



PATIENT

Tweek Banks

SPECIES

Canine

BREED

Pitbull

SEX

Male

AGE

2 yrs.

WEIGHT

27.4 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Mostoller

INVOICE

13351

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History of when adopted and seen at an ER with rads metallic object in stomach. 11/13 treated on outpatient basis for acute gastritis. *Returned 11/18. Since 11/14 P has continued to have vomiting. O noted only rice and brown liquid in the vomit no chicken. P has a ravenous appetite. No diarrhea. Admitted for supportive care iv fluids w? KCl, buprenorphine, cerenia. *concern for continued regurgitation/vomiting, gi FB, partial obstruction/ delayed gastric emptying vs other Abnormal PE/Chem/CBC/UA Results: *PE: subtle pain; BCS 5/9; Soft on abd palpation, mild tenderness cranially *rads 11/13: show what appeared to be a froth filled stomach with stomach wall thickening; a small (1/2) inch metallic fb was noted- possibly a small nail; This metal fb was noted when you first adopted the dog as well; At this time, probably not related to current vomiting *11/13: CBC- Hct 65.5(H), EPOC- K+ 3.3(L); cPL 73.7 (normal) *rads 11/18: empty stomach (as compared to last week) small thin radiopaque object still there; no obvious fb otherwise; some gas in bowel but no over distension *11/18: K+ 3.3 (L), lactate 5.18 (H), glucose 129 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (8.08 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 (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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is subjectively normal in size 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal



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The gastric lumen is moderately distended with fluid and gas. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. In one short segment of small intestine in the cranial abdomen, there is a small amount of soft-shadowing material. The remaining 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

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

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

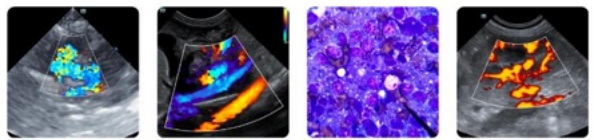
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

- Gastric ileus. Considerations include functional ileus vs a mechanical outflow obstruction. An obvious mechanical outflow tract obstruction is not seen. However, the pylorus is not clearly visualized in the available images.
- The soft-shadowing material seen in one focal small intestinal segment may represent transient foreign material, partial obstruction, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult pathology in the chest (i.e., aspiration pneumonia, esophageal dilation).
- Given the chronicity and severity of the patient's clinical signs, consider an abdominal exploratory to assess for and remove any foreign material. If no foreign material is seen, gastrointestinal biopsies should be obtained.
- Other diagnostic considerations include the following:
 1. Fecal evaluation for ova and Giardia
 2. GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol level.



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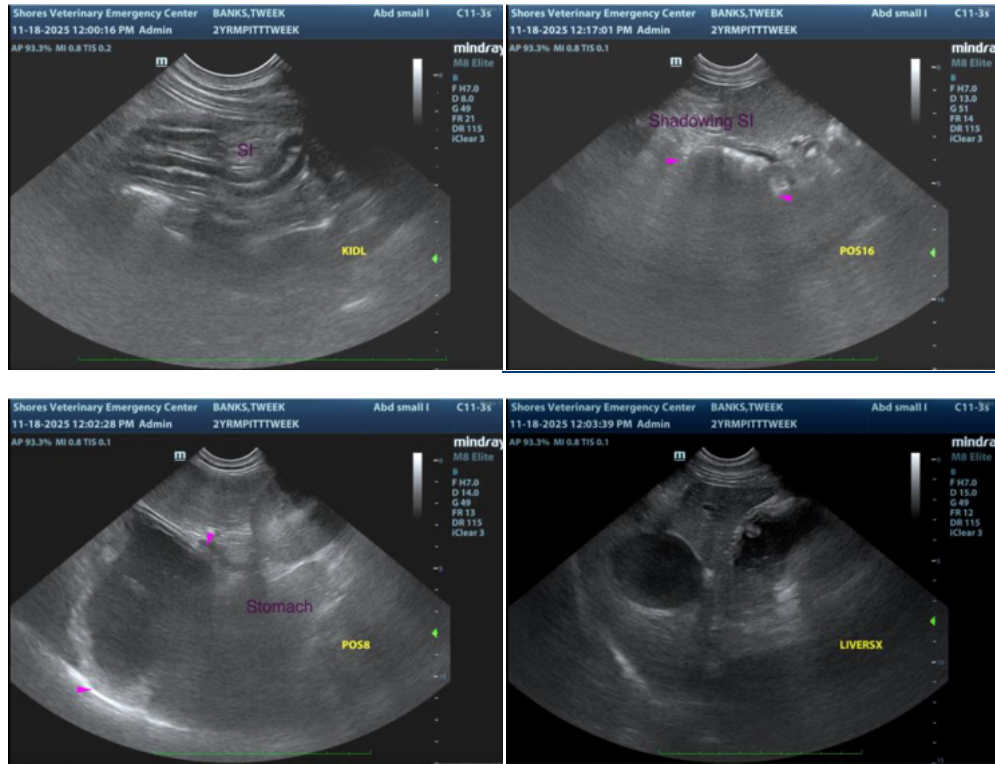
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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