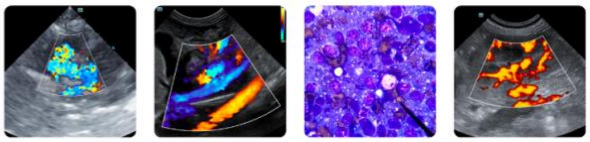

PATIENT

Stone Ghost Smoke Bear Nevarez

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Neutered Male

AGE

10

WEIGHT

67.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goldfield

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Lutz

INVOICE

22350

DATE

12-28-25

PRESENTING CLINICAL SIGNS

History: Vomiting multiple times. Ate a hambone on 12/24. X-rays look suspicious for an enterolith but not necessarily obstructive.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem NSF pancreatic lipase NSF

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. A small amount of suspended echogenic-to-mineralized debris/sand is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is subjectively normal in size 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 or hydroureter.

The right kidney is normal in size (6.15 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. Renal vasculature is normal.

Adrenal Glands

No images provided of the left adrenal gland.

The right adrenal gland is normal in size (0.98 cm at cranial pole) (0.61 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 (2.03 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.75 x 1.36 cm hypoechoic nodule is observed in the mid- to caudal aspect. 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 lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, partially dependent, debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. In one bowel segment, an approximately 5.0 cm shadowing structure is visualized. It is unclear whether this segment represents small or large intestine. The mesentery effacing the serosal surface in this region is mildly hyperechoic. In the remainder of visualized

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small intestinal segments, the wall is normal in thickness with a normal layering pattern. Discreet masses are not identified.

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
Trace free fluid is suspected.

ULTRASONOGRAPHIC FINDINGS

- Shadowing material within the bowel. This may represent fecal material (if the segment represents colon) or foreign material (if the segment represents small intestine). Mild adjacent peritonitis is present.

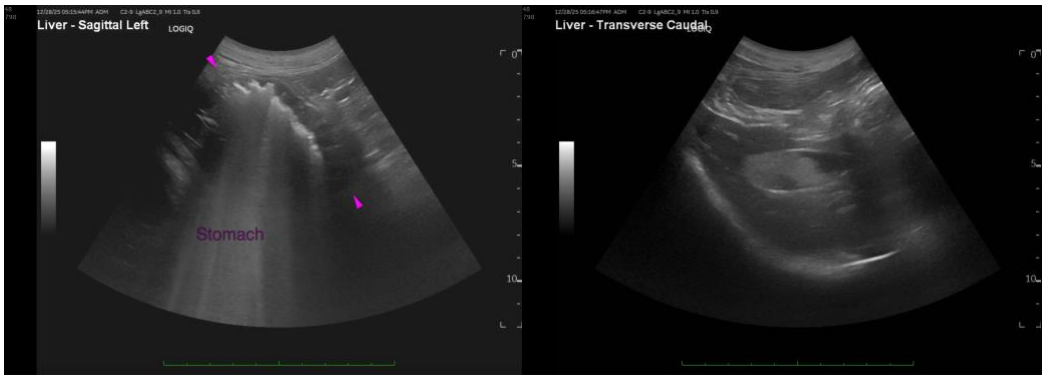
- The splenic nodule could be consistent with an emerging tumor (i.e., round cell tumor, sarcoma). Alternatively, a benign focus (i.e., lymphoid hyperplasia or similar) is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider obtaining additional sonographic images of the shadowing material within the bowel. The segment should be followed cranially and caudally beyond the shadowing material to help determine if the segment represents small intestine vs colon. Alternatively, consider a barium study, abdominal CT scan, or an abdominal exploratory.

- Regarding the splenic nodule, consider the following:

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases
2. Fine-needle aspiration (if accessible and if clotting status is appropriate). A 25-gauge needle should be used.



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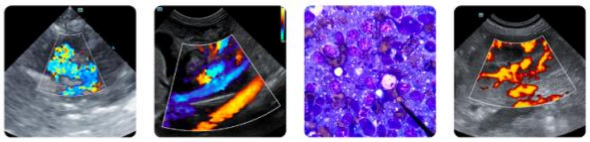

Clinical Sonography & Telecytology
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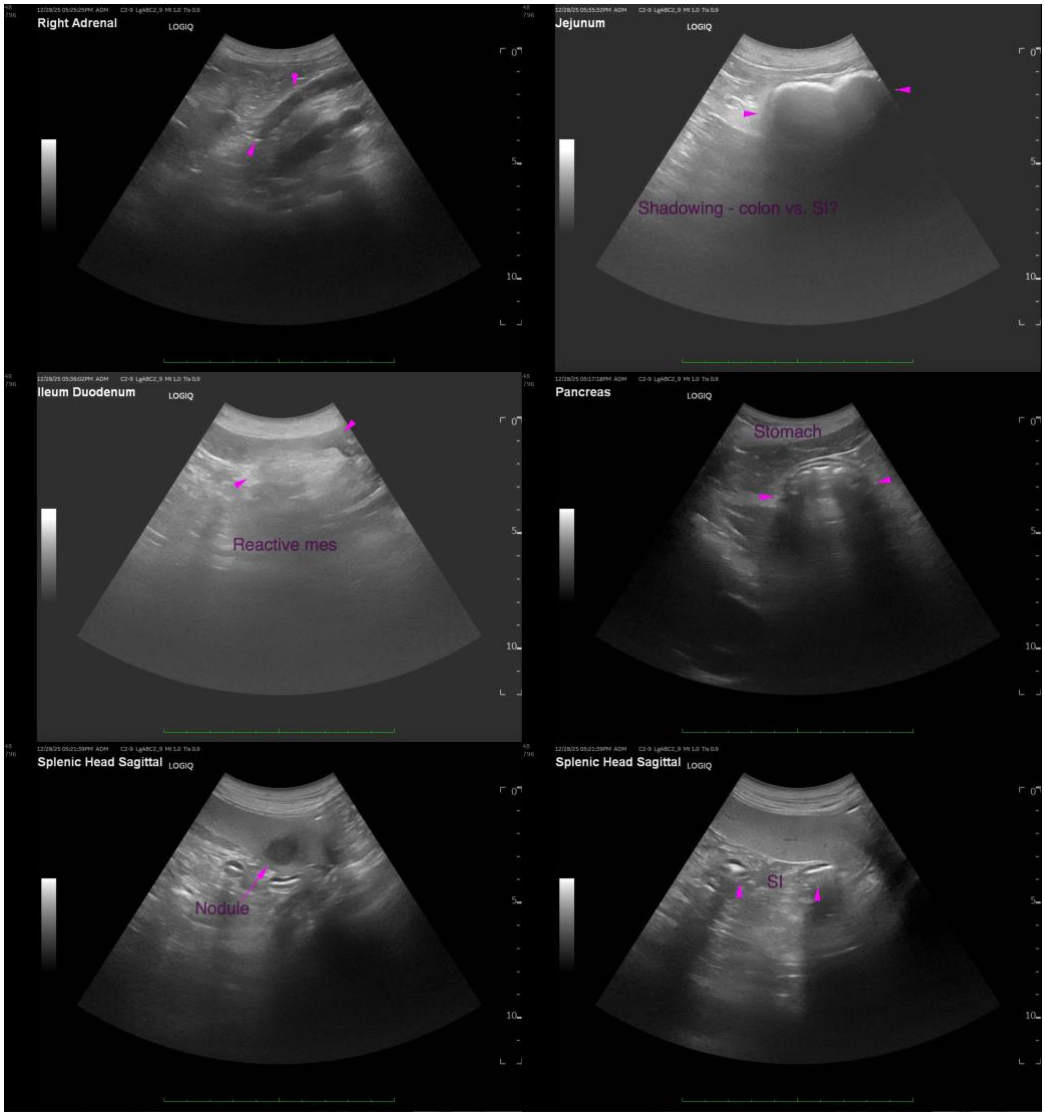

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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