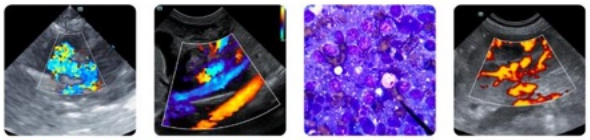




**PATIENT**

Bruce Wayne Flores

**SPECIES**

Canine

**BREED**

Lab mix

**SEX**

Male, neutered

**AGE**

9 Yrs.

**WEIGHT**

64 lbs.

**INTERPRETED BY**

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway

**REFERRING VET**

Dr. Maniar

**INVOICE**

13408

**DATE**

1/20/26

## PRESENTING CLINICAL SIGNS

History:

- intermittent vomiting tried treating for gastritis vomited through Cerenia fecal neg Current meds Famotidine Cerenia

Abnormal PE/Chem/CBC/UA Results: CBC WNL Chem ALT 143 remainder WNL Lipase

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface is smooth. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.30 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 (6.39 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.

The right kidney is normal in size (5.88 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 (0.54 cm at cranial pole) (0.62 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 (0.83 cm at cranial pole) (0.63 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.

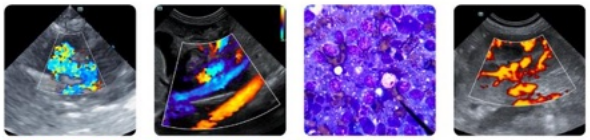
### *Spleen*

The spleen is normal in size (1.59 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.70 x 0.54 cm hypoechoic nodule is observed at the mid to caudal aspect. Splenic vasculature is normal.

### *Liver*

The liver is normal to prominent in size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic to mineralized debris/sand along with suspected distinct choleliths are observed within the lumen. The cystic and common bile ducts are normal/not seen.





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### *Gastrointestinal*

The gastric lumen is moderately fluid distended and hypomotile. Some echogenic material is observed within the lumen a small amount of which appears to be slightly shadowing. The gastric wall is normal to mildly thickened up to 0.52 cm with retention of the normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

### *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*

The abdominal lymph nodes are normal/not visible.

### *Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

- Gastric fluid retention/ileus. Considerations include functional ileus (i.e., secondary to gastroenteritis or mild pancreatitis) vs a mechanical outflow tract obstruction. An outflow tract obstruction is not seen in the available images but cannot be excluded. The gastric wall changes are suggestive of gastritis.

**Secondary Findings:**

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- Gallbladder debris/sand with suspected non-obstructive choleliths
- The splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar) with a lower possibility of an emerging tumor.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Options to further evaluate for a mechanical pyloric outflow tract obstruction include the following:
  1. Barium study
  2. Abdominal CT scan
  3. Abdominal exploratory
- If a more conservative approach is desired, consider a recheck fasted ultrasound in 12-24 hours to reevaluate the stomach while administering supportive care in the meantime.

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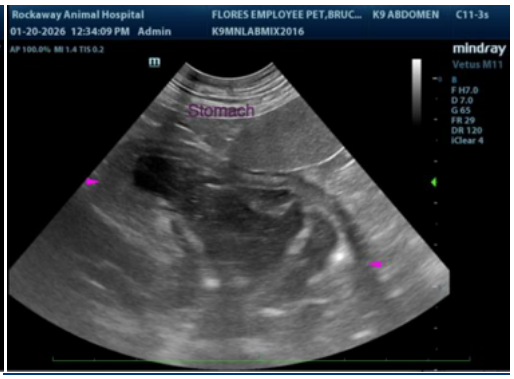






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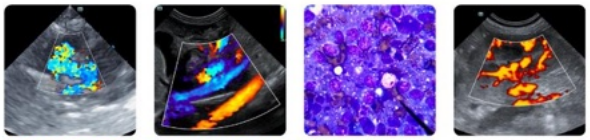

Clinical Sonography & Telecytology
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video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