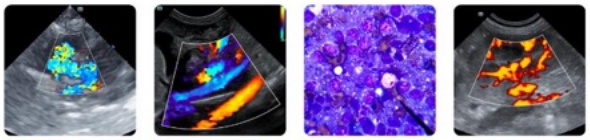

PATIENT
Jack Phillips

SPECIES
Canine

BREED
Terrier mix

SEX
Male, neutered

AGE
12 Yrs.

WEIGHT
7.5 kgs.

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

IMAGING PERFORMED BY
Dr. Van Nieuwal

HOSPITAL NAME
Animal Emergency Hospital Volusia

REFERRING VET
Dr. Van Nieuwal

INVOICE
13402

DATE
12/2/25

PRESENTING CLINICAL SIGNS

P has been either not eating or vomiting up the food the last 2-3 days. P had a history of a foreign body that ended up being a mass wrapped around the intestines. Radiographs show gastric material but no obvious obstruction. Looking for a cause of the vomiting. Globulins 5.4, calcium 8.4, mildly low sodium, potassium, chloride and ionized calcium. WBC count 31,000 with 28,000 neutrophils.

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. Luminal contents are anechoic. 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 (0.91 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 (4.17 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.

The right kidney is normal in size (5.11 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. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.56 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 (0.96 cm at cranial pole) (0.56 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 (1.02 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.

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 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.

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Gastrointestinal
The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. A few small intestinal segments are mildly to moderately fluid distended and hypomotile. In an approximately 3-3.5 cm segment of small intestine, the wall is thickened (up to 0.98 cm) with a mass effect, irregular and hypoechoic with loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. 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.

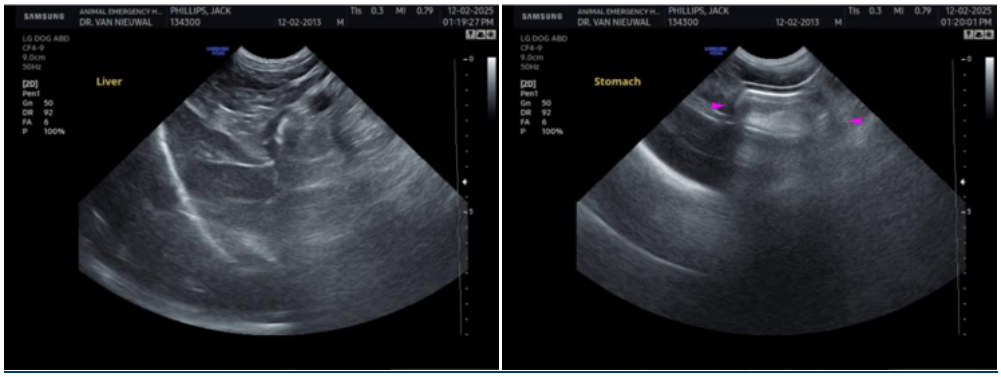
Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Focal small intestinal wall thickening/mass effect. Neoplasia (i.e., adenocarcinoma, lymphoma, leiomyosarcoma) is suspected with a lower possibility of a focal inflammatory process. Adjacent peritonitis is present. Segmental intestinal ileus is also present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspiration of the thickened small intestinal segment (if accessible and if clotting status is appropriate). A 25-gauge needle should be used. If the area is not accessible or if cytology results are inconclusive, consider an abdominal exploratory with surgical resection of the abnormal segment of bowel with submission for histopathology.



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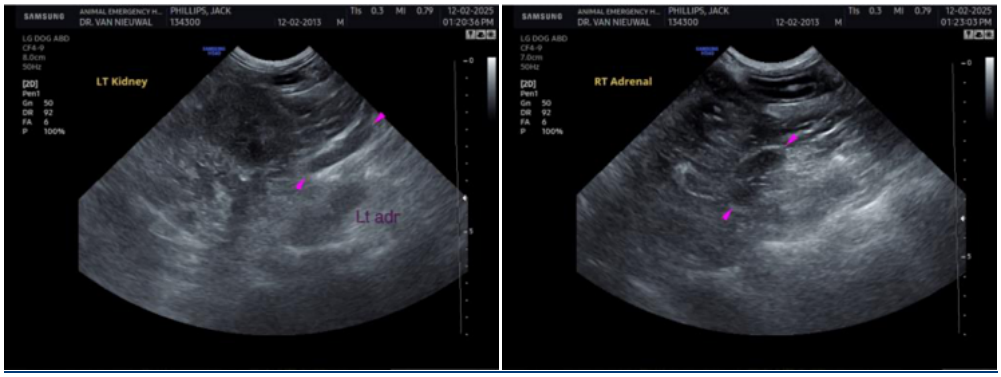

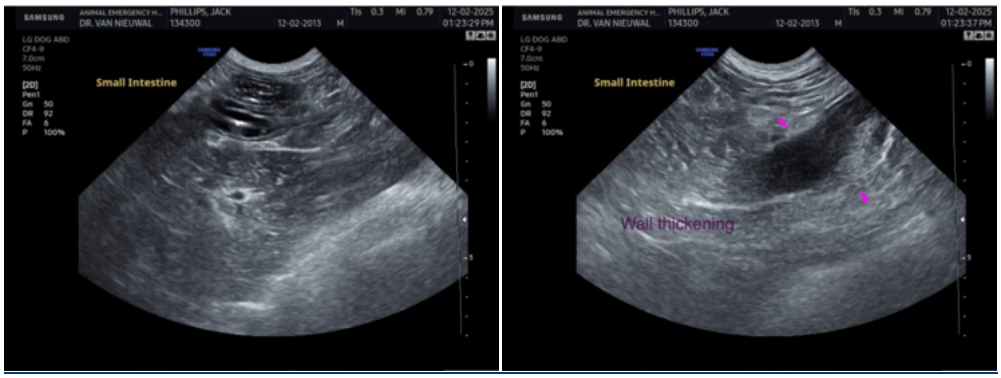

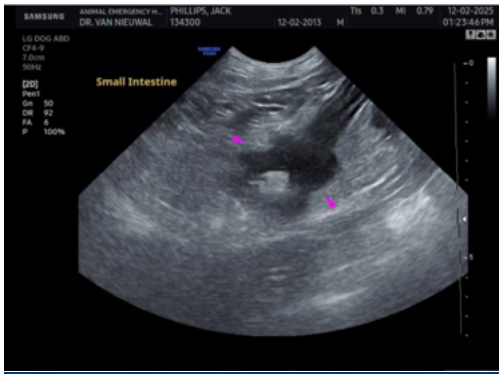

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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