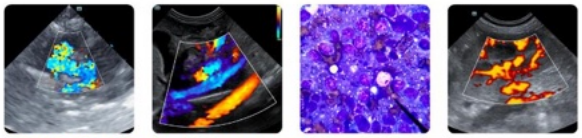

PATIENT

Bandi Walker

SPECIES

Canine

BREED

Rhodesian

SEX

Female

AGE

11 Yrs.

WEIGHT

68 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Walker

INVOICE

13608

DATE

6/9/26

PRESENTING CLINICAL SIGNS

History: Lethargic temperature 103.3 decreased appetite vomited once Abnormal PE/Chem/CBC/UA Results: Some liver values elevated Wbc 41.36 k

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed.

The left kidney is normal in size (7.04 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.46 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 region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

Visualization of the right adrenal gland was limited due to patient discomfort per the sonographer. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (1.02 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 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.

The gall bladder is distended. The wall is normal in thickness. A small to moderate amount of mostly gravity-dependent echogenic to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are not seen.

Gastrointestinal

The gastric lumen is severely distended with fluid and echogenic material. Some soft shadowing material is also seen near the pylorus. The small intestinal lumen is segmentally fluid distended (mild). 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.

Pancreas

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

Lymph nodes

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The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastric ileus. Considerations include functional ileus vs a mechanical pyloric outflow tract obstruction. The soft-shadowing material within the gastric lumen may represent normal ingesta and/or foreign material.
- The gallbladder distention may be secondary to fasting, cholestasis or a cystic or common bile duct obstruction (none seen in the available images).
- The small intestinal changes are suggestive of enteritis.

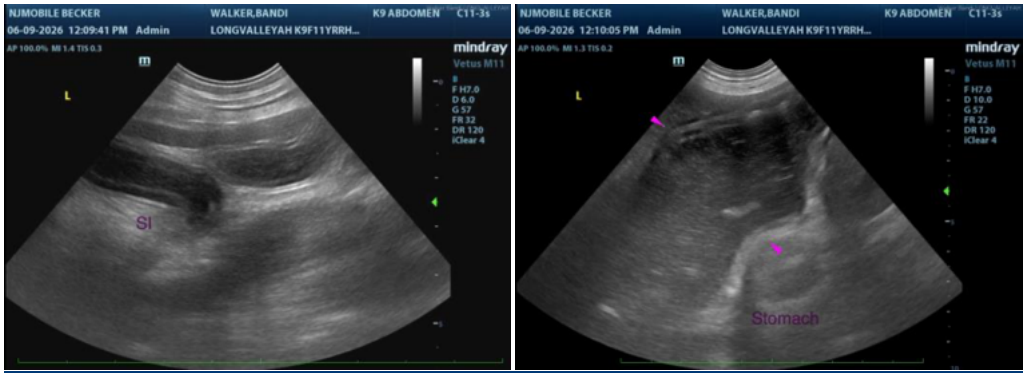
Secondary Findings:

- Minor bilateral age-related renal changes

*An obvious cause for the patient's clinical signs and sonographic changes is not definitively identified in this study. The gastric and gallbladder distention may be obscuring some pathology. Broad considerations for fever include infectious, inflammatory, immune mediated, neoplastic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider an abdominal CT scan to further evaluate abdominal pathology.
2. Also consider three-view thoracic radiographs to assess for occult pathology in the chest.
3. Also consider a cPLI to assess for pancreatitis.
4. Depending on the results of the above diagnostics, further workup may be indicated. In the meantime, symptomatic care is recommended.



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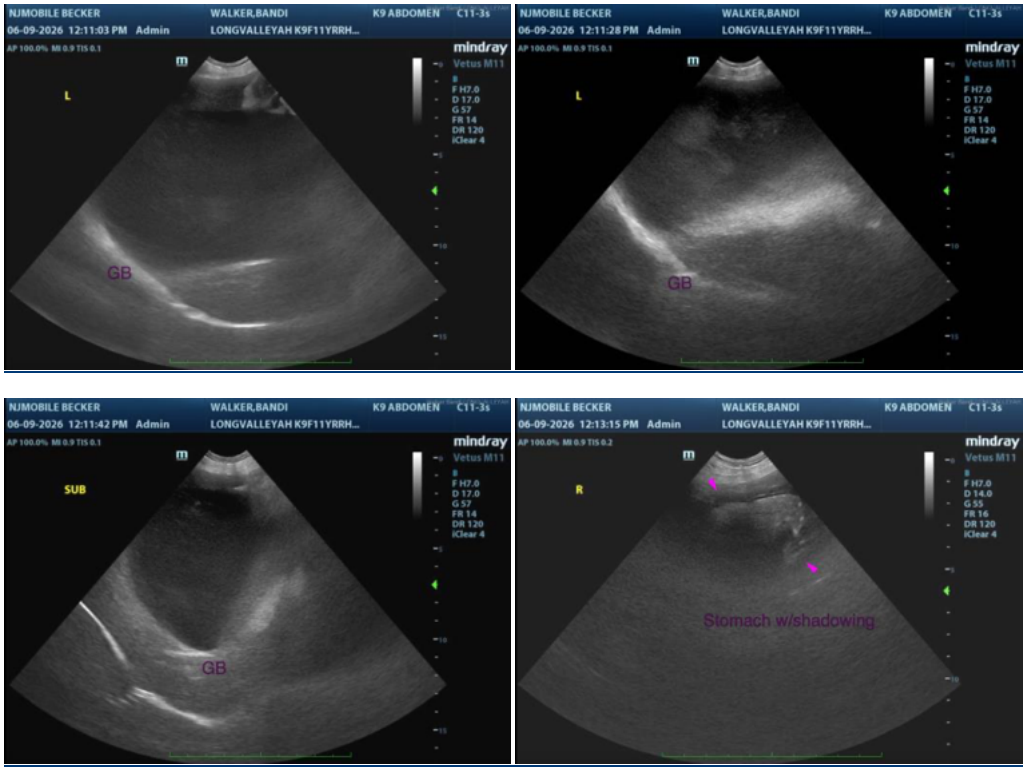

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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