



PATIENT PRESENTING CLINICAL SIGNS

- Mocha Zachary
- Currently an immunotherapy dog treated for allergy
 - Seen yesterday at emergency vet - given Cerenia and fluids and she was still vomiting.
- SPECIES**
- Threw up Monday one time, 13 times yesterday and 4 times today.
 - Feeding Royal Canin Hydrolyzed but vomits when she eats lately.
- Canine
- Abnormal PE/Chem/CBC/UA Results: CBC chem unremarkable (Recent bloodwork is attached).

BREED

Pocket Bully

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX Female Spayed

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

AGE

1.5

The left kidney is normal in size (6.68 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

55 lbs

The right kidney is normal in size (6.25 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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Medicine)

Adrenal Glands

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

Spleen

The spleen is prominent in size (2.02 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

John Bucha VMD

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.

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The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is severely distended with fluid and hyperechoic non-shadowing material. The stomach appears hypomotile. The gastric wall is normal in thickness with a normal layering pattern. 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 colonic wall is normal.

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Pancreas

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

DATE

4-2-26

Lymph Nodes

The abdominal lymph nodes are normal/not visible.



PATIENT

Mocha Zachary

Free Abdomen

There is no obvious evidence of free fluid.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Primary Findings

BREED

Pocket Bully

- Severe gastric ileus. Considerations include functional ileus vs a mechanical pyloric outflow tract obstruction. A definitive obstruction is not seen, but could easily be obscured by the echogenic material in the stomach.

SEX

Female Spayed

Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

55 lbs

To further evaluate for a pyloric outflow tract obstruction, consider an upper GI endoscopy or exploratory surgery. Alternatively, consider repeating a fasted ultrasound, preferably following drainage of some of the gastric fluid in 12 hours.

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REFERRING VET

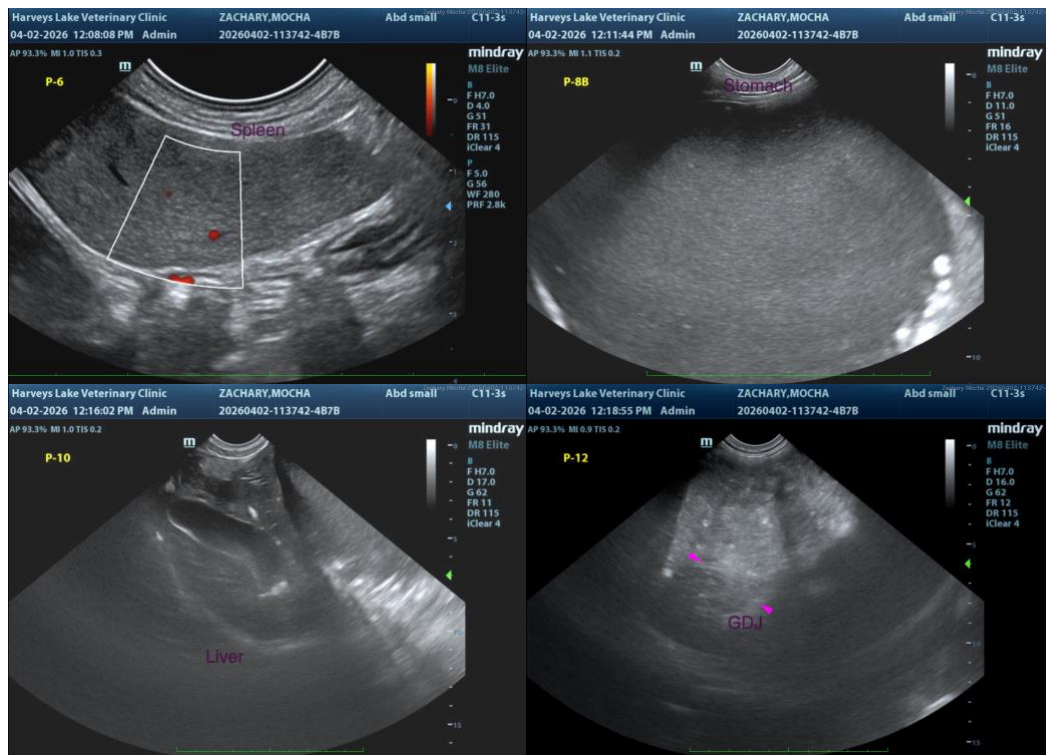
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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