



**PATIENT**

Oreo 60171A

**SPECIES**

Canine

**BREED**

Lab/Dane Mix

**SEX**

Neutered Male

**AGE**

1 year

**WEIGHT**

N/A

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Charleston Animal  
Society

**REFERRING VET**

Margaret Morris

**INVOICE**

11925

**DATE**

11.30.22

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: stomach and intestinal blockage

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with 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.

The prostate is normal in size (1.05 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.77 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.

The right kidney is normal size (7.55 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.

**Adrenal Glands**

The left adrenal gland is normal size (0.67 cm at cranial pole) (0.49 cm at caudal pole); 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.

The right adrenal gland is normal size (0.53 cm at cranial pole) (0.70 cm at caudal pole); 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.

**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. No pathological hepatic lymphadenopathy observed.

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.

**Gastrointestinal**

The gastric lumen is distended with fluid and gas. A 4.00 cm hyperechoic, hard, shadowing body is observed within the lumen. The gastric wall and pylorus are normal in thickness with a normal layering.



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pattern. The pyloric outflow tract appears patent. The small intestinal lumen is diffusely distended and hypomotile. A >5.00 cm hard shadowing foreign body is observed within the small intestine. The mesentery effacing the serosal surface in this region is hyperechoic. The small intestinal wall is normal to borderline thickened in this region. The colonic wall is normal

**Pancreas**

The right limb is prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

**Free Abdomen**

A small amount of free fluid is present. The mesentery throughout the abdomen is mildly hyperechoic. A few prominent mesenteric lymph nodes are visualized, the largest measuring 4.01 cm in length. The nodes are normal in shape and echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

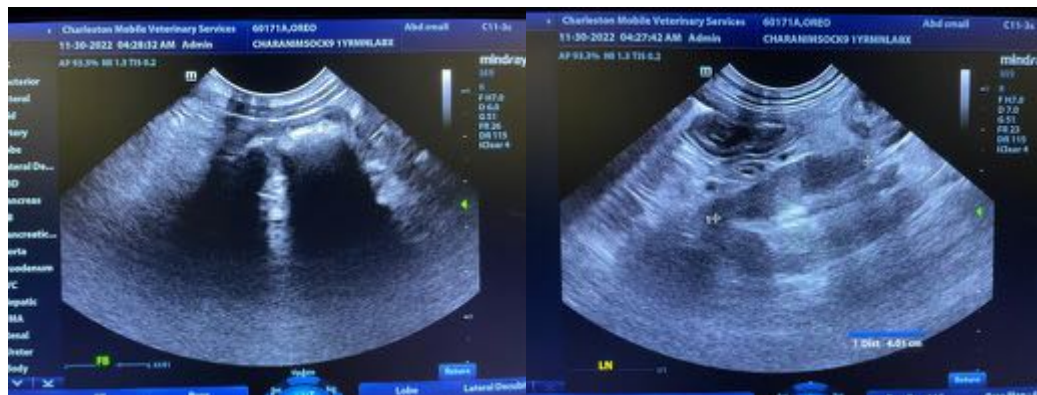
- Gastric and small intestinal foreign bodies with concurrent peritonitis.

**Secondary Findings**

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes in the right limb are suggestive of mild pancreatitis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- An abdominal exploratory is recommended to remove the foreign material. Consider three-view thoracic radiographs prior to any anesthesia to assess for occult aspiration pneumonia.





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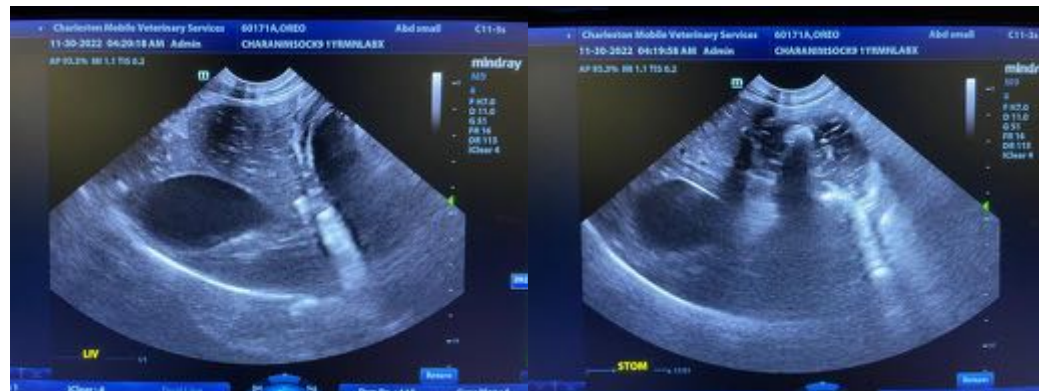
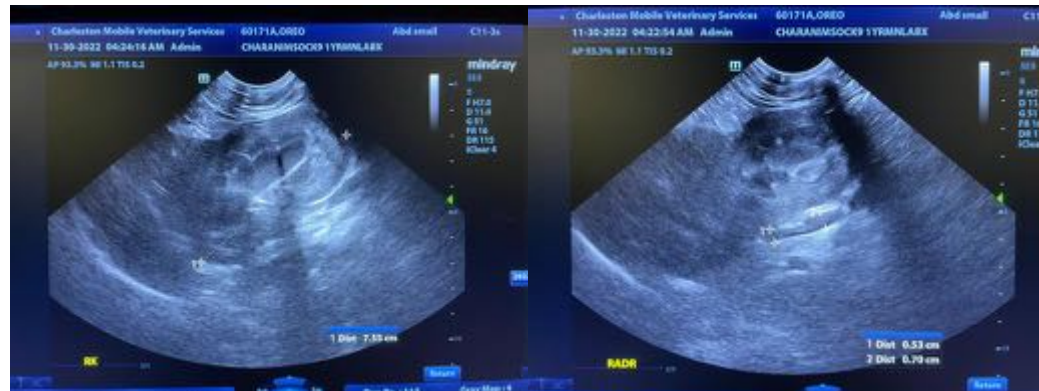
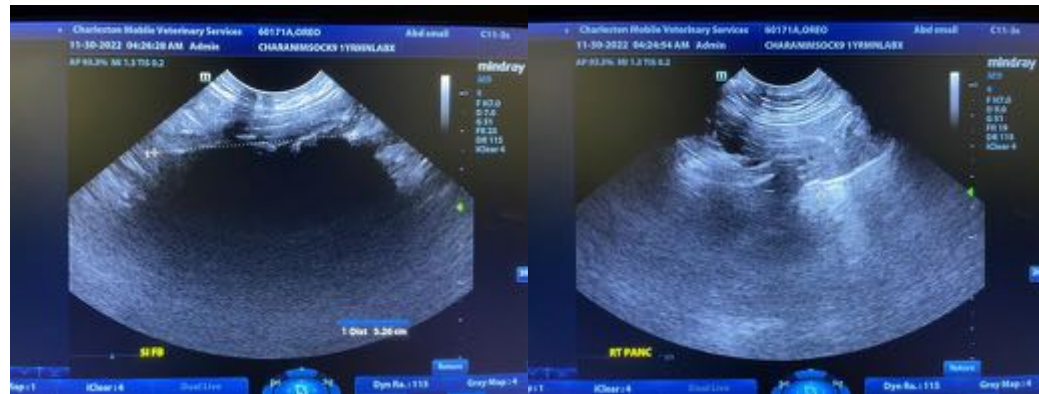
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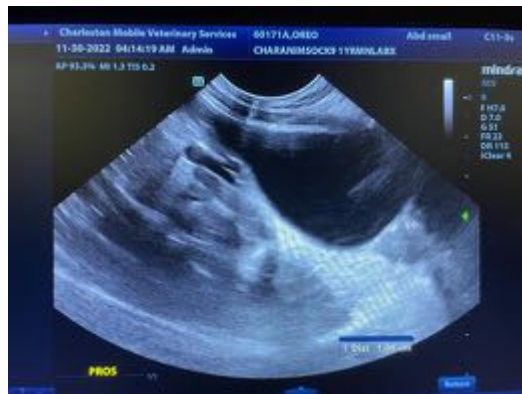
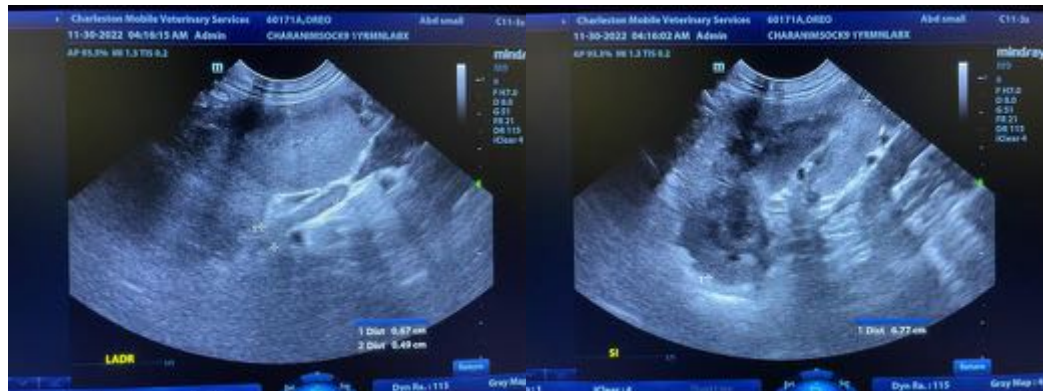
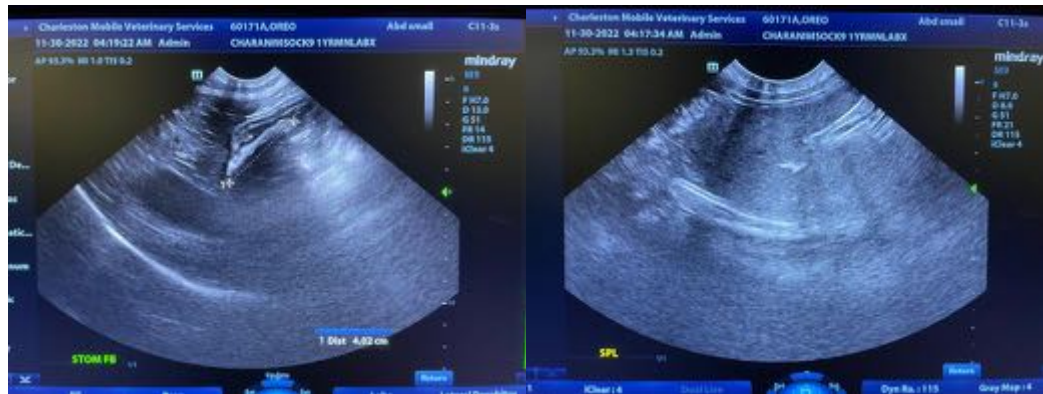
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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