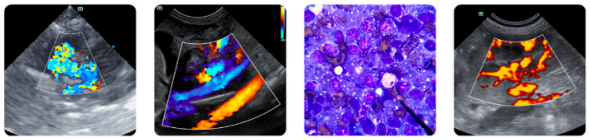




**PATIENT**

Bandit Nye

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Intact Male

**AGE**

1 Month

**WEIGHT**

5.3 kg

**INTERPRETED BY**

Tam Mengine, DVM, DABVP (canine/feline practice)

**IMAGING PERFORMED BY**

Dr. Meghan Myers

**HOSPITAL NAME**

Hershey AEC

**REFERRING VET**

Dr. Cara Sinopoli

**INVOICE**

35568

**DATE**

11/22/25

## PRESENTING CLINICAL SIGNS

History: P presented for severe distended abdomen following eating as well as non-productive retching. Abdominal: Severely distended, tympanic abdomen.

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 5.12 (L), HCT 31.5 (L), HGB 10.8 (L), MCV 61.4 (L), MCH 21.1 (L), Retics 160.6 (H), WBC 31.16 (H), Neut 26.02 (H), Mono 2.22 (H), Eos 0.01 (L), MPV 17.4 (H), PCT 0.62 (H) Chem: Crea <0.1 (L), GGT 3 (H) EPOC: pCO2 48.1 (H), Bicarb 29.0 (H), TCO2 28.0 (H), K 3.2 (L), Cl 105 (L), iCa 1.46 (H), Crea 0.39 (L), BG 145 (H), HCT 31 (L) Radiographs: Dorsal displacement of the gas-filled pylorus and compartmentalization of the stomach. Caudally displaced small intestines. Following orogastric placement, significantly reduced gastric distention.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 2.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 5.3 cm in length. The right kidney is 5.9 cm in length.

### *Adrenal Glands*

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.4 mm at the cranial pole and 4.0 mm at the caudal pole. The right adrenal gland height is 7.4 mm at the cranial pole and 3.8 mm at the caudal pole.

### *Spleen*

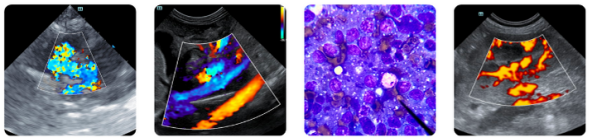
The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

### *Liver*

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

### *Gastrointestinal*





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The stomach is markedly distended with fluid and irregularly marginated ingesta, casting an anechoic shadow. The gastric wall is 2.1 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.8 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

### *Pancreas*

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

### *Free Abdomen*

There is focal free fluid present throughout the abdomen. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged mesenteric lymph nodes are observed, up to 1.9 cm in length, retaining appropriate shape and echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Markedly distended stomach containing both fluid, and anechoic-shadowing material, with patent pylorus

### Secondary Findings

- Scant free fluid and reactive mesenteric lymph node - both likely incidental / physiologic findings in the young patient

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the stomach remains distended, despite stomach tube decompression, it is possible that the material casting an anechoic shadow is indeed foreign material, despite no known ingestion. It is also possible that this represents a large quantity of dense / impacted food such as kibble, with concurrent delayed gastric emptying. If the gastric distention persists despite supportive care with IV fluids (which may currently be the case), then endoscopic investigation would be recommended, with the understanding that this may lead to a surgical gastrostomy depending on the endoscopic findings.

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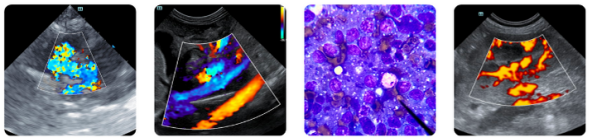

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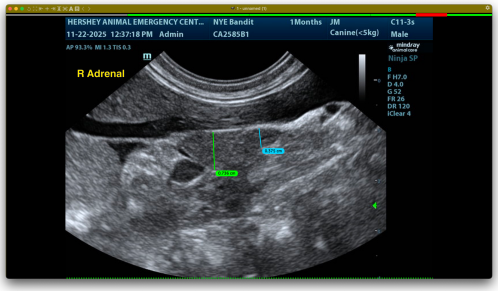


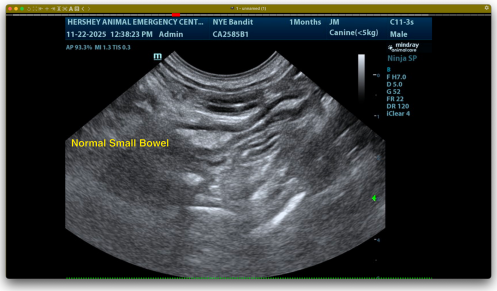


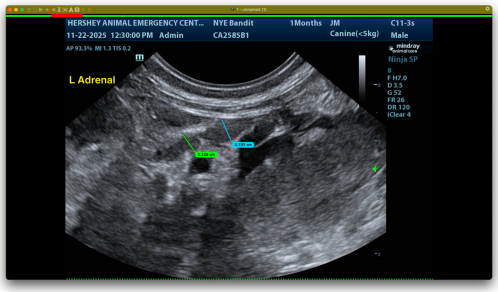


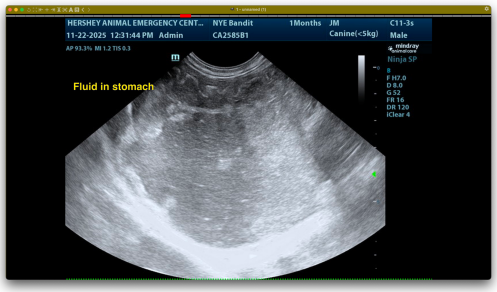


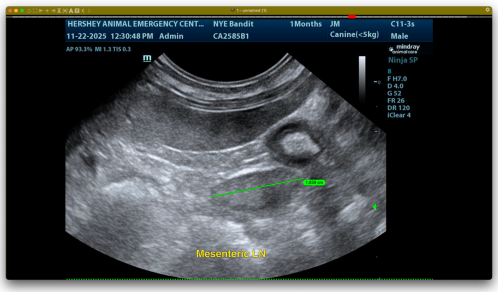


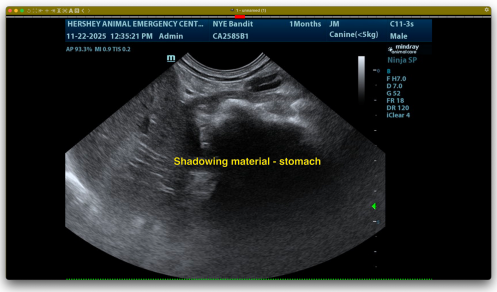


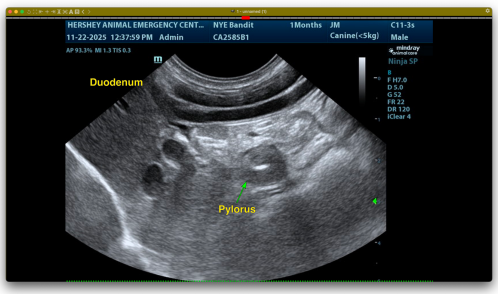


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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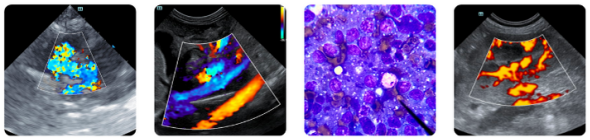

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