



PATIENT

Olive Salinas

SPECIES

Canine

BREED

Bernadoodle

SEX

Spayed Female

AGE

2 Years 3 Months

WEIGHT

18.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Bond Vet Montclair

REFERRING VET

Dr. Sposato

INVOICE

35986

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- Ate corn cob 2/18/26, Vomited a piece up
- 2/22/26 3 View Abd - Gastric Material r/o FB
- Patient continues to vomit

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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 5.0 mm.

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). The left kidney is 5.4 cm in length. The right kidney is 5.1 cm in length.

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. The left adrenal gland height is 3.4 mm at the cranial pole and 3.7 mm at the caudal pole. The right adrenal gland height is 6.8 mm at the cranial pole and 5.1 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 region of the gastric fundus is empty, however, there is a small amount of hyperechoic material casting an anechoic shadow within the body of the stomach, which obscures clear visualization of the pylorus. There is a small amount of hyperechoic omental fat surrounding the stomach. The gastric wall exhibits normal wall layering with normal deviations due to rugal folds.

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. Intestinal motility appears normal. A small amount of chyme can be seen moving throughout the small bowel.



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The visible portions of the colon are of normal thickness, up to 1.6 mm, with intact wall layering. The ileocecal junction is not visualized.

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Pancreas

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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.

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Free Abdomen

Bernadoodle

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.

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Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

- Small amount of shadowing material within the stomach, without clear evidence of pyloric outflow obstruction.

2 Years 3 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

The shadowing material in the stomach could be consistent with a foreign object such as a corncob; however this appearance can also be seen with dense ingesta. If the patient was fasted for the ultrasound, this would further support the likelihood that this is foreign material. The criteria for an obstruction are not present, as the stomach is not distended, and there is chyme seen moving throughout the small bowel. However, given the chronicity of the symptoms, endoscopic or gastric exploratory could be considered, and if no foreign object is identified, gastric biopsies would be recommended. Alternatively, supportive care with fluid therapy for 12 - 24 hours could be considered, with recheck ultrasound to determine if the material is still present, as sometimes foreign material will progress through the gastrointestinal tract with fluid with the assistance of fluid therapy.

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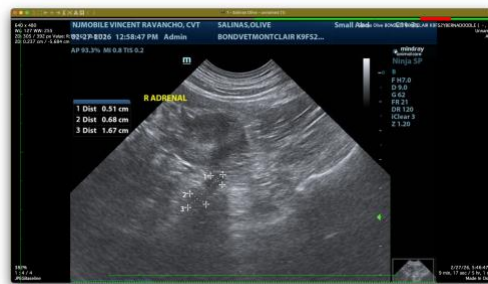
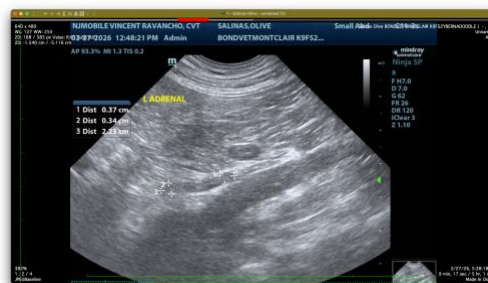
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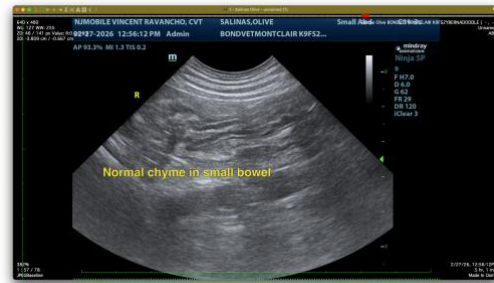
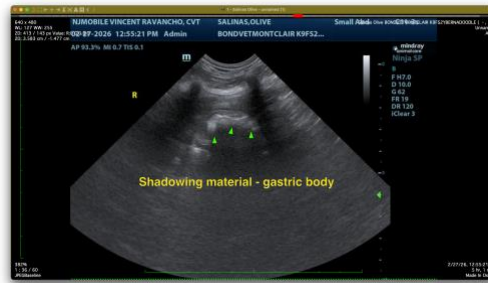
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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