



**PATIENT PRESENTING CLINICAL SIGNS**

**Mikka Kong** History: Has been regurgitating since last week. Metaclopramide CRI was initiated over the weekend at emerg. Still is regurgitating 2/day, small amounts but is still eating and drinking in between.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Neut 13.15 (2.95-11.64), CBC is otherwise NSF. K 2.7 (3.5-5.8). A) Very mild leukocytosis. Pronounced hypokalemia. Rads NAF including barium swallow.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Yorkshire Terrier X The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**SEX**

Neutered Male 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.

**AGE**

3 years The **left kidney** is normal size (3.89 cm in length); normal shape and architecture with 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.

**WEIGHT**

6 kg The **right kidney** is normal size (4.01 cm in length); normal shape and architecture with 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.

**INTERPRETED BY**

*Adrenal Glands*

Andrea Nicastro, DVM, Diplomat ACVIM (Small Animal Internal Medicine) The **left adrenal gland** is normal size (0.43 cm at cranial pole) (0.43 cm at caudal pole) (1.72 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Crystal Hill The **right adrenal gland** is normal size (1.01 cm at cranial pole) (0.51 cm at caudal pole) (1.95 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

*Spleen*

Snelgrove VS The **spleen** is normal in size (0.93 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.

**REFERRING VET**

*Liver*

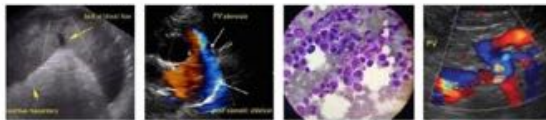
Dr. McQueen The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

**INVOICE**

11808 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.

**DATE**

10.11.22



**PATIENT**

Mikka Kong

**SPECIES**

Canine

**BREED**

Yorkshire Terrier X

**SEX**

Neutered Male

**AGE**

3 years

**WEIGHT**

6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

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**Gastrointestinal**

The **gastric lumen** is severely fluid-distended and hypomotile. Within the lumen, near the pyloric antrum, a moderate amount of aggregated, echogenic material, some of which causes soft, shadowing is observed. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally fluid-distended (mild). 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**

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portion (right limb) the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

**Free Abdomen**

There is no evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The material within the gastric lumen is most consistent with foreign material (i.e., cloth), with a possible outflow obstruction. Alternatively, retained chyme and/or barium retention cannot be completely excluded.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A gastrotomy with foreign body removal should be considered. An upper GI endoscopy is also an option. However, if cloth material is present within the gastric lumen, this may be difficult to remove endoscopically.

If a more conservative approach is desired, consider aggressive supportive care for 24 hours, including potassium supplementation, followed by a repeat ultrasound. If the stomach appears similar to the current scan, a gastrotomy should be reconsidered.





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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