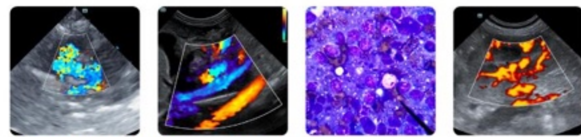


PATIENT

Hab Scherzer

SPECIES

Canine

BREED

Aussiedoodle

SEX

Male, neutered

AGE

12 Yrs.

WEIGHT

70 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Armani

INVOICE

13353

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History: Possible gastric foreign body. Ate fabric on Saturday then vomiting and decr. appeite. TX yesterday cerenia and sq fluids no further v+ last meal 11/17 pm

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately 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.

The prostate is normal in size (1.39 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.55 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A 2.4 x 2.1 cm irregular expansile cortical cyst is observed at the caudomedial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.04 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of 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 (0.73 cm at cranial pole) (0.59 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 (2.27 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.

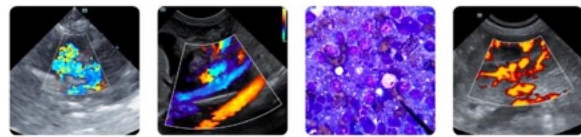
Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. A 1.3 cm hypoechoic nodule is observed on the left side. 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 mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta and a small amount of soft-shadowing material. The gastric wall is normal to mildly thickened (up to 0.71 cm) with questionable retention of the normal layering pattern. 1-2 small intestinal segments are mildly fluid distended. 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
A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

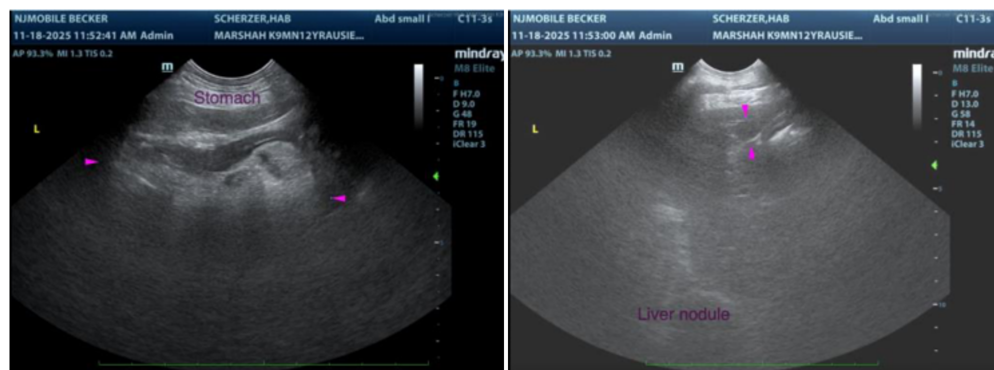
- The gastric luminal contents could be consistent with ingesta and/or foreign material. An overt obstructive pattern is not identified. However, a partial or early obstruction cannot be excluded. The gastric wall changes are suggestive of gastritis with a lower possibility of emerging neoplasia.

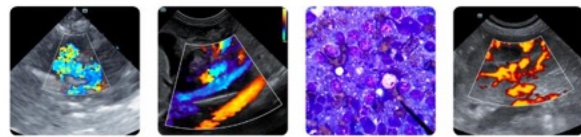
Secondary Findings:

- The hepatic parenchymal changes are non-specific and could be secondary to age-related parenchymal remodeling, regenerative nodular hyperplasia, inflammatory disease, hepatotoxicosis (i.e., copper) and/or other hepatopathy. Correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider a recheck ultrasound following a 12-hour fast to reevaluate the gastric contents. If there is concern for outflow tract obstruction at that time, an exploratory surgery may be indicated. In the meantime, symptomatic care is recommended.
2. Also consider three-view thoracic radiographs to assess for occult aspiration pneumonia.
3. A minimum database including a CBC chemistry panel, urinalysis and T4 is also recommended if not already performed.





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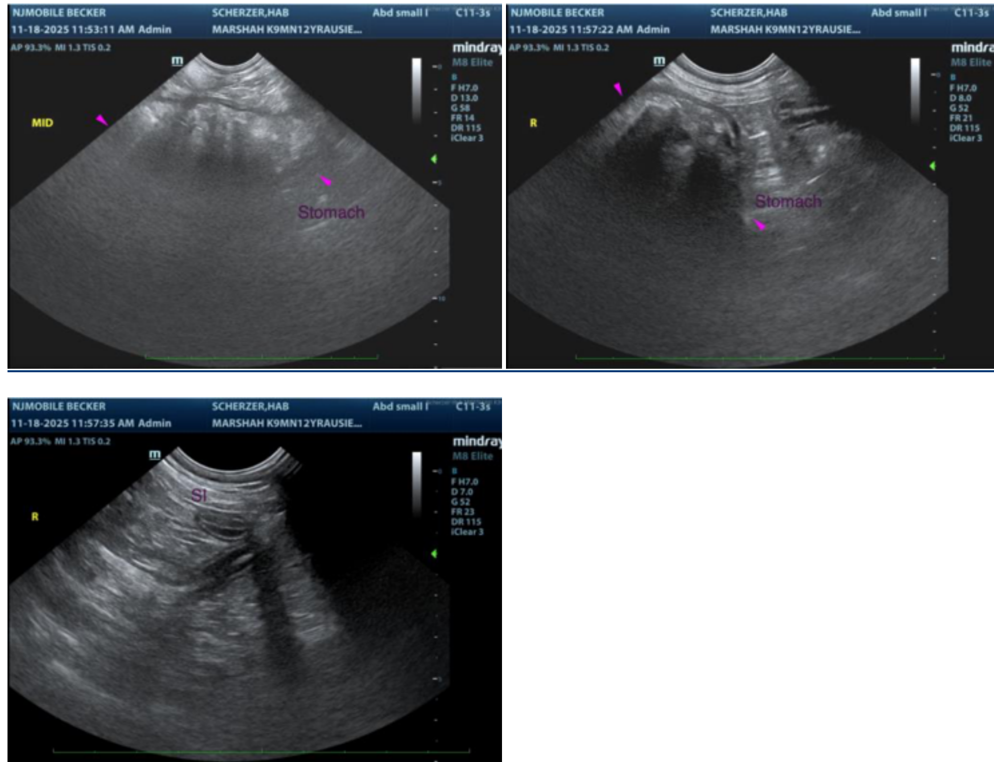

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com