



**PATIENT PRESENTING CLINICAL SIGNS**

**Little N Beal** Got into the trash yesterday. Afterwards, was trying to vomit but couldn't. Abdomen seemed bloated. Was gagging. Went to the ER. Had rads and stomach was full of food or foreign material. Treated supportively. Repeated rads today, and still has a lot of material in the stomach, although slightly improved, compared to yesterday. Has not eaten for 24 hours.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Pitbull Terrier

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

**SEX**

Neutered Male

The prostate is normal in size (1.10 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

10 years

The left kidney is normal in size (6.46 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

69 lbs

The right kidney is normal in size (6.97 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 (0.53 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.

**INTERPRETED BY**

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

The right adrenal gland is in normal size (0.99 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.

**IMAGING PERFORMED BY**

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**Spleen**

The spleen is normal in size (2.00 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A small ill-defined hypoechoic area is observed at the lateral aspect. Splenic vasculature is normal.

**HOSPITAL NAME**

Flowerstown  
AH

**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. No pathological hepatic lymphadenopathy observed.

**REFERRING VET**

Dr. McLaughlin

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**INVOICE**

12647

**Gastrointestinal**

The stomach is distended with soft, shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The

**DATE**

4.4.23

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.

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

#### **Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

#### **Other**

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

### **ULTRASONOGRAPHIC FINDINGS**

#### **Primary Findings**

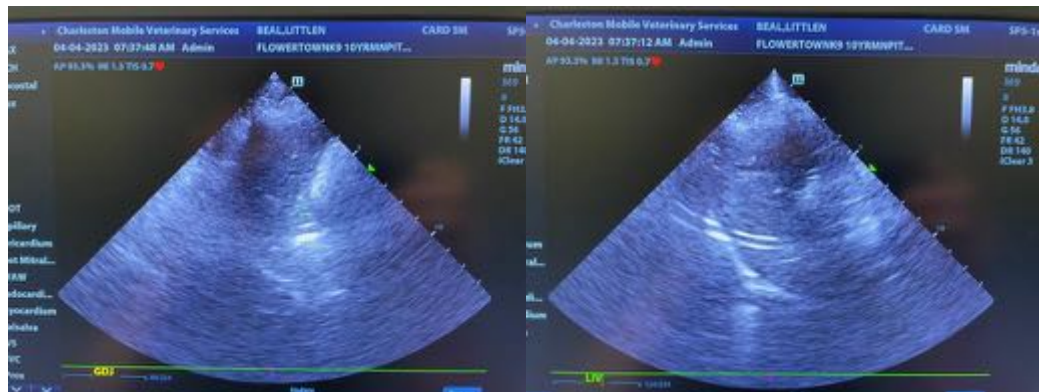
- The shadowing material within the gastric lumen is most consistent with foreign material, although, retained ingesta cannot be completely excluded.

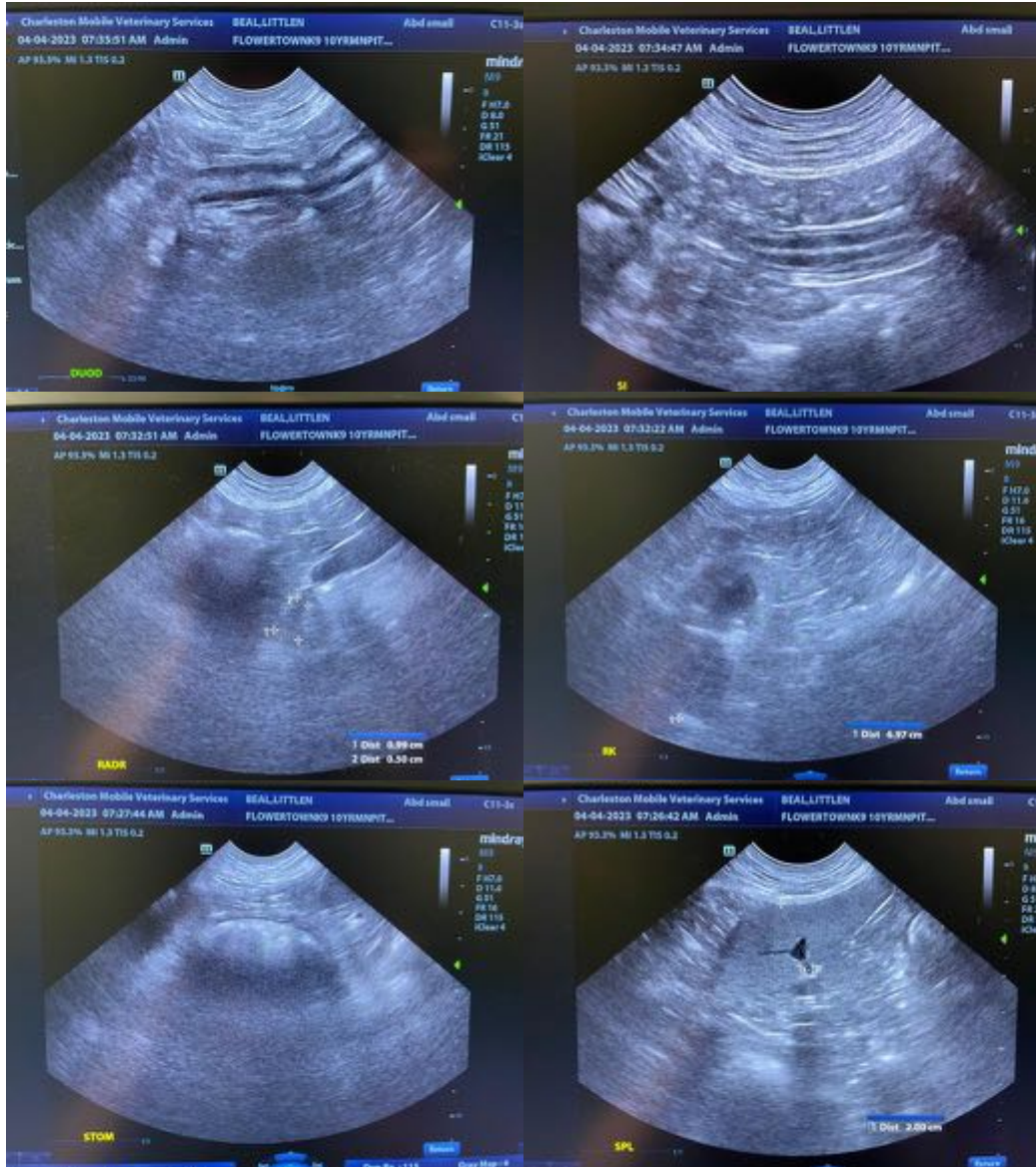
#### **Secondary Findings**

- Minor bilateral age-related renal changes

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Repeat abdominal radiographs are recommended in 12 hours. During that time period, the patient should be treated symptomatically. If the stomach still contains echogenic contents, a gastrotomy with foreign body removal should be considered. Endoscopic removal is also an option. However, if the material is not able to be removed in this fashion, surgery may be recommended regardless.







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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