



PATIENT

Levi Young

SPECIES

Canine

BREED

Retriever Mix

SEX

Neutered Male

AGE

1 year

WEIGHT

20 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr/ Callihan/AEC

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Bailey/AEC

INVOICE

10433

DATE

2/20/22

PRESENTING CLINICAL SIGNS

History: Presented Friday night 2/18 for vomiting many times that day, had inconclusive radiographs, was discharged on supportive outpatient care. Came back yesterday, radiographs still inconclusive. Ultrasound was performed yesterday morning, recheck in the evening and another check this morning, trying to see if we need to take this boy to surgery. This is a very healthy and well attended young dog, no specific known wayward ingestions.

Abnormal PE/Chem/CBC/UA Results: Bloodwork unremarkable

LIMITED ULTRASONOGRAPHIC EXAMINATION

Urinary Bladder

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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.

Spleen

The spleen is normal in size (1.93 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.

Lymph nodes

A few prominent mesenteric lymph nodes are visualized, the largest measuring 6.04 cm in length. A 0.72 cm lymph node is also visualized in the right cranial quadrant.

Gastrointestinal

The gastric lumen is moderately to severely fluid distended and hypomotile. Some hard shadowing material is observed at within the lumen, the largest measuring 1.80 cm in length. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent at the time of this study. The small intestinal lumen is segmentally fluid distended and hypomotile. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal.

ULTRASONOGRAPHIC FINDINGS

- Suspected gastric foreign material. There is no obvious evidence of a gastric outflow tract obstruction at the time of scanning. However, an intermittent outflow obstruction cannot be excluded, particularly given the presence of the shadowing material within the gastric lumen. Small intestinal ileus is also present.
- The abdominal lymphadenopathy could be consistent with reactive lymphadenitis or immunologic immaturity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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- To rule out a gastric foreign body, exploratory surgery would be necessary. Alternatively, supportive care with a repeat ultrasound in 24 hours can be considered. If changes are similar to today's scan, surgery should be revisited.

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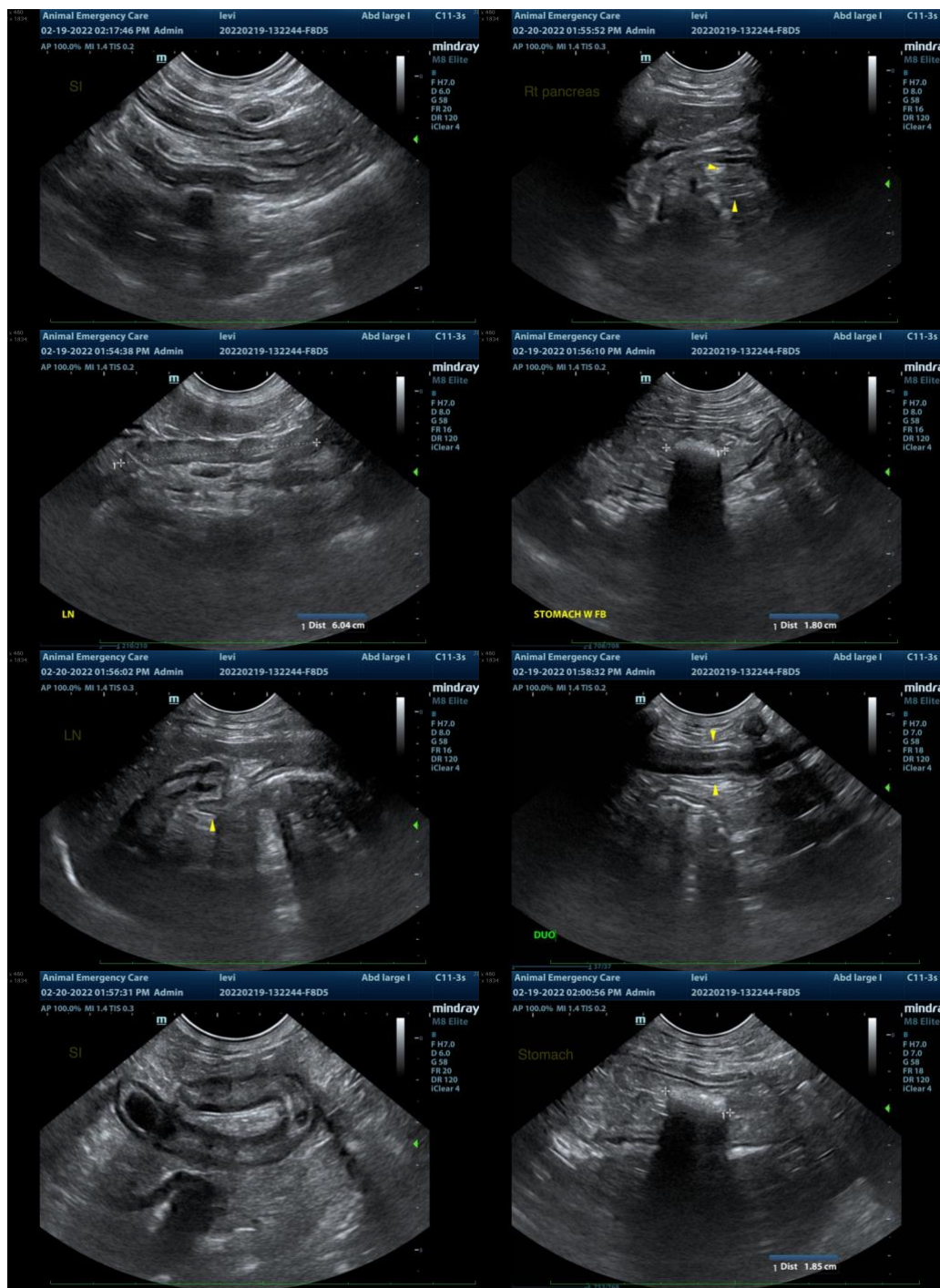
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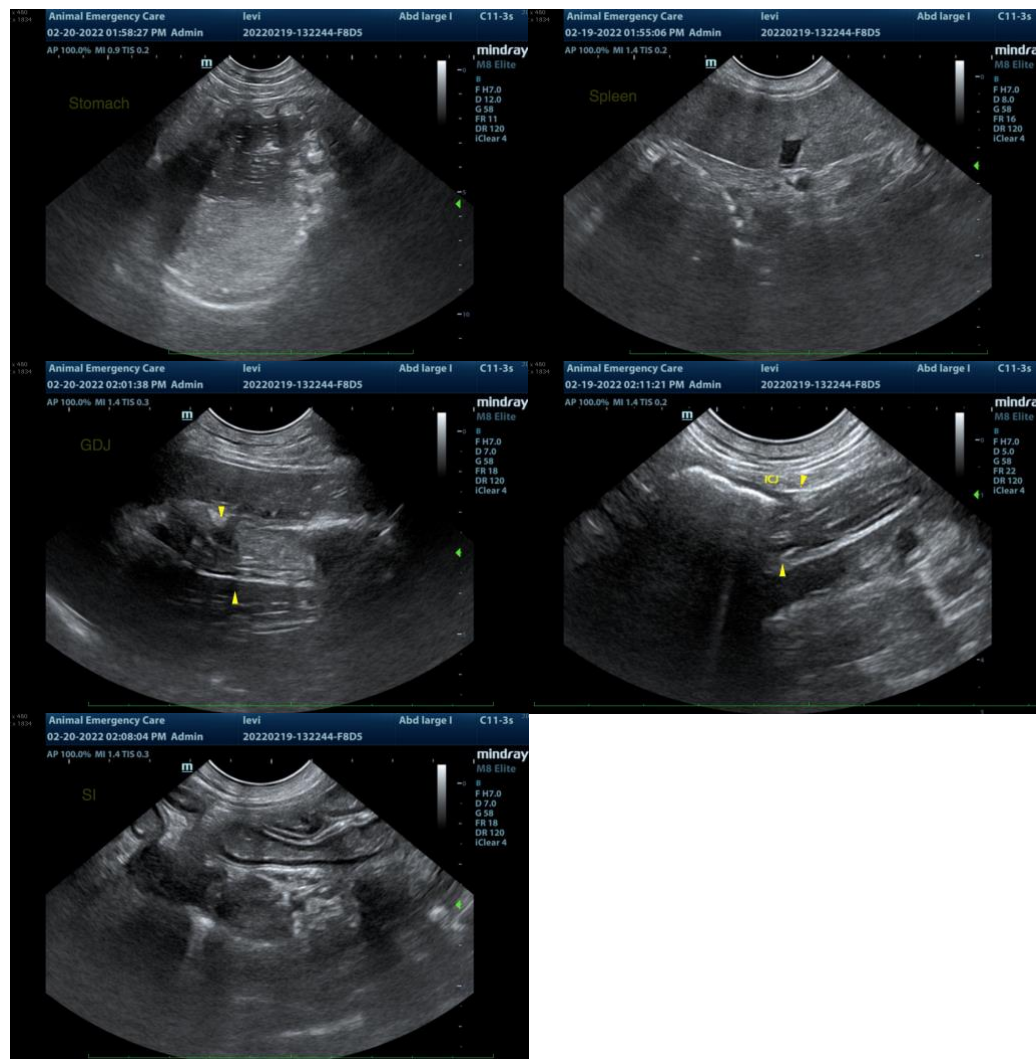
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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