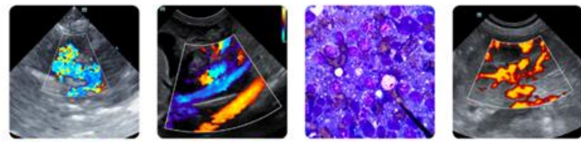


PATIENT

Gigi Islami

SPECIES

Canine

BREED

Bichon Frise

SEX

FS

AGE

1yr

WEIGHT

20.5lb

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Alexandra Pasaturo DVM

HOSPITAL NAME

Greater Staten Island Veterinary Srerrvice

REFERRING VET

Rachel Flagiello

INVOICE
23186

DATE
12/9/2025

PRESENTING CLINICAL SIGNS

Vomiting and regurge since last night. Throwing up undigested food. Chewing on a toy last night, owner noticed stuffing in mouth and pulled some of it out. Very lethargic

Abnormal PE/Chem/CBC/UA Results: PE: Quiet on exam, pale pink and tacky MM, tense/painful abdomen Diagnostics: PCV/TS: 50/7.4 BP:130mm/Hg CBC/CHEM- RETIC 114.3 (H) CPLI- 131 (WNL) AXR- no obvious obstruction, suspicious pattern in cranio-caudal abdomen on VD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

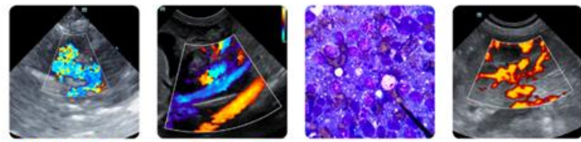
Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy most notable in the pylorus wall. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid and chyme was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction. The pylorus wall measured 0.59 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present. The colon was non-distended, exhibiting empty segmental colon lumen with segmental strongly shadowing content.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

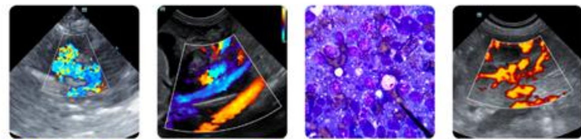
Primary

- Hypomotile gastritis.
- Normal generalized empty small intestine
- Non-distended colon with segmental strongly shadowing content

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive evidence of gastrointestinal foreign material or intestinal mechanical obstruction was not obvious. This may suggest metabolic gastric ileus secondary to gastric inflammation or potential passed / evacuated foreign material in conjunction with patient history and segmental strongly shadowing fecal content. A possible non-visualized area of upper intestinal obstruction, such as at the level of the pyloroduodenal junction or upper duodenum is not definitively excluded.

Hospitalization with gastrointestinal support including IV fluids, documented 12 - 18 hour fast with clinical and sonographic monitoring of gastric motility would be reasonable. If persistent or progressive gastric stasis and non-responsive clinical signs, exploratory laparotomy with gross inspection of the gastrointestinal tract and with gastrointestinal biopsies suggested in conjunction with screening cortisol level should be considered.



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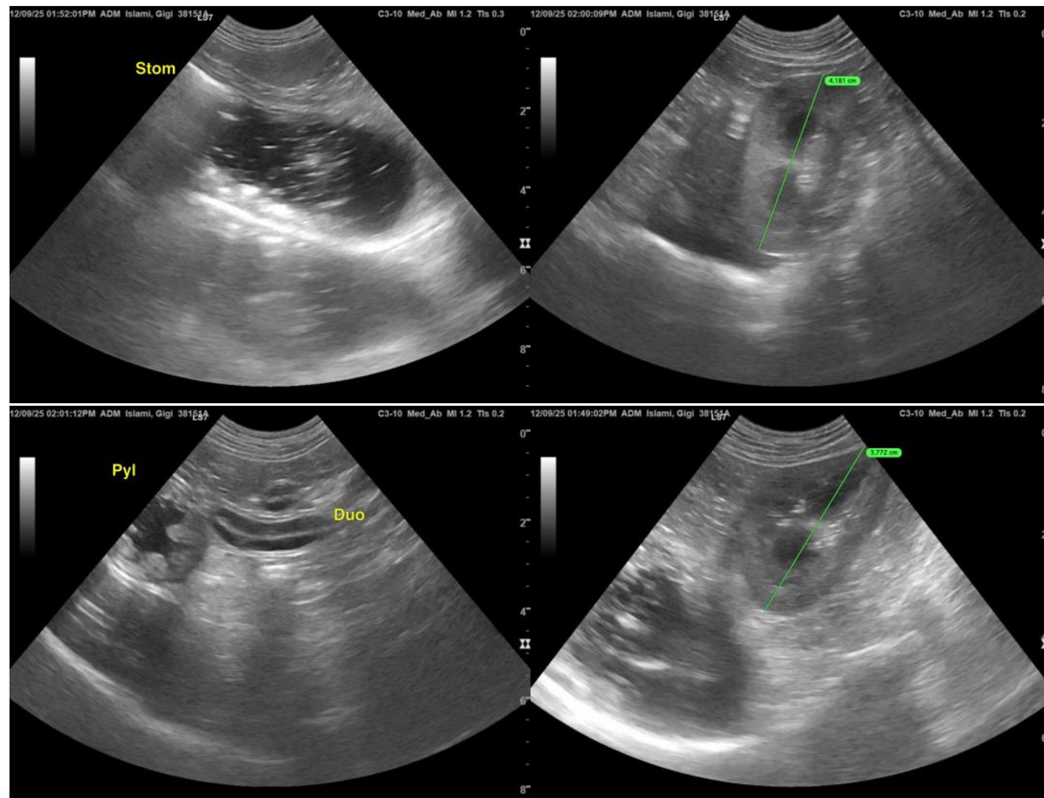

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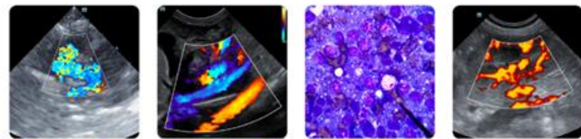

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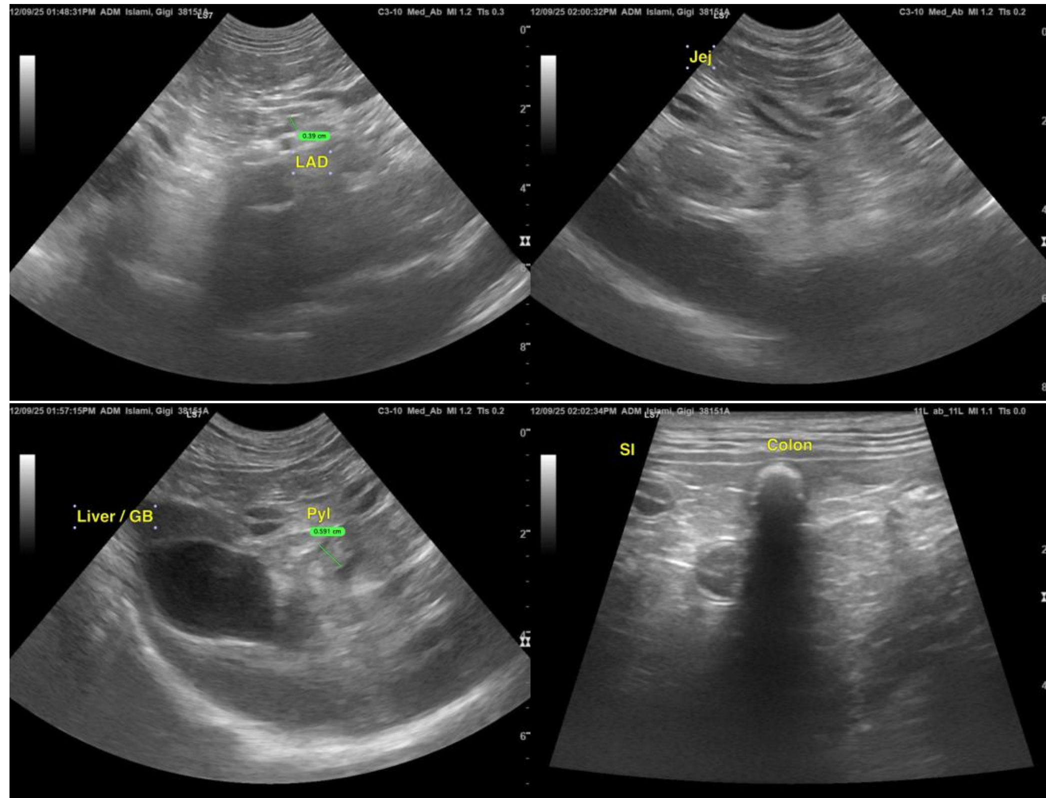

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com