



DATE

3-27-26

PATIENT

Opal Kucera

SPECIES

Canine

BREED

French Bulldog

SEX

Female Spayed

AGE

4/13/2018

WEIGHT

24.4lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Animal
Emergency Hospital

REFERRING VET

Dr. Seeberger

INVOICE

22755

PRESENTING CLINICAL SIGNS

Patient History: Patient was referred from primary veterinarian with a concern for a foreign body. The referring clinic's call indicated a foreign body, but their report stated "no obvious foreign bodies" on radiographs. - The referring veterinarian noted that they could not rule out a gastric foreign body, as a non-radiopaque object like fabric would not be visible, and recommended an ultrasound. - Client reports the patient has not eaten in days. - Patient has been vomiting, including through anti-nausea medications. - Last dose of pain medication was at 11:00 today.

Current Medications: Ondansetron, Buprenorphine.
Labwork Results: CBC chem unremarkable (Labwork attached).
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Propofol.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (5.05 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.

The right kidney is normal in size (4.82 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

The left adrenal gland is normal in size (0.58 cm at cranial pole) (0.63 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 mildly enlarged (0.70 cm at cranial pole) (0.74 cm at caudal pole) with slightly swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.34 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 gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are



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Gastrointestinal

The gastric lumen is moderately- to severely fluid-distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen is empty. There is no obvious evidence of an obstruction.

Pancreas

The region of the pancreas is largely obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.

Lymph Nodes

Several prominent mesenteric lymph nodes are visualized (one measuring 2.01 x 0.89 cm). In addition, a 0.97 x 0.44 cm sublumbar lymph node is seen.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastric ileus. Functional ileus is suspected, as there is no obvious evidence of pyloric outflow tract obstruction.

Secondary Findings

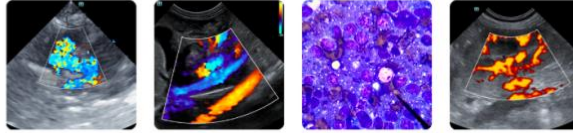
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Mild right adrenomegaly
- The gallbladder changes could be consistent with cholestasis, fasting, or less likely, an emerging mucocele.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include primary motility disorder, dietary indiscretion, toxicity, infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended if not already performed.
- Consider GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.
- In the meantime, symptomatic care, including treatment for a gastric ileus, is recommended.

Imaging performed by



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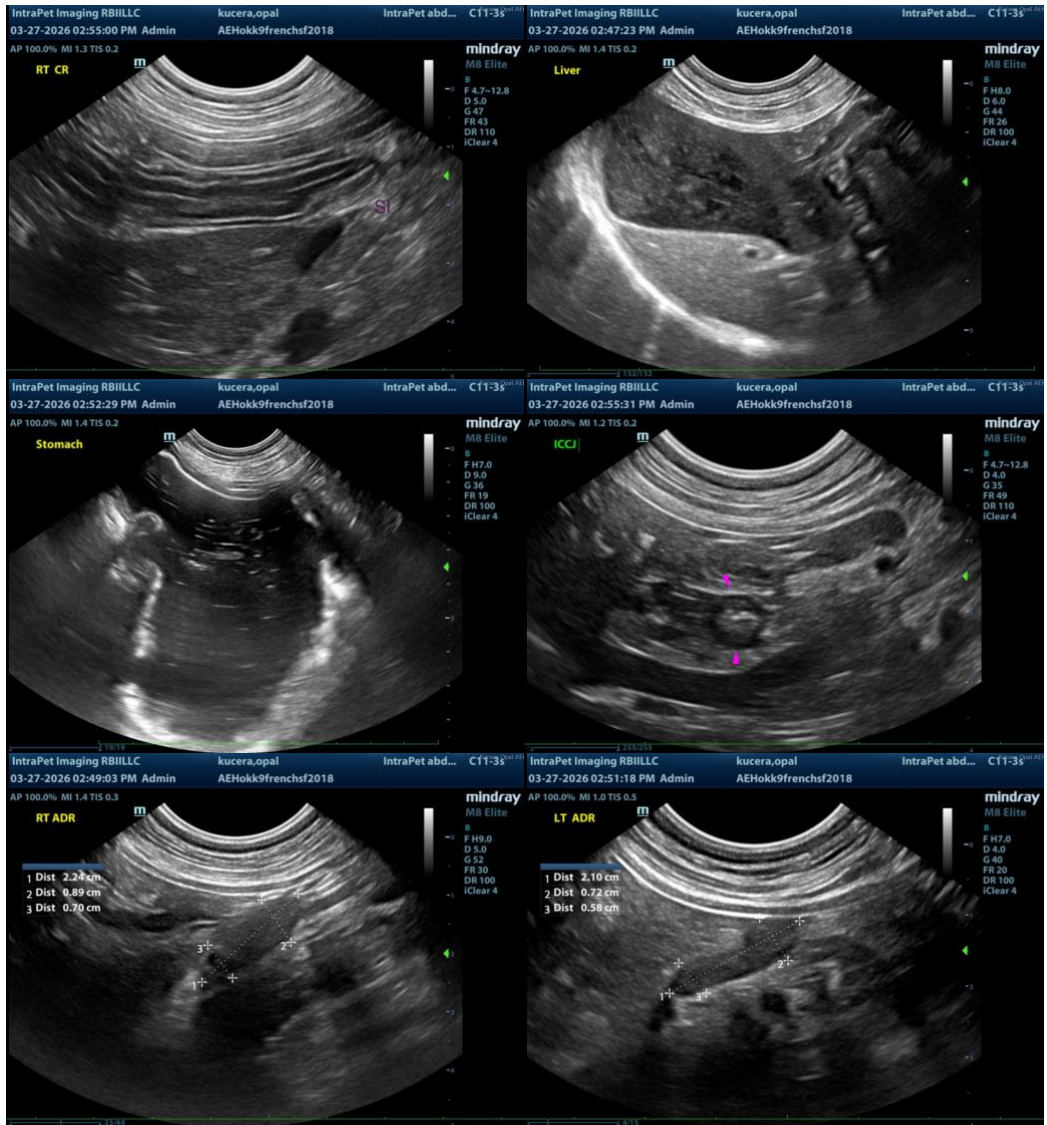
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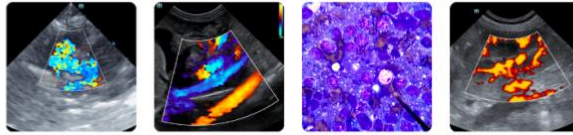
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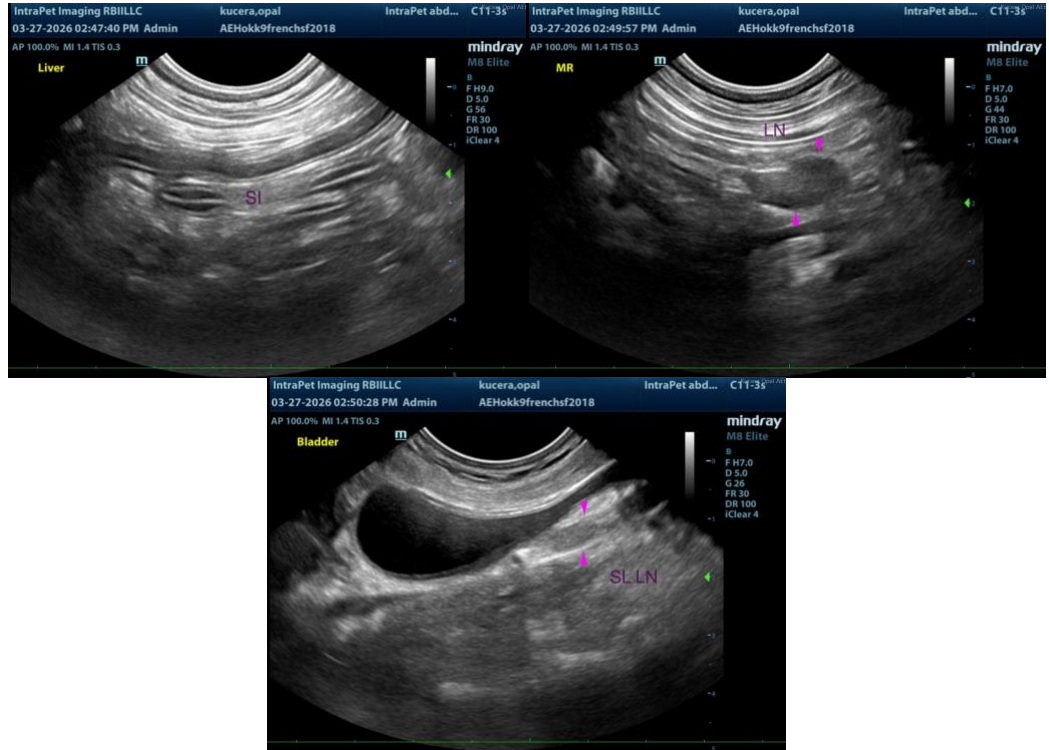
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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