



PATIENT

Donald Kiley

SPECIES

Canine

BREED

Mixed breed

SEX

Male, neutered

AGE

4 Yrs.

WEIGHT

63.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. Timbas

INVOICE

13651

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History: 4/7 History Presented today for an annual exam. Shaking his ears a lot - started about a few weeks ago. Stays in a bowing position for an abnormal amount of time- o concerned about this. Was recently seen at Brentwood ER after eating a lot of dirt/mulch/ mix of things, was vomiting - decided to watch and wait for it to pass, which seems to have passed without issue. 4/14 Intermittent vomiting and decreased appetite. 3/23 ER history: omiting started yesterday, O found spot yesterday unsure when occurred. O found 3 more dark brown spots in another room this morning. Another episode of vomit in yard, brown - possibly dirt and debris vs blood do to pink needles and leaves. O took P out early this am, unsure if P did defecate. A couple hours ago O took P out and again and noted P straining to defecate, legs shaking, and only the littlest bit came out. Shortly after seeing the straining P then vomited yellow bile. O saw food from yesterday still in bowl today. Abnormal PE/Chem/CBC/UA Results: 4/8 Lab results HGB 11.5 Platelet Count 780 SDMA 9.5 Potassium 5.7 NA/K RATIO 26 Ehrlichia spp. Positive (chronic) ACTH stim pending 4/7 Discuss: Pet should be premedicated before vet visits as aggressive behavior limits what we can do. Can try 2 weeks with Prilosec 20mg BID and see if it helps with bowing. If not, consider gastric endoscopy. 3/23 radiology consult Within a loop of small intestine in the right caudal abdomen there is a moderate amount of granular and angular mineral opacity material. This focally dilates a loop of intestine up to 3 cm. The remainder of the gastrointestinal tract is empty. The liver, spleen, urinary tract, peritoneum, retroperitoneum, and musculoskeletal structures are normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface in the region of the apex is slightly irregular. A small amount of suspended echogenic to mineralized debris is observed within the lumen. The region of the trigone is normal.

The prostate is not definitively 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 normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.74 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

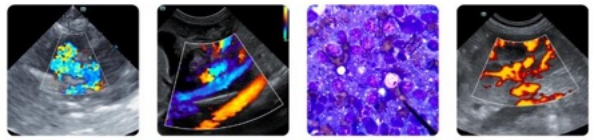
Adrenal Glands

The left adrenal gland is normal in size (0.65 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.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (1.64 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.



PATIENT

Donald Kiley

SPECIES

Canine

BREED

Mixed breed

SEX

Male, neutered

AGE

4 Yrs.

WEIGHT

63.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. Timbas

INVOICE

13651

DATE

4/14/26

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

Gastrointestinal

The gastric lumen is minimally fluid distended. The gastric wall is normal in thickness with a normal layering pattern. A few small intestinal segments are mildly fluid distended. In one bowel segment, suspected to represent small intestine, the wall is moderately to severely up to 1.47 cm with loss of the normal layering pattern. The mesentery adjacent to the thickened bowel segment is hyperechoic. Adjacent to this segment, shadowing material is observed within the lumen. In the remaining bowel segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail.

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

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

- Focal bowel wall thickening with adjacent luminal shadowing. Considerations include focal inflammation or neoplasia (i.e., lymphoma, adenocarcinoma). The luminal shadowing adjacent to the bowel wall thickening is thought to represent foreign material although retained ingesta cannot be excluded.
- Mild adjacent peritonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominal exploratory is recommended to assess for and remove any gastrointestinal foreign material. Biopsies should be obtained of the thickened bowel segment. Three-view thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.



PATIENT

Donald Kiley

SPECIES

Canine

BREED

Mixed breed

SEX

Male, neutered

AGE

4 Yrs.

WEIGHT

63.5 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Grace Jayne CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

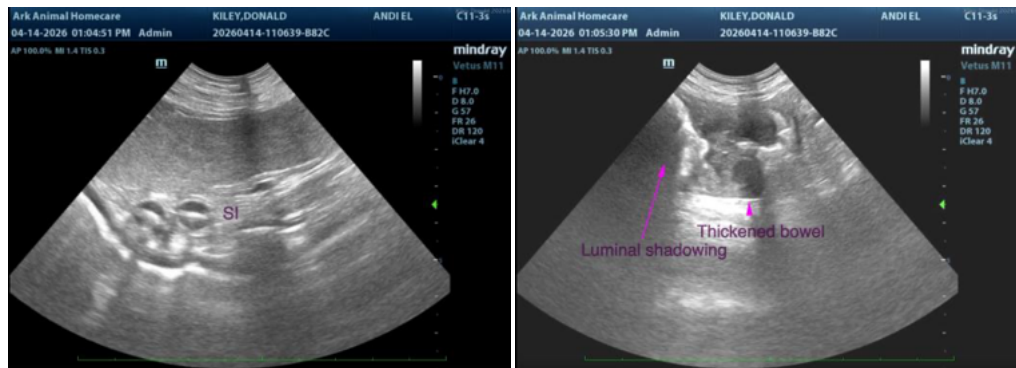
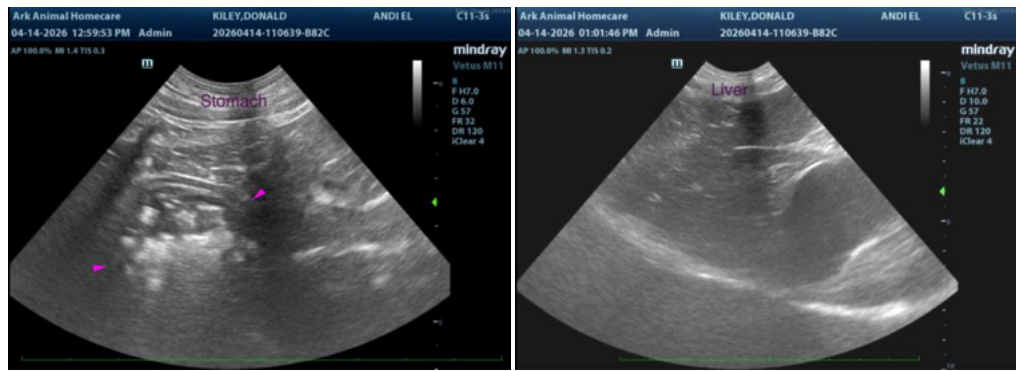
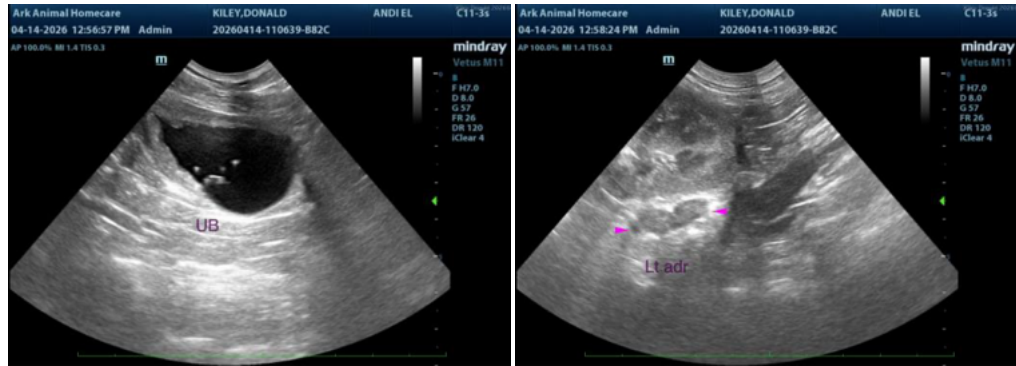
Dr. Timbas

INVOICE

13651

DATE

4/14/26



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