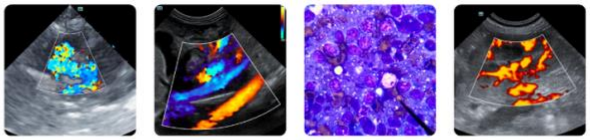


PATIENT

Duke Nelson

SPECIES

Canine

BREED

Cane Corso

SEX

Intact Male

AGE

8 Years 8 Months

WEIGHT

113

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Celia Galanti, DVM

HOSPITAL NAME

Craig Road Animal Hospital

REFERRING VET

Celia Galanti, DVM

INVOICE

16465

DATE

05/22/26

PRESENTING CLINICAL SIGNS

Duke is a 8 year 8 month old MI Cane Corso that presented for vomiting (brown color), lethargy, and inappetence for 2 days. Owners report slow weight loss and generally slowing down with mobility. Possibly defecating clear liquid on Monday. As a puppy, he chewed up objects but nothing recently. He was with a pet sitter and the owners came back into town on Sunday, symptoms started Monday.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, and the urinary bladder wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echogenic debris. Normal appearance of the bladder neck and proximal urethra. No calculi or sonographic evidence of inflammatory or neoplastic mural changes are identified.

The left kidney is normal in shape and size, measuring 8.54×4.57 cm, with a cortical thickness of 0.74 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 7.82×4.07 cm, with a cortical thickness of 0.68 cm in the sagittal plane. The renal cortices are isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved bilaterally. Mild bilateral medullary rim sign change is present. No evidence of pyelectasia, nephrolithiasis, ureteral dilation, or hydronephrosis is identified. Color Doppler interrogation demonstrates a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.57 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland is not visualized.

Spleen

Splenic thickness is 2.27 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

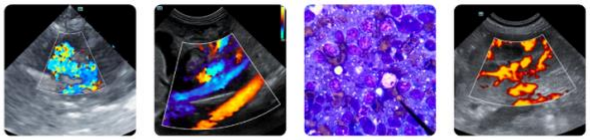
The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin. A moderate amount of dependent biliary sludge is present within the gallbladder lumen. No convincing dilation of the cystic duct or common bile duct is identified.

Gastrointestinal tract

The stomach is moderately fluid-distended and largely empty. Gastric wall thickness measures 5.03 mm, with preserved wall layering.

Distally, involving what appears to represent the proximal-to-mid small intestine, likely duodenum or adjacent jejunal segments, there is segmental intestinal dilation associated with intestinal plication and the suspected presence of a linear intraluminal foreign body. The affected bowel segments



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demonstrate abnormal luminal contour and bunching/plication morphology compatible with a linear foreign body-type obstruction.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion or peritonitis is identified. Cranial mesenteric lymph nodes measure 0.62–0.64 cm and maintain normal shape and echogenicity. The ileocecocolic lymph nodes are not confidently visualized; however, the surrounding regional mesentery appears unremarkable. The iliac trifurcation region appears normal.

PRIMARY FINDINGS

- Segmental small intestinal dilation with intestinal plication and image of linear foreign body.
- Moderately fluid-distended stomach.

SECONDARY FINDINGS

- Moderate biliary sludge.
- Mild bilateral medullary rim sign change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically significant finding on the current examination is segmental small intestinal plication with associated intestinal dilation and suspected linear intraluminal foreign material, most compatible with a mechanical linear foreign body obstruction. Given the patient's acute vomiting, lethargy, and inappetence, these findings should be considered clinically significant and potentially surgical in nature.
Early or evolving compromise of intestinal perfusion cannot be excluded ultrasonographically. Importantly, absence of abdominal effusion or overt peritonitis at this time does not exclude clinically significant gastrointestinal compromise or the potential for progression.
The moderate fluid distension of the stomach likely reflects impaired gastrointestinal transit secondary to the suspected obstructive process.

Moderate biliary sludge is present and is considered an incidental or chronic reactive finding in the absence of biliary ductal dilation, gallbladder wall abnormalities, or additional sonographic evidence of obstructive hepatobiliary disease.
Mild bilateral medullary rim sign change is present within the kidneys. This is a nonspecific finding and may be incidental or associated with chronic degenerative tubular/interstitial change. No sonographic evidence of obstructive or advanced chronic renal disease is identified.

Recommendations

- Surgical consultation/exploratory laparotomy is recommended given the sonographic concern for a linear foreign body obstruction.
- Abdominal radiographs may be considered for additional assessment of the obstructive pattern and to help further localize the suspected foreign material.
- CBC, serum biochemistry, electrolytes, lactate, and perioperative stabilization are recommended prior to anesthesia and surgical intervention.

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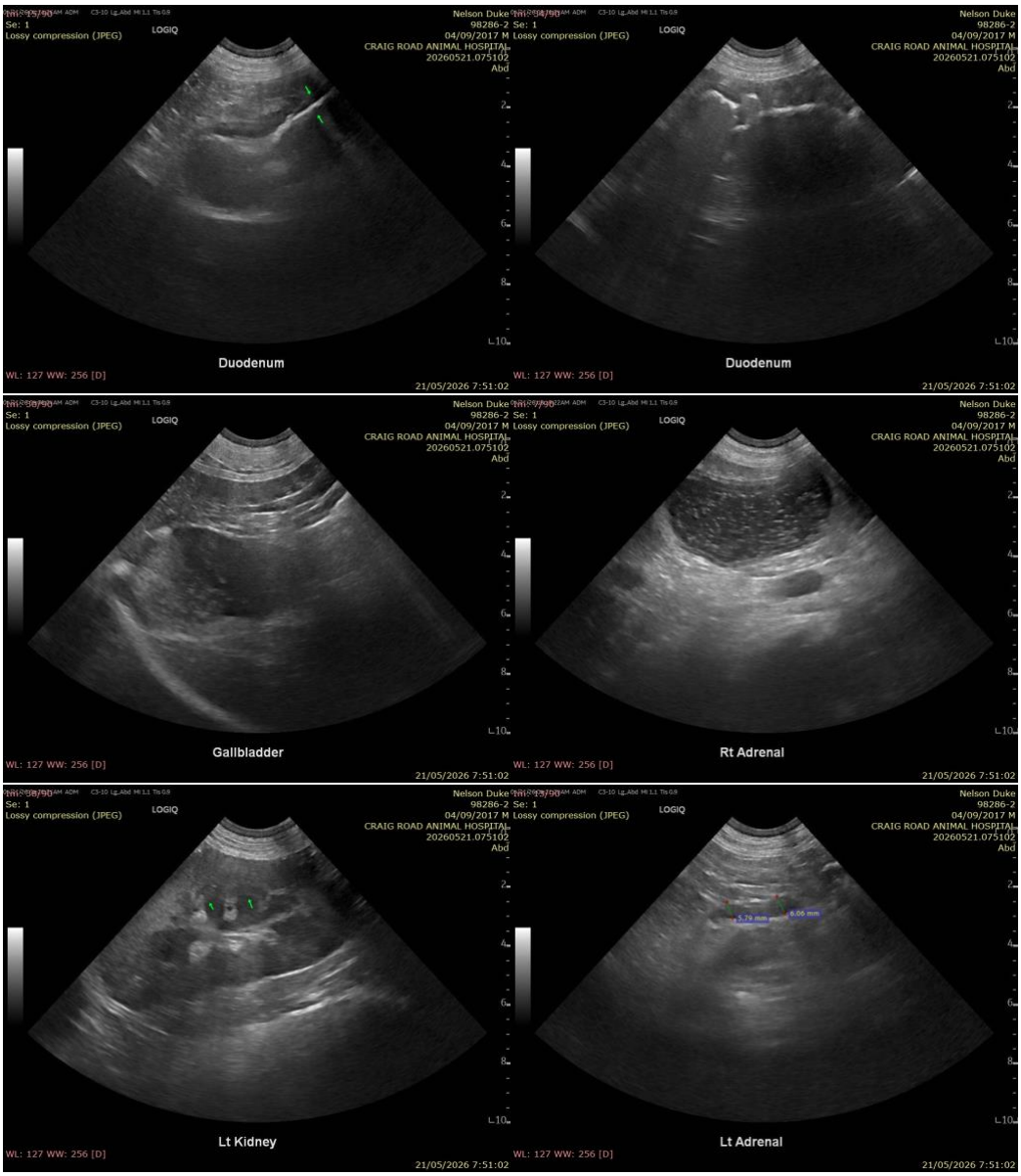
Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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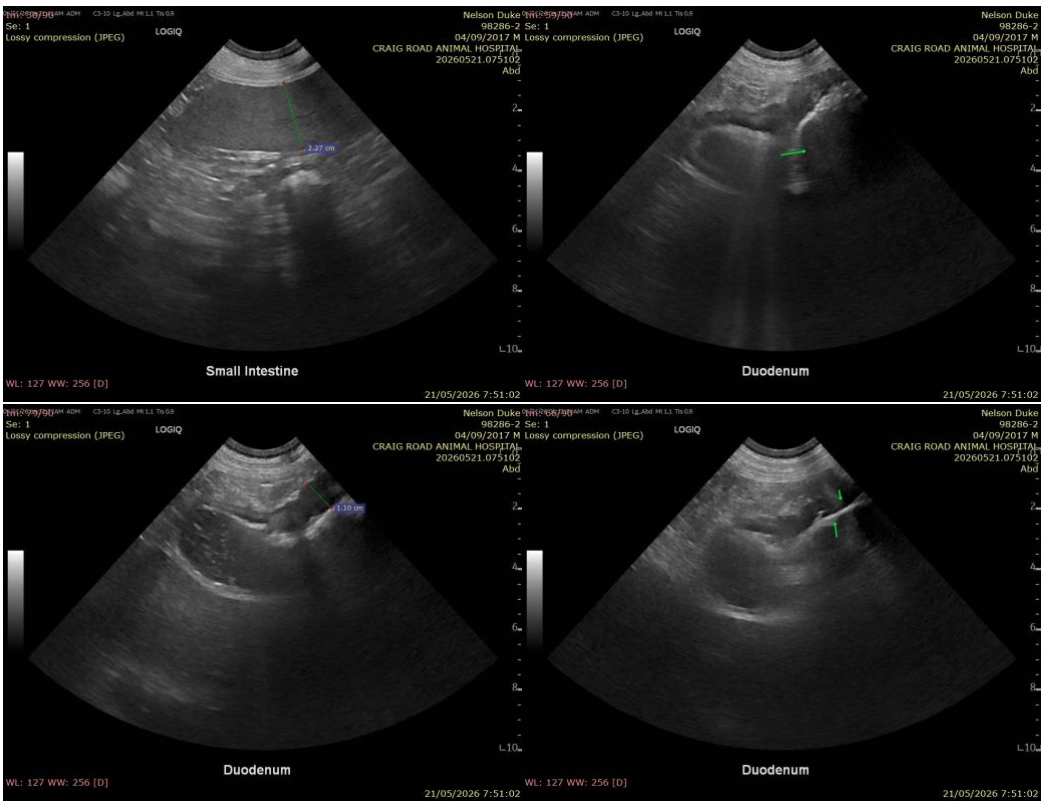

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com