

PATIENT PRESENTING CLINICAL SIGNS

Ganso Noah

- Presents for vomiting, weight loss, and history of recent foreign body ingestion.
- Prior GI foreign body ingestion (socks, underwear, vinyl gloves); undergone small intestinal resection with end-to-end jejunojunostomy on 11/2022. The removed segment (approx 1.5') had a long, thick piece of cloth (wash cloth?, sock?).

SPECIES

Canine

- Two weeks ago: ingested sock, developed anorexia, vomiting, hematochezia.
- Brief improvement, then relapse: recurrent vomiting, significant weight loss ("whole fist"), unable to keep food down.

BREED

German Wirehaired

Pointer

- Recent lethargy for 3 days.
- No recent vaccines from other clinics.

SEX

Neutered Male

- No fever noted by client.
- No current diarrhea reported, prior hematochezia.
- Previously larger than housemate (50 lb), now smaller.

AGE

Abnormal PE/Chem/CBC/UA Results: BCS 4/9, weight loss noted over past 2 weeks, slightly tacky gums, gassy, fluid-filled intestine; Temp- 102 WBC 26.43, LYM 0.77, NEU 24.33, MCH 25.8, GLU 113

5 years 4 mos

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

47 lbs

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

The prostate is normal in size (1.49 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

IMAGING PERFORMED BY

Dr Jessie Evoniuk

The left kidney is normal in size (7.61 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.

HOSPITAL NAME

State Avenue VC

The right kidney is normal in size (7.43 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.

REFERRING VET

Dr Jessie Evoniuk

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.50 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 caudal pole of the right adrenal gland is visualized and is normal in size (0.44 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

INVOICE

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Spleen

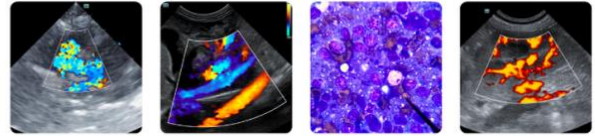
The spleen is normal in size (1.60 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

DATE

4-2-26

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate



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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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is severely fluid-distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. In one segment of small intestine, a >3.0 cm shadowing structure is visualized. Adjacent to this segment, the intestine appears bunched/aggregated, with wall thickening up to 0.38 cm. The mesentery effacing the serosal surface in the segment with the shadowing structure is hyperechoic. Several other bowel segments are mildly- to moderately fluid-distended. The small intestinal lumen is normal to mildly-thickened (up to 0.38 cm). There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments.

Pancreas

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

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 2.3 x 1.3 cm).

Free Abdomen

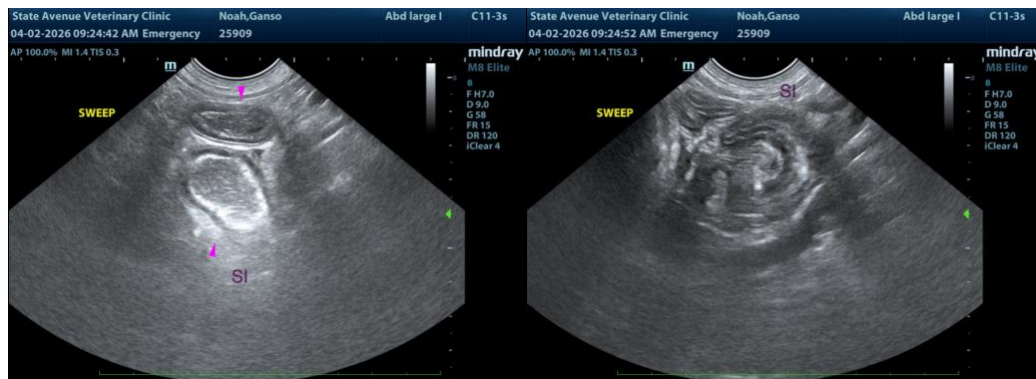
Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

- Suspected small intestinal foreign body/obstruction. The bunching of bowel adjacent to the suspected intestinal foreign body may be due to adhesions, hyperperistalsis/plication, other. Mild adjacent peritonitis is present.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominal exploratory is recommended to assess for and remove any gastrointestinal intestinal foreign material. Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia.





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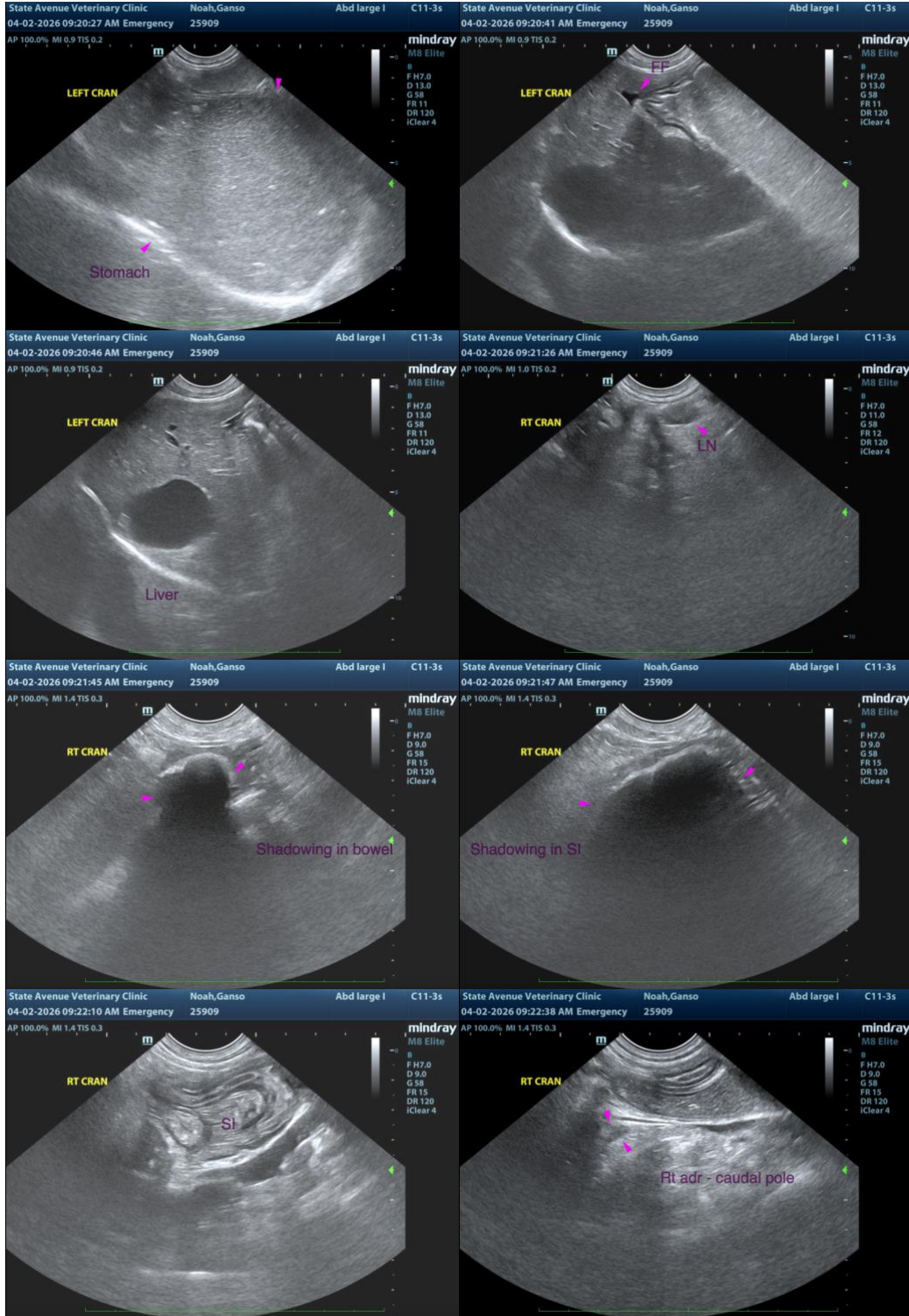
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

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