



PATIENT

Thunder Campbell

SPECIES

Canine

BREED

Boykin Spaniel

SEX

Male Neutered

AGE

10

WEIGHT

45.6 lbs

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

Pawleys VH

REFERRING VET

Dr Kiningham

INVOICE

22689

DATE

3-13-26

PRESENTING CLINICAL SIGNS

Patient has a 1 ½ -week history of inappetence. Initially started with vomiting and diarrhea, which then progressed to constipation. Onset was acute in nature. Bloodwork revealed a mild leukocytosis. Chemistry panel unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is appropriate thickness for the level of repletion. A small amount of echogenic debris is observed within the lumen. 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 (1.07 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 (7.57 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction.

Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.58 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 (0.47 cm at cranial pole) (0.44 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 (1.01 cm at cranial pole) (0.47 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 (1.59 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately-distended with echogenic fluid and is hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The



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duodenal is variably fluid-distended (mild). The duodenal wall is normal in thickness with a normal layering pattern. In a segment of jejunum, an approximately 4.0 cm soft, shadowing structure is observed within the lumen. The bowel is dilated proximal and distal to this segment. The wall in this region is borderline thickened (up to 0.35 cm). The mesentery effacing the serosal surface is hyperechoic. At least one other jejunal segment is moderately to severely distended with echotexture fluid. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

Two- to three prominent medial iliac lymph nodes are visualized (one measuring 2.6 x 0.97 cm).

Free Abdomen

The mesentery in the midabdominal region is hyperechoic. There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected jejunal foreign body/obstruction. The wall changes in this region are most consistent with focal enteritis. However, infiltrative neoplasia cannot be completely excluded. Adjacent peritonitis is present.
- The pancreatic changes in the right limb are suggestive of mild pancreatitis with parenchymal remodeling.

Secondary Findings

- Mild bilateral nonspecific age-related renal changes
- The prominent medial iliac lymph nodes are likely reactive, with a lower possibility of infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominal exploratory is recommended to assess for and remove any gastrointestinal foreign material. GI biopsies should also be obtained at the time of surgery. Three-view thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.



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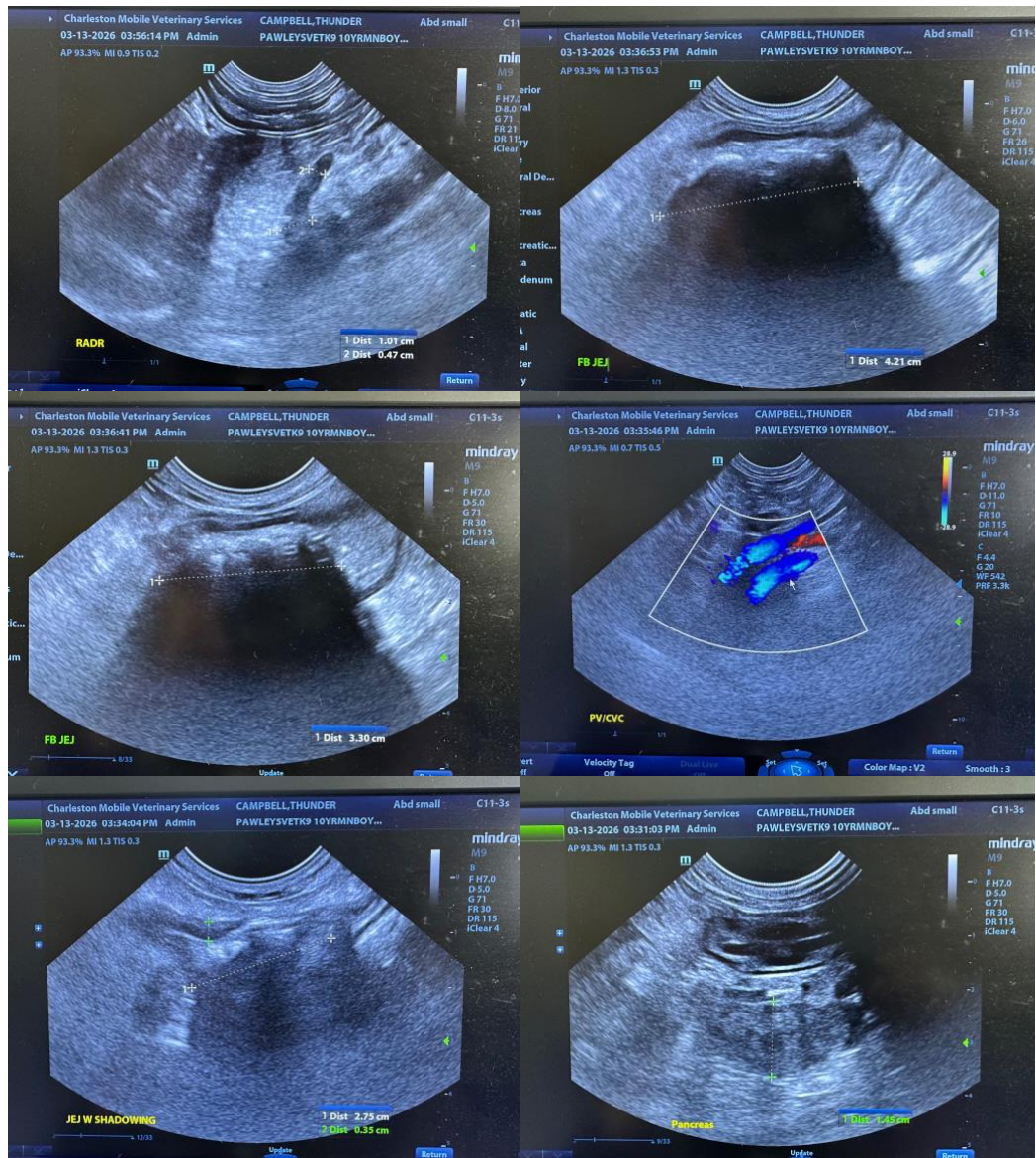
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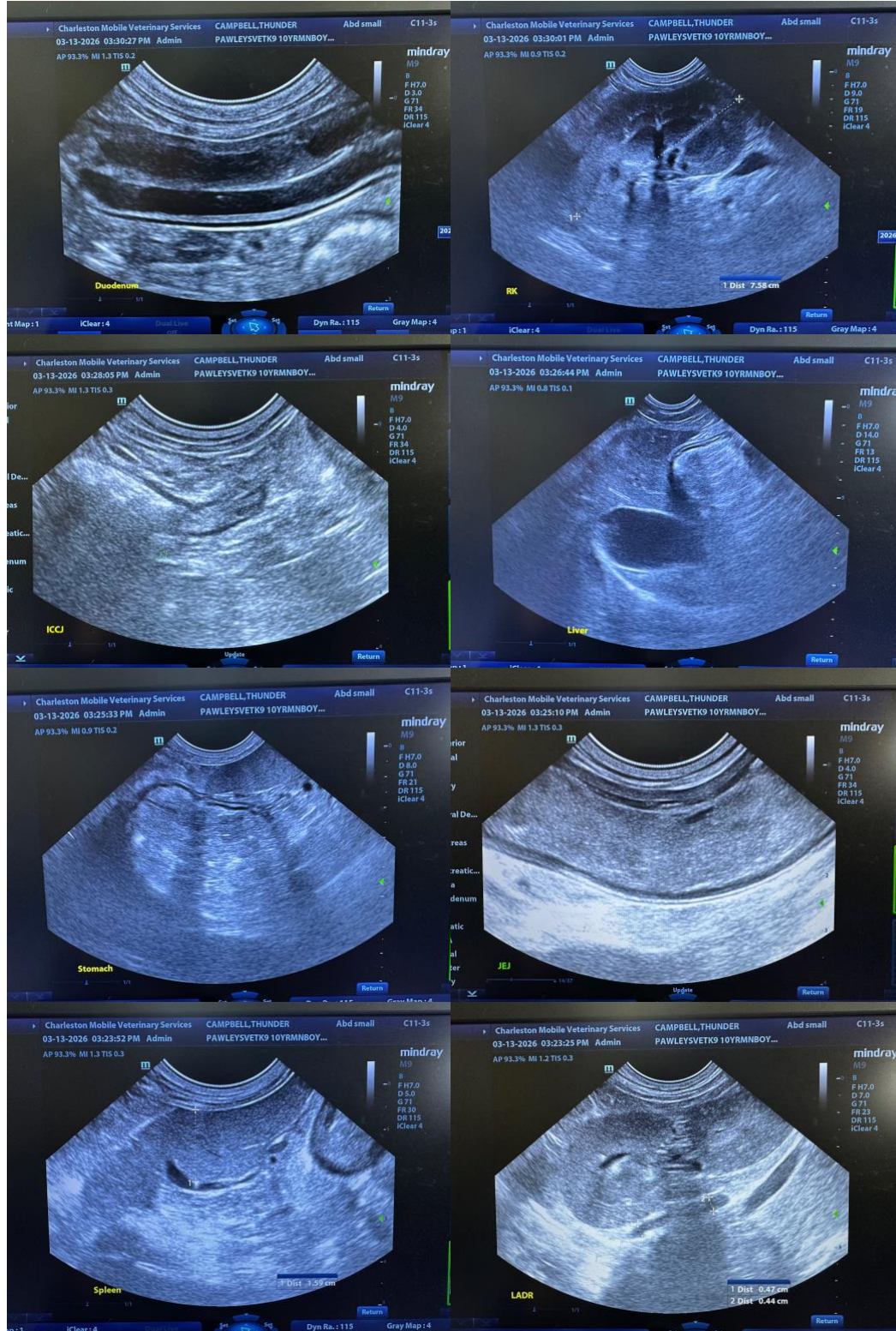
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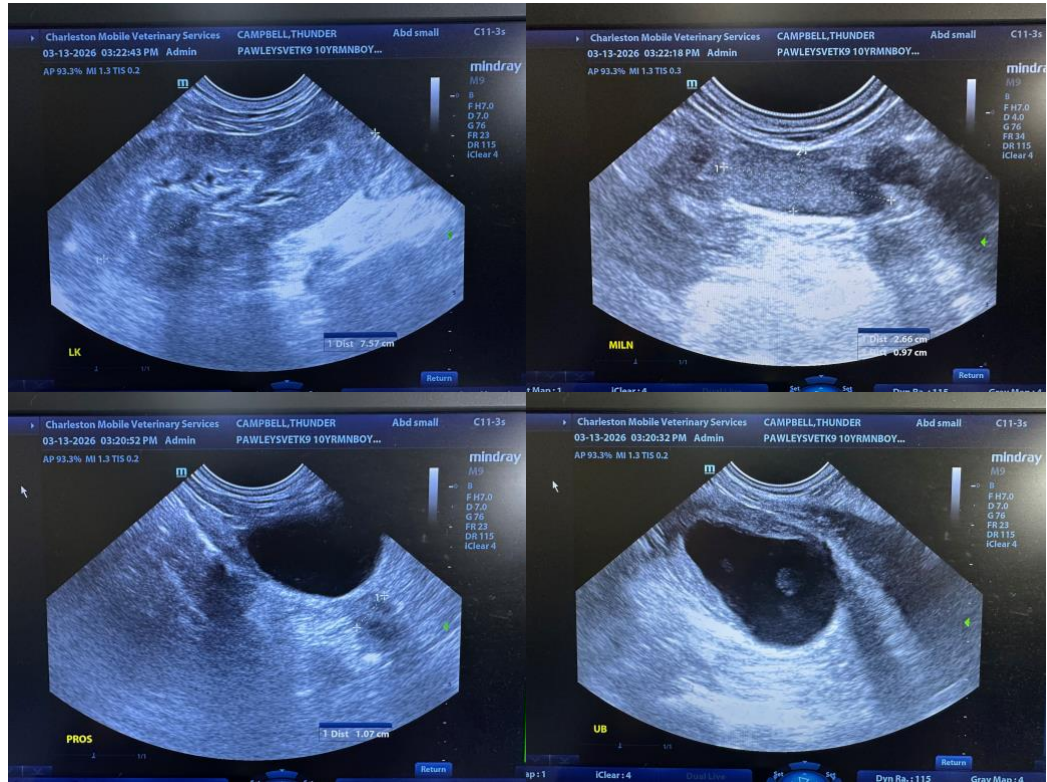
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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