



PATIENT	PRESENTING CLINICAL SIGNS
Quench Hensley	History: suspect GI FB - vomited 7 times this morning; no appetite, cannot hold water down. not on any meds
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System The urinary bladder is mildly to moderately distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface in the region of the apex is slightly irregular. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.
BREED	
German Shepherd	
SEX	The left kidney is normal in size (7.87 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 hydronephrosis. Renal vasculature is normal.
Intact Female	
AGE	The right kidney is normal in size (6.59 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 hydronephrosis. Renal vasculature is normal.
1 year	
WEIGHT	Adrenal Glands The left adrenal gland is normal in size (0.38 cm at cranial pole) (0.29 cm at caudal pole) (2.79 cm in length) 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.
53.3 lbs	
	The right adrenal gland is in normal size (1.32 cm at cranial pole) (0.66 cm at caudal pole) (2.18 cm in length) 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.
INTERPRETED BY	
Andrea Nicastro, DVM, Diplomate ACVIM (<i>Small Animal Internal Medicine</i>)	
IMAGING PERFORMED BY	Spleen The spleen is normal in size (1.87 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.
Diane McFadden	
HOSPITAL NAME	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. No pathological hepatic lymphadenopathy observed.
Andover AH	
REFERRING VET	The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.
Dr Vanderbogart	
INVOICE	Gastrointestinal The gastric lumen is severely fluid-distended and hypomotile. The fluid contains echogenic debris. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The proximal duodenal lumen is mildly fluid-distended. In the remaining small intestinal segments, the lumen appears mostly empty. The small intestinal wall is normal in thickness with a normal layering pattern. In the right cranial quadrant, there is shadowing within a bowel segment. This segment is thought to be colon. The colonic wall is otherwise normal.
12103	
DATE	
1.26.23	

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

There is no obvious evidence free fluid. A few prominent mesenteric lymph nodes are visualized (the largest measuring 4.43 cm in length).

Other

The visible portion of the uterus is unremarkable.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

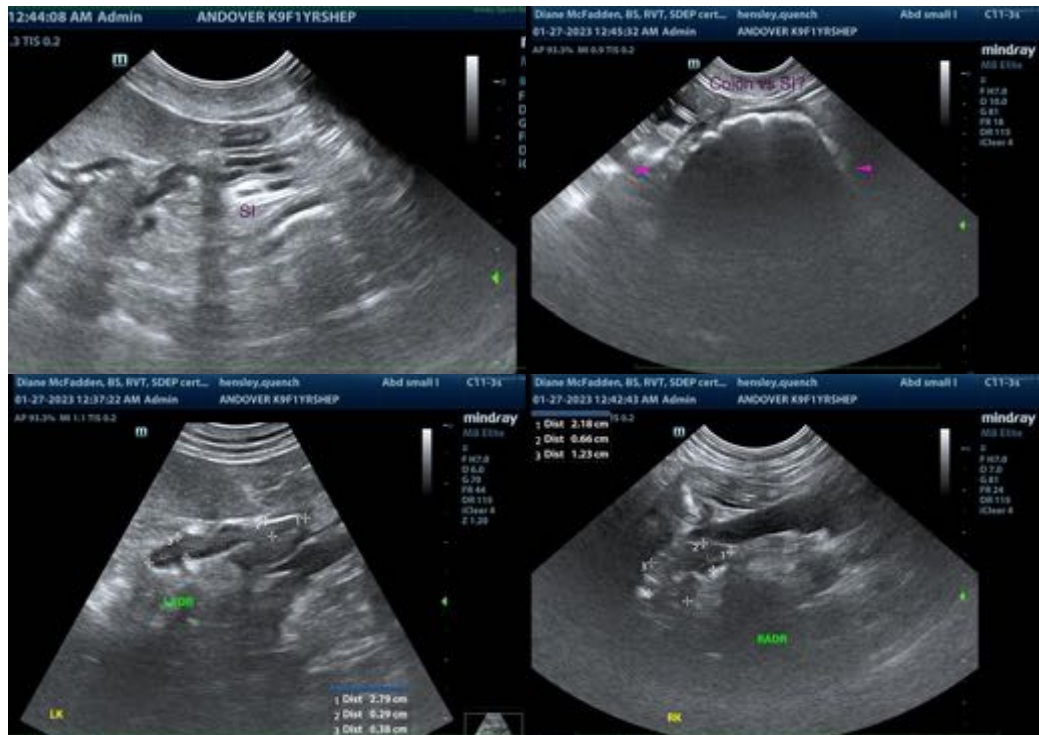
- Gastric and proximal duodenal ileus. Rule out functional ileus (i.e., due to gastroenteritis) versus a small intestinal foreign body/obstruction (none definitively seen).

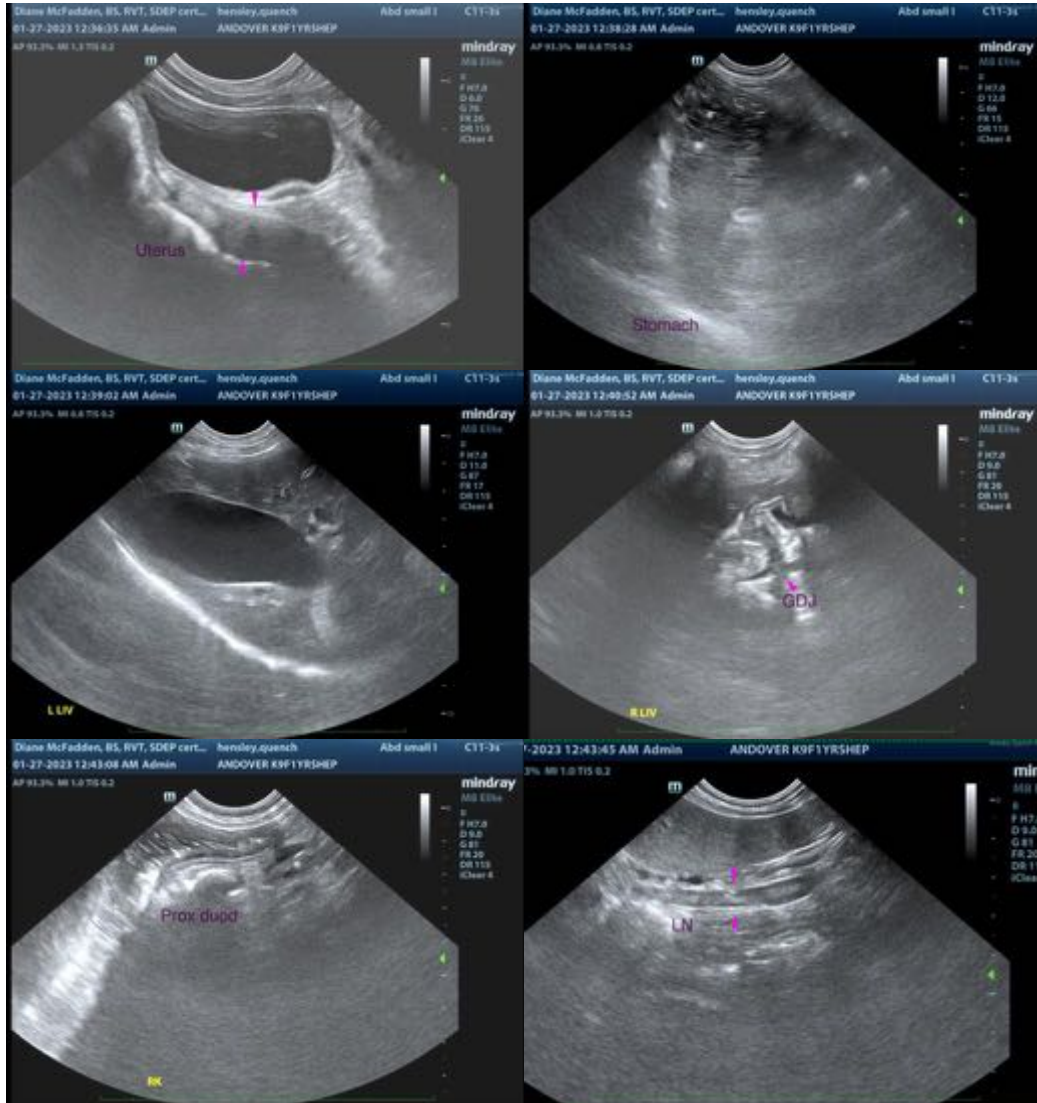
Secondary Findings

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for acute gastroenteritis is recommended, with a repeat abdominal ultrasound (fasted) in 12 hours. If the gastrointestinal changes are similar to today's scan, consider a more advanced work-up (i.e., abdominal exploratory or CT scan) to further evaluate for obstruction.





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.

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