

PATIENT

Sienna Smolar

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Female Spayed

AGE

10

WEIGHT

NP

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

Dr Shannon Graham

INVOICE

22321

DATE

12-23-25

PRESENTING CLINICAL SIGNS

Patient has a history of 5 previous enterotomies and a splenectomy. May have had a pexy or pexied herself. Presented for lethargy, vomiting, abdominal pain, borderline neutropenia. Fever on presentation. FAST scan revealed scant peritoneal effusion. Owner reported dog ate a box of 100 match sticks prior to presentation. Mild liver enzyme elevations. Thoracic radiographs unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (8.92 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (8.22 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.67 cm at cranial pole) (0.71 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 (0.68 cm at cranial pole) (0.76 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

Previous splenectomy. The region of the splenic fossa is unremarkable.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta and irregular shadowing material. 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. The remaining small intestinal segments are mostly empty. In one-to-two jejunal segments, some shadowing material is observed, without overt evidence of obstruction. The small intestinal wall is normal in thickness with retention of the normal layering pattern. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal.



PATIENT

Sienna Smolar

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.

SPECIES

Canine

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

BREED

Doberman Pinscher

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed.

SEX

Female Spayed

Other

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

AGE

10

Primary Findings

- Gastric and jejunal foreign material. The foreign material does not appear overtly obstructive at this time. However, given the presence of diffuse peritonitis, there is concern for the possibility of perforation of one of the matches through the bowel wall, resulting in possible septic peritonitis.

WEIGHT

NP

Secondary Findings

- Geriatric hepatic and renal changes
- Gallbladder debris, non-mucocele
- Prior splenectomy

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If more abdominal effusion accumulates to the point of being accessible for aspiration, consider abdominal fluid cytology to assess for septic peritonitis.
- An abdominal exploratory is recommended to assess for a possible perforating foreign body, along with removal of any gastrointestinal foreign material.

REFERRING VET

Dr Shannon Graham

INVOICE

22321

DATE

12-23-25



PATIENT

Sienna Smolar

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Female Spayed

AGE

10

WEIGHT

NP

INTERPRETED BY

Andrea Nicastrò DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastrò DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

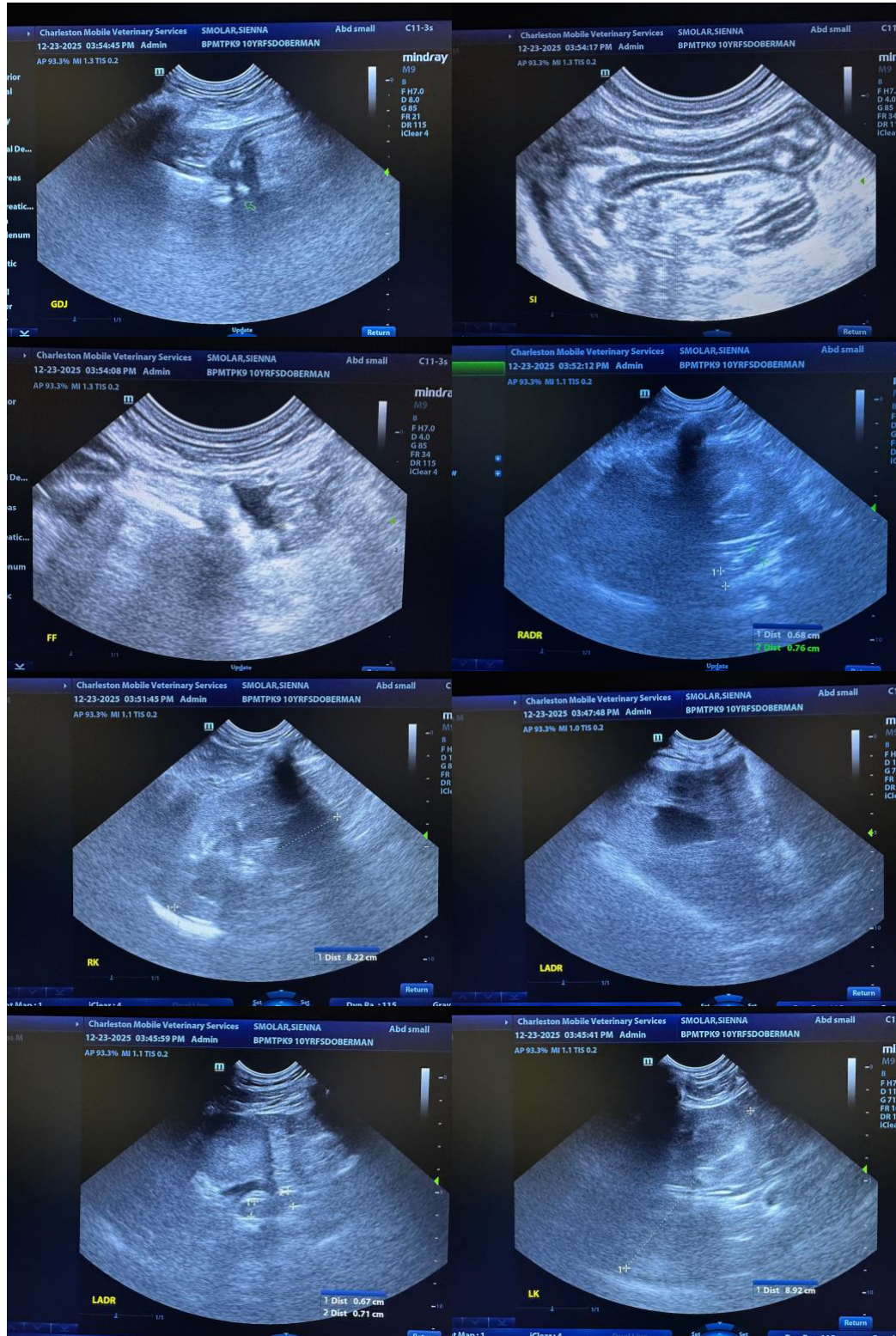
Dr Shannon Graham

INVOICE

22321

DATE

12-23-25





PATIENT

Sienna Smolar

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Female Spayed

AGE

10

WEIGHT

NP

INTERPRETED BY

Andrea Nicastrò DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastrò DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

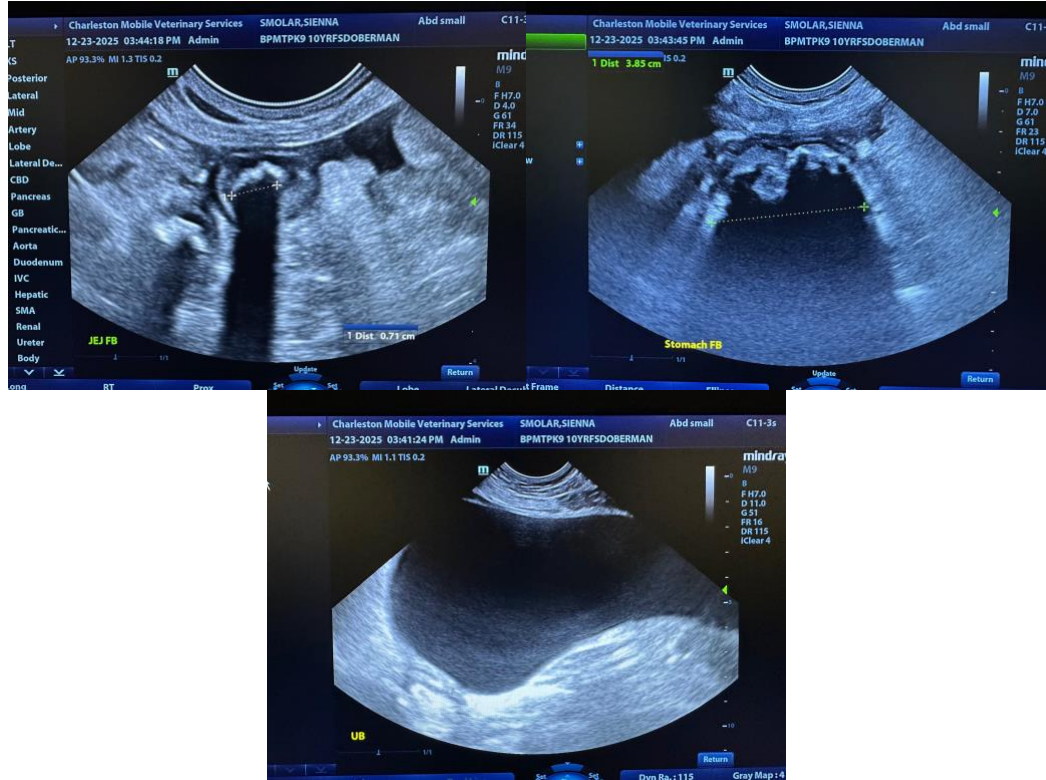
Dr Shannon Graham

INVOICE

22321

DATE

12-23-25



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 Nicastrò, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com