REPORT

Service: Radiologist	**Date of Receipt:** Jun 08 2026

REQUEST DETAILS - 04:47 PM JUN, 07 2026

Hospital Name: Cedar Ridge Animal Clinic	**DVM Name:** Jane

PATIENT DETAILS

Owner Name: Slade	**Age:** 9 years, 1 months
Patient Name: Milo	**Patient Id:** 102767
Species: Canine	**Breed:** Boxer
Gender: F	**Neutered:** ALTERED

CASE HISTORY

P got into the trash approximately 4 days ago and chewed on a rubber Kong toy about 2 days ago, ingesting bits of the rubber. Vomiting began yesterday, occurring in 2 stages approximately 3 hours after eating, and consisted of all her kibble, grass, and most of the rubber bits. While P has decreased energy and is trying to rest, the owner reports she is not nearly as lethargic as she was during her previous obstruction episode. Clinical Signs and Symptoms: Vomiting: Onset: Intermittent Appearance: Undigested food Pain: Onset: Intermittent Location: Abdomen

STUDY INFORMATION

Evaluation based on 61 radiographs acquired on Jun 07, 2026.

RESPONSE - 02:03 AM JUN, 08 2026

Findings:

Within a jejunal segment, there is a hard-shadowing, angular foreign body. The jejunal segment containing the foreign body exhibits circumferential mural thickening, mural hypoechogenicity and reduced wall layer distinction. Just orad to the foreign body, there is focal irregularity of the jejunal wall with indistinct margination between wall and mesentery. The regional mesentery is hyperechoic, with suspected scant regional peritoneal effusion. There is marked fluid and gas dilation of the associated orad small intestinal segment. The remainder of the imaged small intestine (presumed aborad) is normal in size, without mural abnormalities or further bowel dilation detected on the imaged provided.

There is angular, hard-shadowing foreign material contained within the stomach. The stomach is otherwise mildly to moderately filled with fluid and gas, with gas content limiting thorough sonographic assessment. The imaged aspects of the ventral gastric wall are unremarkable.

The colon is filled with liquid fecal material, gas and multiple small, angular, hard-shadowing particles.

There is scant suspended hyperechoic debris with the urinary bladder. The imaged aspects of the urinary bladder and urethra are otherwise normal. There is apparent hyperechoic material lining the renal collecting system of the left and right kidney, creating a strong distal acoustic shadow. The left and right kidney are otherwise unremarkable. The perirenal retroperitoneum is quiescent.

The left and right adrenal gland are unremarkable in size and shape.

The imaged aspects of the splenic and hepatic parenchyma are unremarkable, the capsular margins are smooth. The gallbladder is ill-defined, yet no overt pathology is detected in the region of the gallbladder on the images provided.

Impressions:

Jejunal foreign body with evidence of associated small intestinal mechanical obstruction and regional mural changes concerning for local bowel ischemia or marked irritation/trauma caused by the foreign body. While there is no definitive current evidence of associated bowel perforation, impending perforation with potential subsequent septic peritonitis is a specific concern.

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Additional gastric foreign material. An associated mechanical gastric outflow obstruction is possible.
Scant colonic foreign material, consistent with partial passage of gastrointestinal foreign material particles.
Suspect colitis.

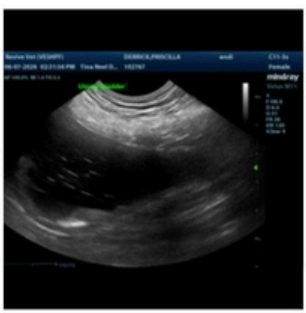
Nephrolithiasis vs. artefact of renal vasculature. Scant suspended urinary bladder debris (e.g. cellular or mucinous debris, crystalluria).

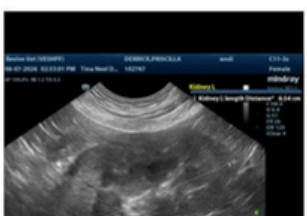
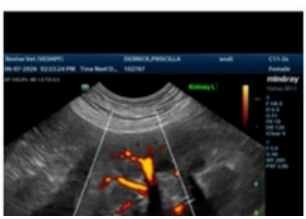
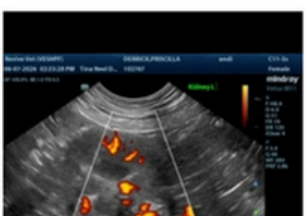
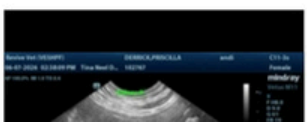
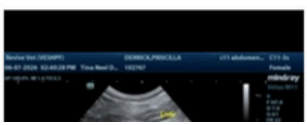
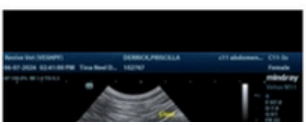
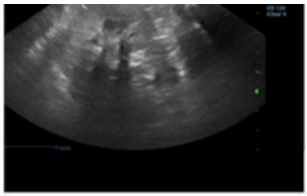
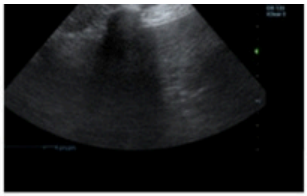
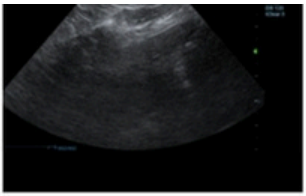
Recommendation:
Exploratory laparotomy is recommended for small intestinal and gastric foreign body removal, specifically if the patient's clinical status deteriorates.

Anna Vincek
DACVR, DECVDI, Dr. med. vet.

To receive additional support on this case, you can reach out to **STAT@signalpet.com**, call us at **+1 (214) 612-0959**

IMAGES (61)

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