Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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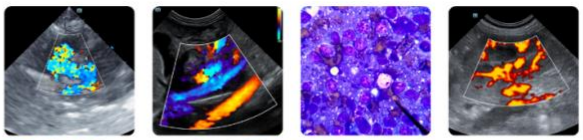

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Dudley Thornhill

SPECIES

Canine

BREED

Labrador Retr

SEX

Neutered Male

AGE

6

WEIGHT

24.3 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

Dr Alexis Starr

INVOICE

22364

DATE

1-2-2026

PRESENTING CLINICAL SIGNS

Dudley 6yr MN Labrador Retriever presenting for ingesting the fringe of a rug. Sometime overnight P ate about 3ft of the fringe pieces from a rug. Vomited 2 large piles of the yarn pieces and then 7 smaller piles of digested food. O offered treats this morning, P would take them and spit them out. He was not interested in his regular breakfast. He was just adopted 2 months ago after they fostered him for 3 weeks.
Dec 22 - vomited grass and then again, the 30th.

No medications or medical history.
No diarrhea
UTD on vaccines/preventions

Abnormal lab-work values: Chloride 129 (H)
Current Medications: None
Radiographic Findings: 3 radiographs of the abdomen are submitted for evaluation. The liver, spleen, kidneys, and bladder appear normal. The stomach appears to contain a small amount of food material. The small bowel is empty, but normally formed fecal material is identified within the distal colon. Abdominal serosal detail is considered good. Other than spondylosis, there are no spinal abnormalities identified. The visible thorax and both coxofemoral joints appear normal.
Assessment: There is no convincing evidence of a foreign body, but fabric is radiolucent and can be difficult to detect. An expert abdominal ultrasound or recheck radiographs are recommended if vomiting persists.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary is moderately distended. The wall in the region of the apex is mildly thickened (up to 0.50 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of >4.0 cm, are normal.

The prostate is normal in size (0.80 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.68 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.94 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.69 cm at cranial pole) (0.69 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.58 cm at cranial pole) (0.52 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

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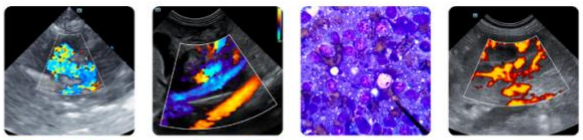

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The spleen is normal in size (2.06 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, hyperechoic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly-to-moderately distended with irregular, soft, shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas and chyme (mild). The small intestinal wall is normal- to borderline-thickened (up to 0.55 cm) with a normal layering pattern. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 1.50 x 0.72 cm) mesenteric lymph node is visualized.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. Given the patient's clinical history, foreign material is favored. It does not appear to be obstructing the pyloric outflow tract at the time of this study.

Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The urinary bladder wall changes could be consistent with cystitis. However, correlation with the patient's clinical history and urinalysis findings is recommended.

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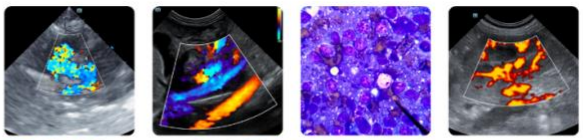

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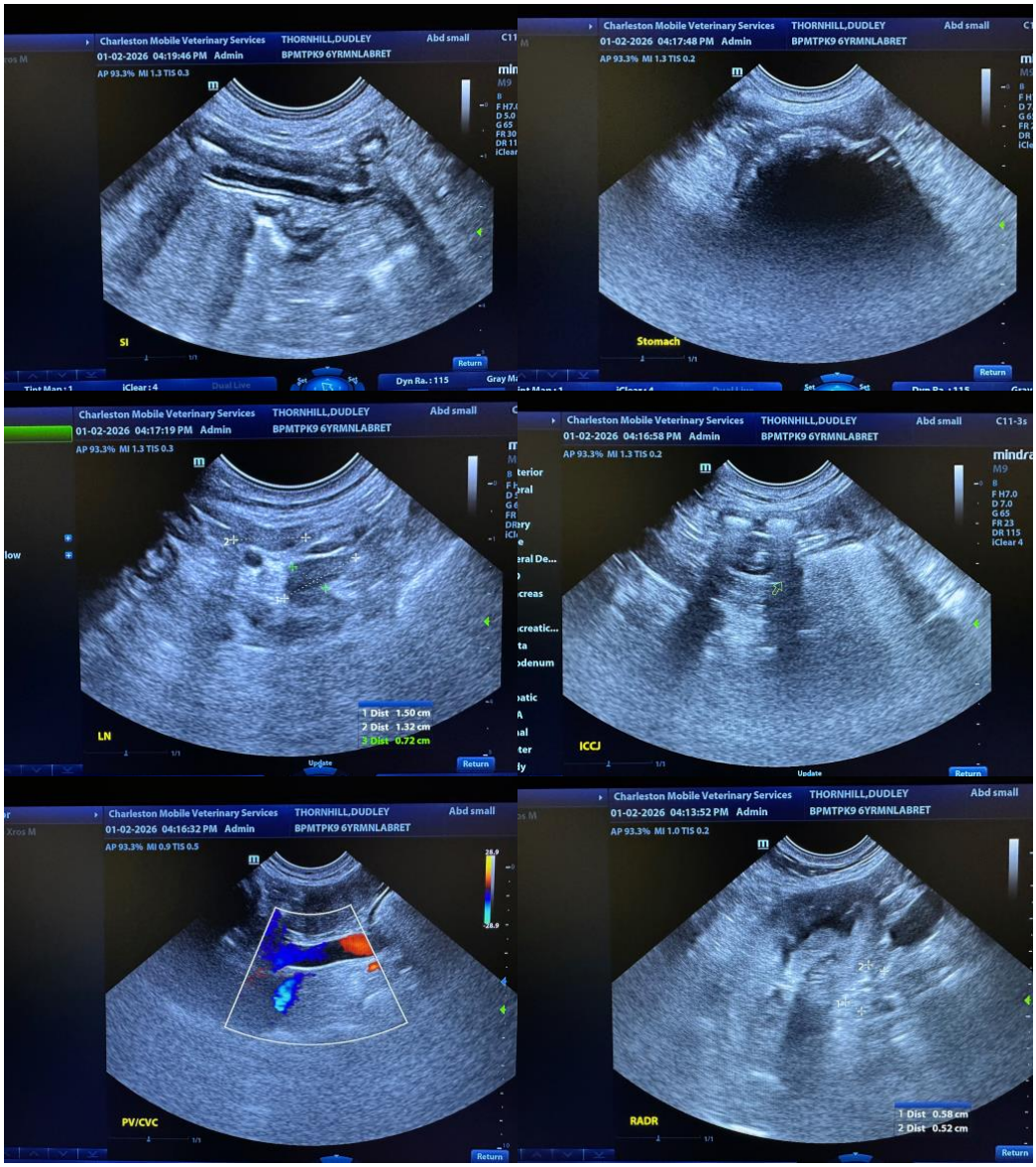
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations include an upper GI endoscopy or gastrotomy with foreign body removal. Alternatively, medical management can be considered. However, there is some risk of gastrointestinal obstruction if medical management is pursued. Therefore, the patient's clinical condition should be monitored closely if a medical (vs. interventional) approach is taken.



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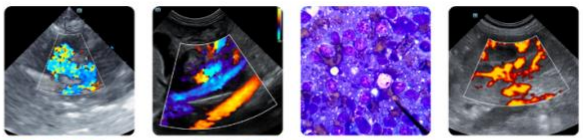

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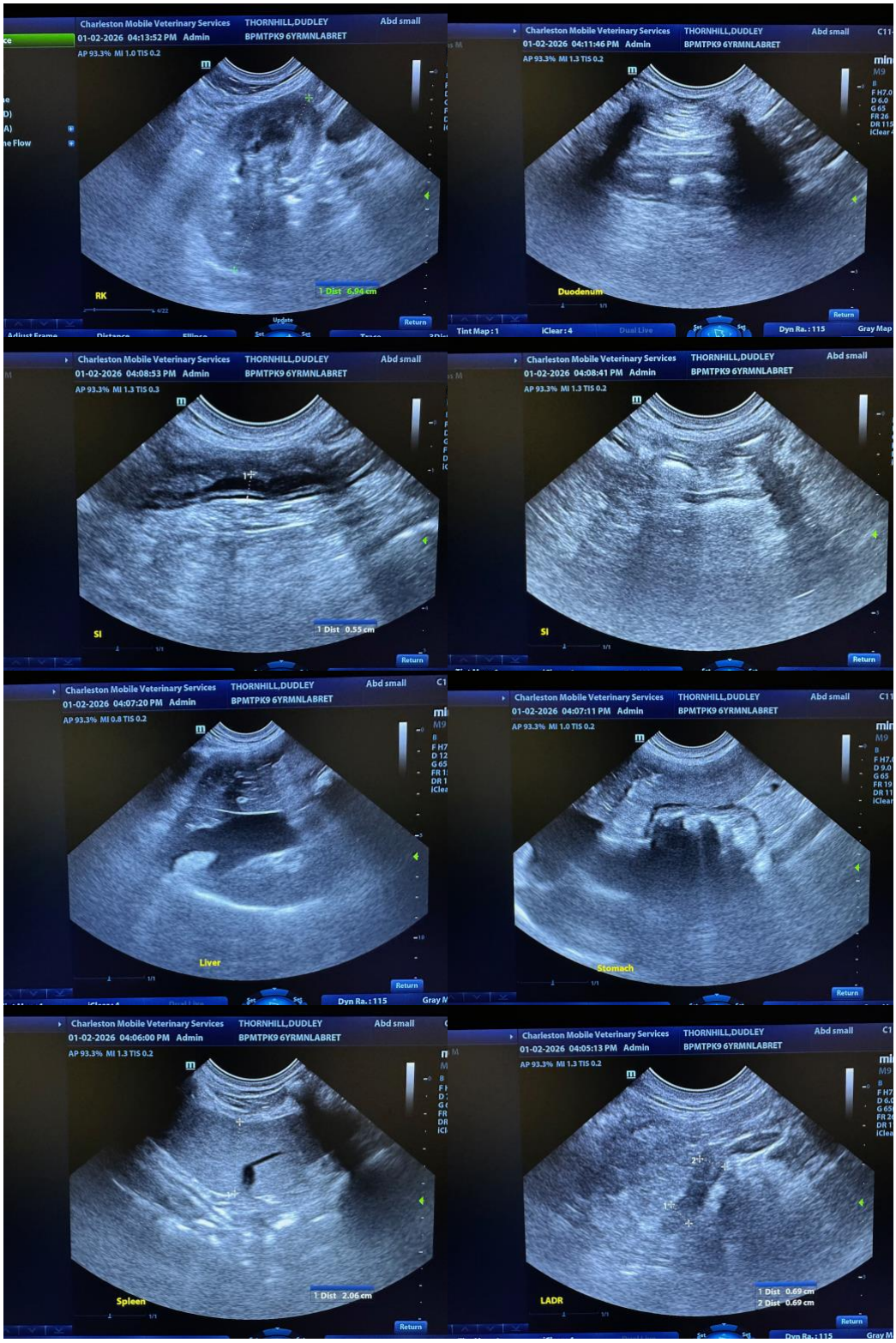

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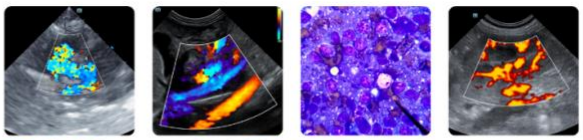

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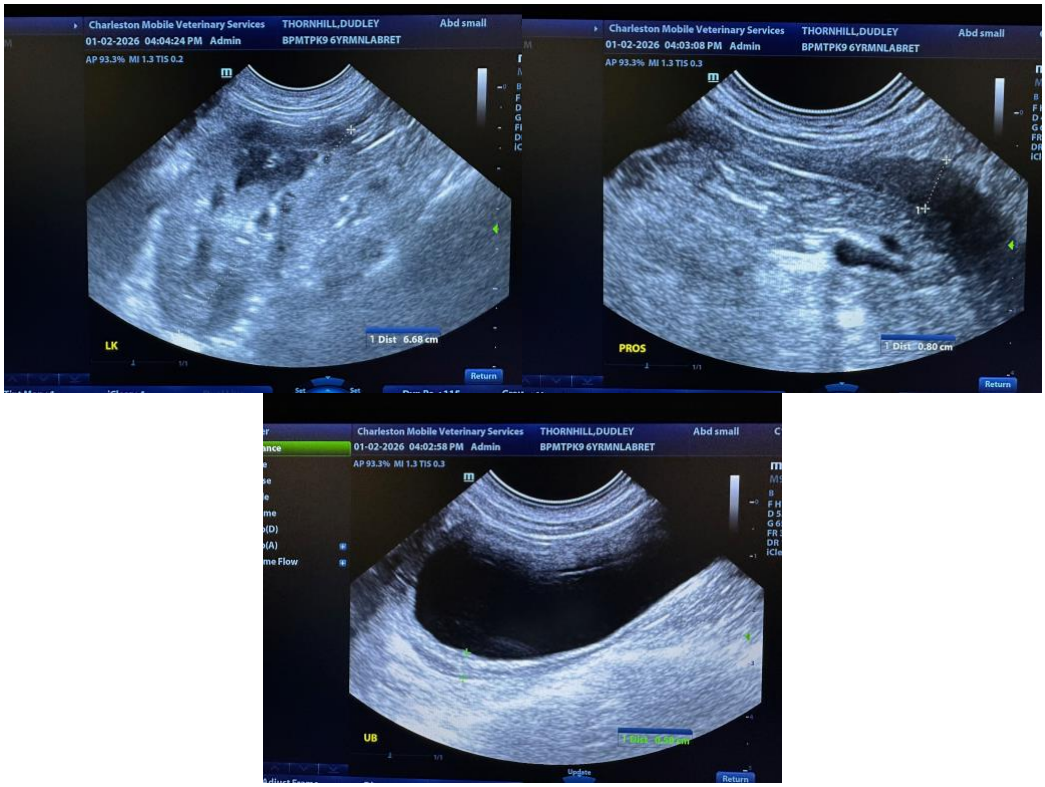

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com