

PATIENT

Charli Aleman

SPECIES

Canine

BREED

Terrier Mix

SEX

Female

AGE

1 year

WEIGHT

16.68 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Celia Galanti

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Galanti

INVOICE

68627

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: Patient is a 1yr 7mo F terrier mix presented for recheck xrays. After the visit here last night P went home and ate dinner very slowly. P has been fasted since 8 pm (11 hours). P continued to have diarrhea all night. P hasn't vomited since receiving cerenia yesterday. P walking very uncomfortably and O believes it is from Ps SQ fluid pocket. Ps first began vomiting and having diarrhea last week. P was prescribed a probiotic, which helped. P began vomiting and having bloody diarrhea again two 3 days ago. Yesterday P had radiographs performed at Banfield that showed possible gastric foreign body and was otherwise unremarkable. Owner reports no vomiting, coughing, or sneezing. Eating and drinking behavior has remained unchanged and is normal per the owner.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is very distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. The proximal urethra and vesicoureteral junction appear normal. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size (4.49x2.37 cm), with a cortical thickness of 0.35 cm in the sagittal plane. The renal cortex is isoechoic compared with the liver parenchyma. The corticomedullary ratio and definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are present.

The right kidney is normal in shape and size (4.39x2.33 cm), with a cortical thickness of 0.34 cm in the sagittal plane. The renal cortex is isoechoic compared with the liver parenchyma. The corticomedullary ratio and definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are present.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Left adrenal: 0.30 cm (cranial pole), 0.37 cm (caudal pole). Right adrenal: 0.47 cm (cranial pole), 0.49 cm (caudal pole).

Spleen

Splenic thickness is 1.48 cm. The splenic parenchyma shows normal echogenicity and a fine, homogeneous echotexture. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended with a thin wall. Its contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is fluid-filled, with normal wall thickness and preserved wall layering. The pylorus and pyloroduodenal junction are not clearly visualized in the provided videos.

Segments of the small intestine appear normal with normal wall thickness and no mural abnormalities; however, other segments appear distended with visible to-and-fro (pendular) fluid motion. No foreign material is definitively identified in the submitted clips, but the findings raise a high suspicion of possible gastrointestinal foreign material or partial obstruction.

Colon: Wall thickness 2.38 mm; lumen empty.

Pancreas

The right limb, body, and left limb of the pancreas appear normal, measuring up to 8.45 mm. The pancreatic parenchyma is isoechoic to surrounding omental fat. No peripancreatic fat inflammation or mass effect is observed.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. Cranial mesenteric lymph node: 0.53 cm, normal shape and echogenicity. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Fluid-filled stomach.
- Multiple small intestinal loops distended with pendular to-and-fro motion, suggesting impaired transit.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound findings are highly suspicious for early or partial small intestinal obstruction, despite the absence of a clearly visualized foreign body. The presence of fluid-distended intestinal loops with to-and-fro movement, along with a fluid-filled stomach and incomplete visualization of the pylorus, supports this concern. The patient's clinical history combined with the sonographic pattern makes obstructive disease a significant differential.

There is no sonographic evidence of pancreatitis currently.

Recommendations

- A repeat abdominal ultrasound is recommended, with a complete and systematic evaluation of the entire gastrointestinal tract, including thorough visualization of the pylorus and pyloroduodenal junction, and a continuous follow-through assessment of all small-intestinal segments through to the colon.



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- Abdominal radiographs (3-view), ideally with contrast if obstruction remains suspected and ultrasound remains inconclusive.
- CT scan (gold standard for foreign body detection) if available.

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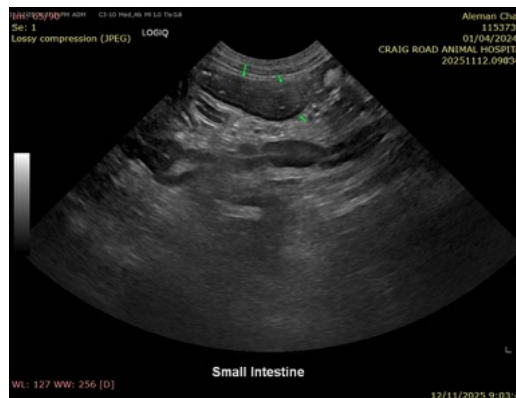
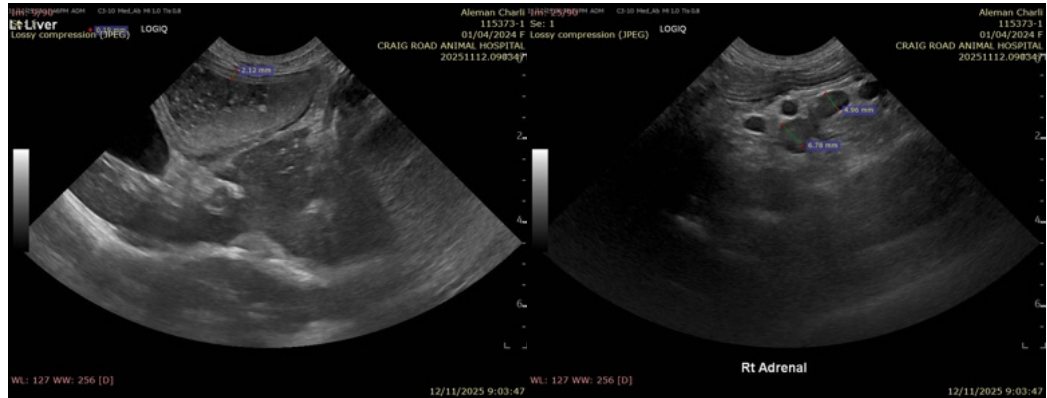
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

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MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com

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