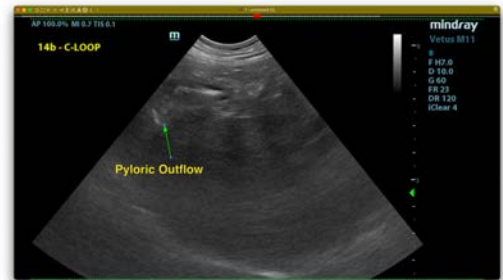
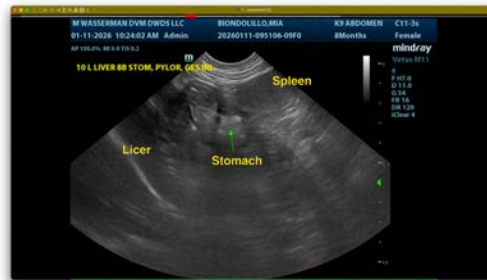
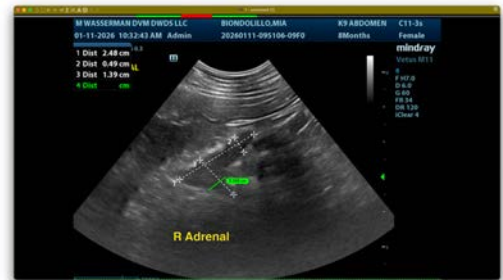
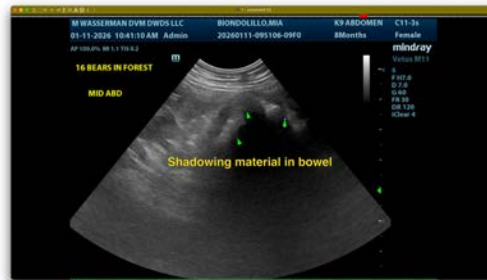
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com