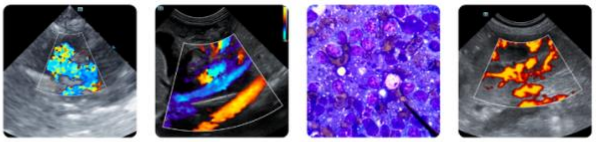


PATIENT

Martini Rowland

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

3 Years

WEIGHT

55.5 pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Alexandra Pasaturo

HOSPITAL NAME

Greater Staten Island Veterinary Services

REFERRING VET

Dr. Alexandra Pasaturo

INVOICE

15134

DATE

04/16/26

PRESENTING CLINICAL SIGNS

Martini presented to GSiVS as referral for AUS for possible GI obstruction. Sunday into Monday Martini started having on and off diarrhea. Tuesday started vomiting. Eating normally despite vomiting. Tuesday owner took Martini to primary vet where blood work and abdominal x-rays were performed which were concerning for foreign material ingestion. Yesterday Martini passed a piece of Kong and Fabric. Last night he past a piece of a rubber toy. Recheck x-rays at rDVM today concerning for SI obstruction. Martini last ate over 12hrs ago. Presented for further eval.

Abnormal PE/Chem/CBC/UA Results: PE unremarkable, 3-5% dehydrated iSTAT: NSF rDVM cbc/chem 4/14: rbc 9.21 (5.65-8.87), hct 63 (37.3-61.7),hgb 22 (13.1-20.5), alt 135 (10-125) Abdominal x-rays recheck GSiVS: small intestines loops appear normal in size, some area appear to have FM vs fecal matter no obvious signs of obstruction X-rays performed earlier today at rDVM concerning for SI obstruction

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident prostatic pathology.

Left kidney is normal in size (5.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (5.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The areas of the adrenal glands were examined without evident adrenal gland pathology.

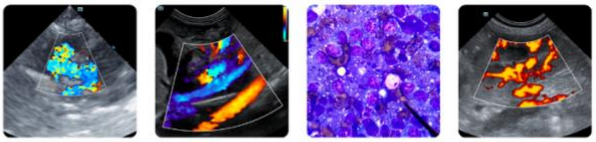
Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is mildly distended and contains an echogenic interface with some subtly distal progressively shadowing material consistent with possible residual foreign material. Having said that, normal ingesta and gas cannot be definitively ruled out and should be considered, especially if there was any chance for food ingestion prior to the ultrasound. There's no definitive evidence of obstruction noted within the stomach in these images at this time

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

The colon is mildly thick in the distal descending colon measuring 0.35 cm thick with normal intact layering. The lumen of the colon contains subjectively normal stool except for some subtly shadowing contents in the distal descending colon that could also represent small pieces of residual foreign material.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

Mesenteric lymphadenopathy is prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- There's not a definitive obstructive pattern or definitive foreign material noted in these images at this time. However, some residual non-obstructive gastric foreign material can't be ruled out. Similarly, some pieces of foreign debris that have already made it all the way to the colon is also suspected.
- Mildly mesenteric lymphadenopathy- infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Splenomegaly- can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further gastrointestinal workup could be considered, especially given that patients' clinical signs reportedly started as diarrhea and could include a routine fecal/Giardia exam, if not recently evaluated.

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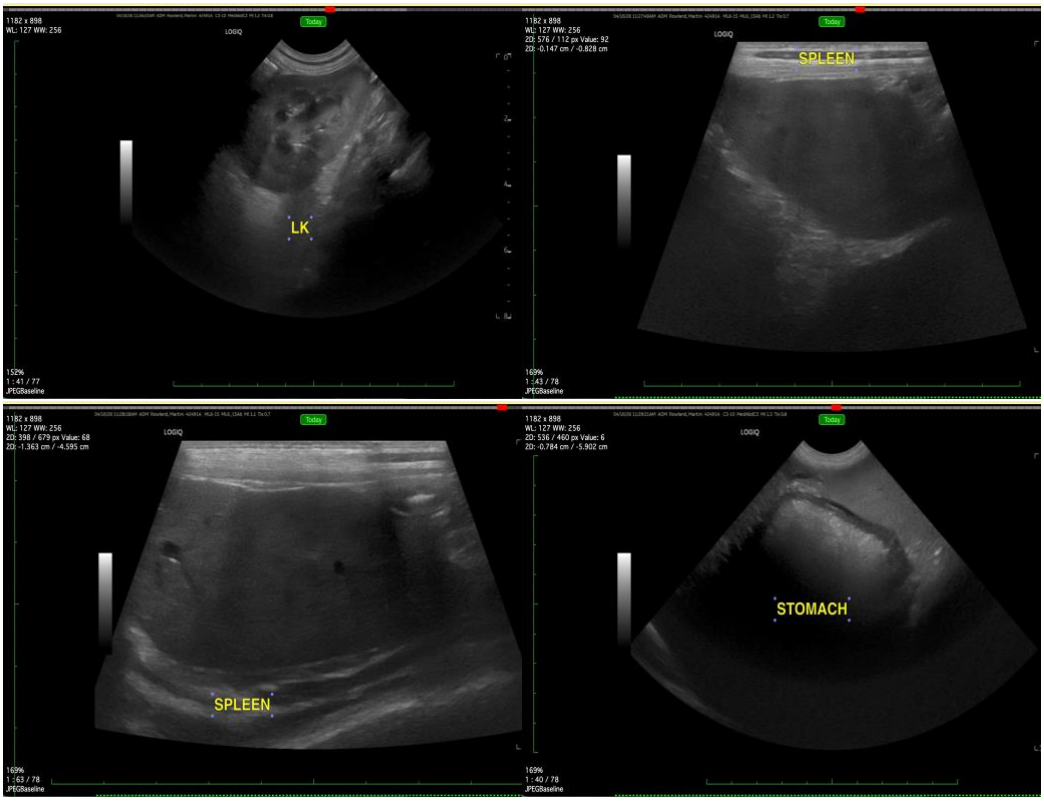
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

In the meantime, supportive/symptomatic medical management of clinical signs while closely monitoring patient for improvement versus progression of clinical signs.

If vomiting does not improve, follow-up imaging potentially following an additional 12 to 24 hours of fasting and/or additional imaging such as contrast radiography versus potentially gastroscopy versus other could be considered to more definitively investigate/rule out gastric material.

If diarrhea persists, supportive/symptomatic medical management of clinical signs is recommended, including a probiotic (such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning possibly with a gastrointestinal biome diet vs a hydrolyzed protein diet vs other. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several brand attempts may be required.



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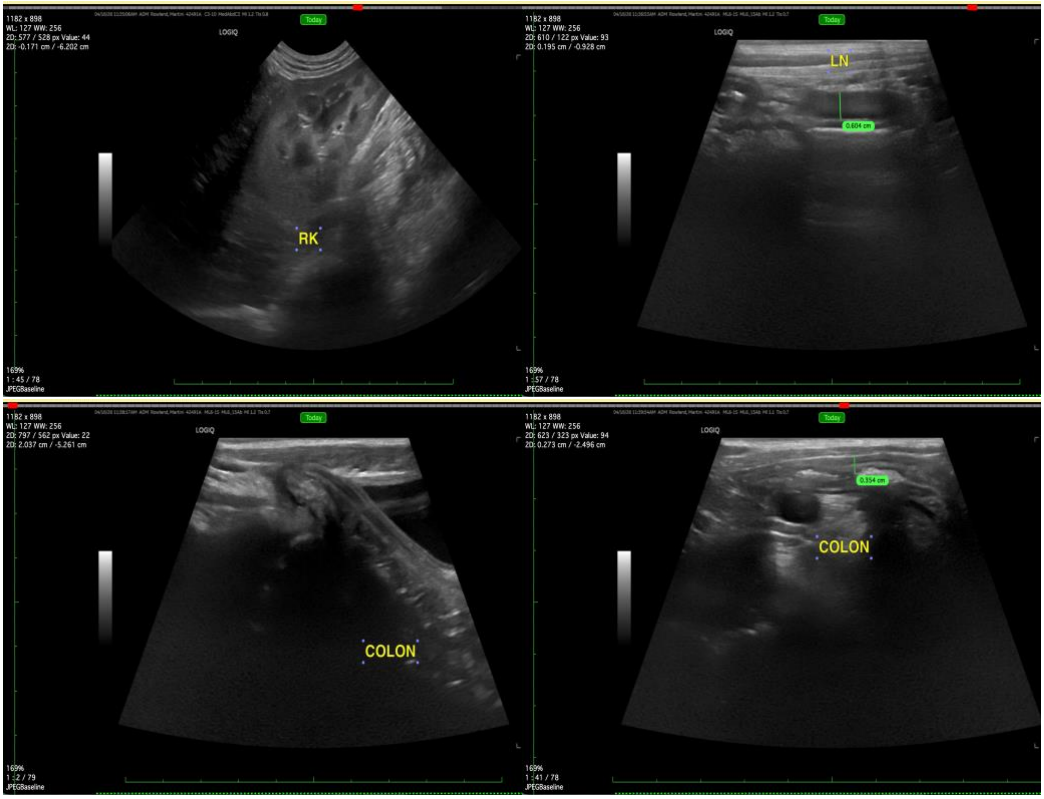

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

info@sonopath.com