



**PATIENT PRESENTING CLINICAL SIGNS**

Bea Borawski History: large fb unable to induce vomiting due to size

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SPECIES**

Canine

**Urinary System**

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

**BREED**

Mix

The **left kidney** is normal size (5.70 cm in length); normal shape and architecture with 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.

**SEX**

Spayed Female

The **right kidney** is subjectively normal size, with anormal shape and architecture with 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.

**AGE**

1 years

**Adrenal Glands**

The **left adrenal gland** is normal size (0.47 cm at cranial pole) (0.47 cm at caudal pole) (2.00 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**WEIGHT**

55 lbs

The **right adrenal gland** is normal size (0.77 cm at cranial pole) (0.73 cm at caudal pole) (2.46 cm in length); normal shape; 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*)

**Spleen**

The **spleen** is normal in size (1.77 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.

**IMAGING PERFORMED BY**

Jenn

**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.

**HOSPITAL NAME**

Rockaway AH

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.

**REFERRING VET**

Dr. Maniar

**Gastrointestinal**

The **gastric wall** is normal in thickness with a normal layering pattern. Within the gastric lumen, an approximately 1.50 – 2.00 cm soft, partial, echo-absorbing structure with progressive acoustic shadowing is observed within the lumen, with a small amount of ingesta. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

**INVOICE**

11550

**DATE**

9.1.22

### **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.

### **Free Abdomen**

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

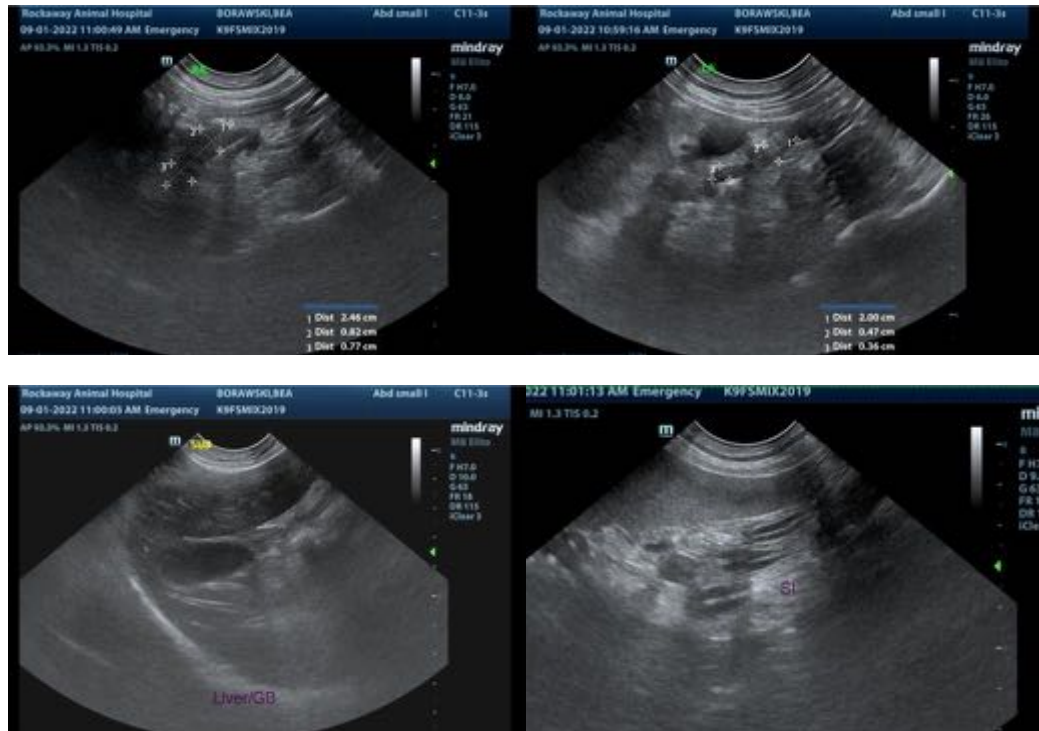
## **ULTRASONOGRAPHIC FINDINGS**

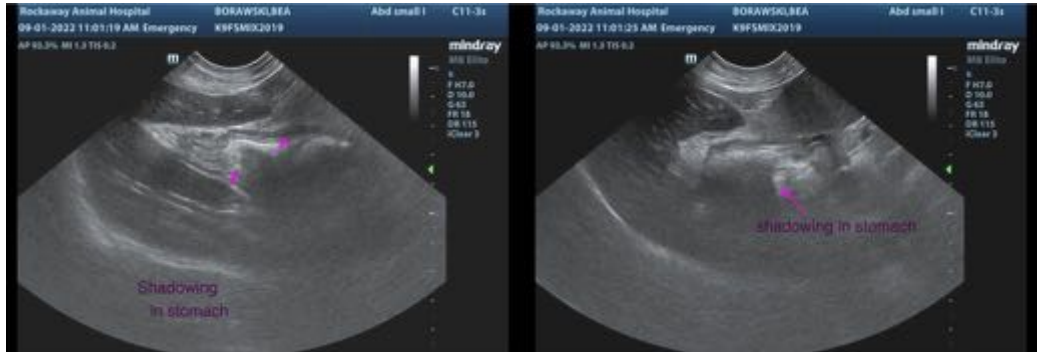
### **Primary Findings**

- Suspected gastric foreign material (i.e., hair, grass, cloth, other).

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

Consider an upper GI endoscopy or gastrotomy to further evaluate for and remove any foreign material. If invasive diagnostics are not pursued at this time, supportive care is recommended with a repeat abdominal ultrasound in 12-24 hours to assess for movement of the foreign material.





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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