



PATIENT

Koda Hilger

SPECIES

Canine

BREED

English Bulldog Mix

SEX

Male Neutered

AGE

10Y

WEIGHT

26 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

Dr Holmes

INVOICE

22272

DATE

11-17-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Koda is a 10-year-old MN English Bulldog presenting with vomiting/regurgitation/acting uncomfortable. The O was out of town for a week, and the O father was watching Koda and the father relied all the information to the O today of what has been going on with Koda over the last week. A few times during that week the O is unsure how many times the O stated that it was a couple of days of Koda throwing up bile and one of the days was food that Koda thrown up. Koda today has vomited 4 times each time having a consistency of a little foam, clear color, and liquidly. The O also stated that throughout the day today Koda has been "restless", "flopping", "going back and fourth", "panting", and "shaking". The O stated that all of that happened today and that the O father while watching Koda only stated that Koda had thrown up a few mornings. Koda has not had any yelps or screams or any notice of drooling. The O is also concerned about a massive skin tag on Koda. Koda eating has decreased this morning the O stated that Koda did not have breakfast. Koda has seasonal allergies and is on cytopoint for treatment. Koda is not on any medications currently is utd on vaccines/preventions. Drinking and urination are normal for Koda.

Abnormal lab-work values: Complete Blood Count: HCT 59.4%. Chem 17: No significant abnormalities. PCV/TS: 60/7

Current Medications: ondansetron, Famotidine, Cerenia

Radiographic Findings: Three radiographs are provided.

Abdomen: The stomach contains ill-defined soft tissue materials mixed with gas. A segment of the bowel, superimposed by ill-defined soft tissue material in the mid-abdomen, is suspected to represent the jejunum, given its location. The remaining small intestine is moderately gas-distended, although there is some variability in segment diameter. The colon is filled with gas and fecal material. No specific abnormalities have been identified in the regions of the liver, spleen, the visible portions of the kidneys, or the urinary bladder.

The provided part of the caudal thorax is unremarkable, without evidence of esophageal distension or signs of aspiration pneumonia.

Chronic caudal thoracic and lumbar spine degenerative changes include spondylosis and chronic intervertebral disc disease.

The lumbosacral intervertebral disc space is narrowed and spanned ventrally by severe spondylosis deformans.

Assessment: Amorphous, ill-defined soft tissue materials within the mid abdomen are most likely to be within the jejunum. The results of this evaluation are negative for a definitive diagnosis of complete small intestinal mechanical obstruction at this time. However, partial obstruction remains possible. Fluid therapy and fasting should be considered, with repeat abdominal radiographs (WITH PNEUMOCOLONOGRAPHY) in 6 hours or sooner for re-evaluation.

- Chronic caudal thoracic and lumbar spine degenerative changes include spondylosis and chronic intervertebral disc disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

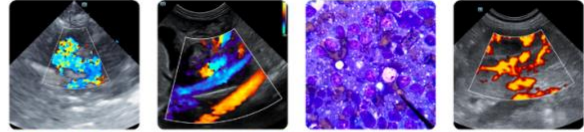
The urinary bladder is moderately distended. The wall in the region of the apex is mildly to moderately thickened (up to 0.60 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. Luminal contents are mostly anechoic. No cystic 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 (1.11 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 (6.65 cm in length) with a normal shape, architecture and smooth peripheral



PATIENT	
Koda Hilger	margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
SPECIES	
Canine	The right kidney is normal in size (6.80 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
BREED	
English Bulldog Mix	Adrenal Glands The left adrenal gland is borderline enlarged (0.73 cm at cranial pole) (0.79 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.
SEX	
Male Neutered	The right adrenal gland is borderline enlarged (1.13 cm at cranial pole) (0.76 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.
AGE	
10Y	Spleen The spleen is mildly enlarged (2.45 cm in width at the level of the hilus) with smooth peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.
WEIGHT	
26 kg	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 portal vein to caudal vena cava ratio is approximately 1: 1.
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Andrea Nicastro DVM Diplomate ACVIM (Sm Animal Internal Med)	The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.
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Andrea Nicastro DVM Diplomate ACVIM (Sm Animal Internal Med)	Gastrointestinal The gastric lumen is moderately distended with fluid and gas and is hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The duodenal lumen is empty. The duodenal wall is normal in thickness with a normal layering pattern. A few jejunal segments appear mildly to moderately fluid-distended and hypomotile. The remaining jejunal segments appear empty. In what appears to be the distal ileum, a 2.7 cm hyperechoic, hard shadowing structure is visualized. Proximal to this structure, the bowel lumen is dilated. The colonic wall is normal to mildly thickened (up to 0.48 cm) with retention of the normal layering pattern. The colonic lumen is empty.
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BluePearl MP ER	Pancreas The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.
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Dr Holmes	Lymph Nodes A 1.46 x 0.64 cm medial iliac lymph node is visualized. In addition, a 1.16 x 0.91 cm septated cystic mesenteric lymph node is also seen.
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22272	Free Abdomen The mesentery in the midabdominal region is mildly hyperechoic. Trace free fluid is observed.
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Other

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

BREED

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- Intestinal foreign body, thought to be located at the level of the distal ileum/ileocecocolic junction. At least partial obstruction is suspected. There is evidence of mild adjacent peritonitis.

SEX

Male Neutered

- Gastric ileus

- The mild thickening of the colonic wall is most consistent with colitis, with a low possibility of emerging neoplasia.

AGE

10Y

Secondary Findings

- Minor bilateral age-related renal changes

WEIGHT

26 kg

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- The prominent abdominal lymph nodes are likely reactive, with a lower possibility of emerging neoplasia. The significance of the cystic lymph node is unclear. It may represent a benign incidental finding.

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- The urinary bladder wall changes in the region of the apex are suggestive of cystitis. However, correlation with the patient's clinical history and urinalysis findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The options at this juncture include a conservative approach (i.e., aggressive fluid therapy with a repeat fasted ultrasound in 12 hours to assess for possible movement of the foreign body into the colon), or an abdominal exploratory with surgical removal of the foreign material. If surgery is pursued, GI biopsies are recommended at the time of surgery to assess for microscopic pathology. Three-view thoracic radiographs are recommended prior to anesthesia to evaluate for occult aspiration pneumonia.

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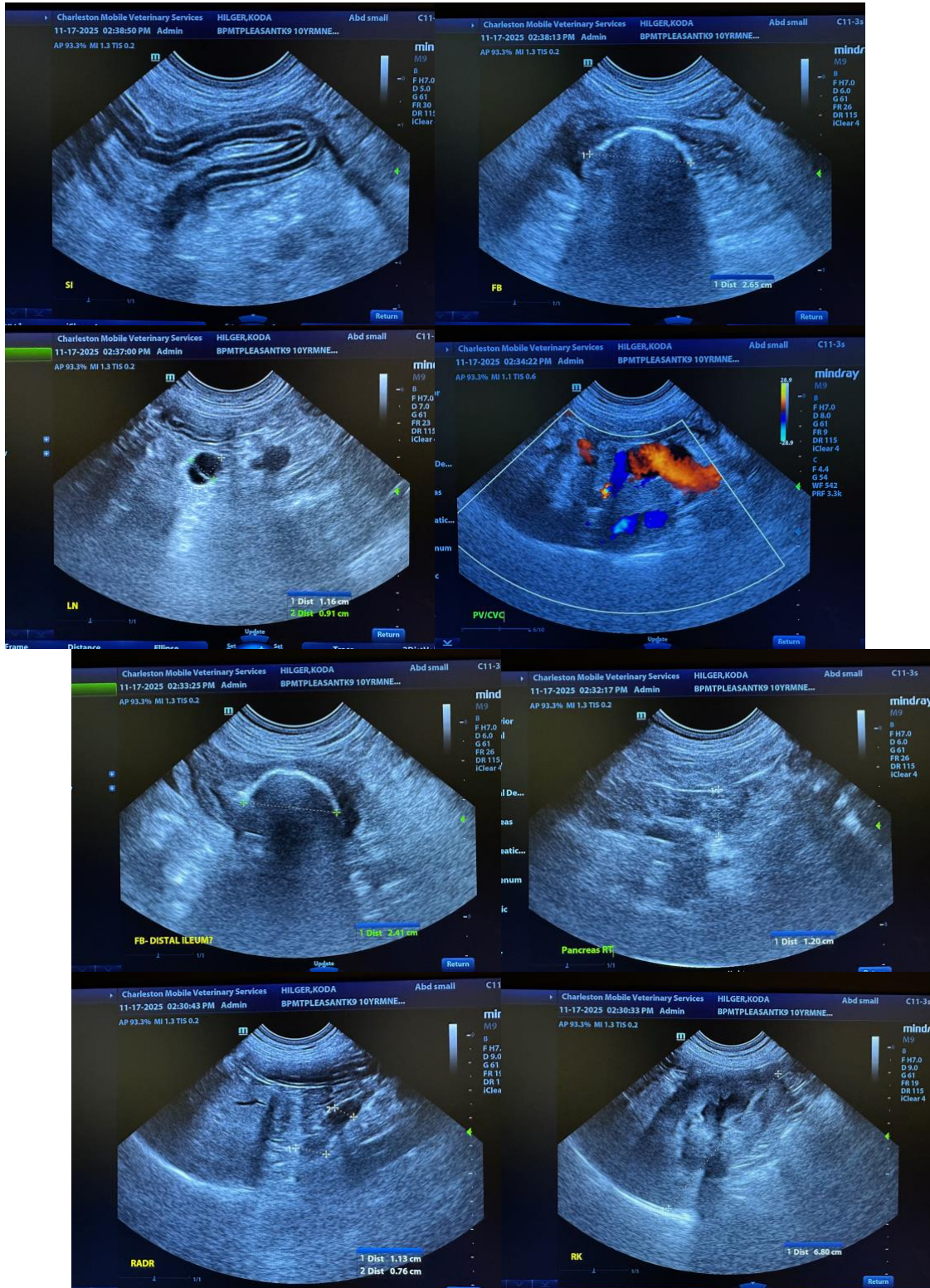
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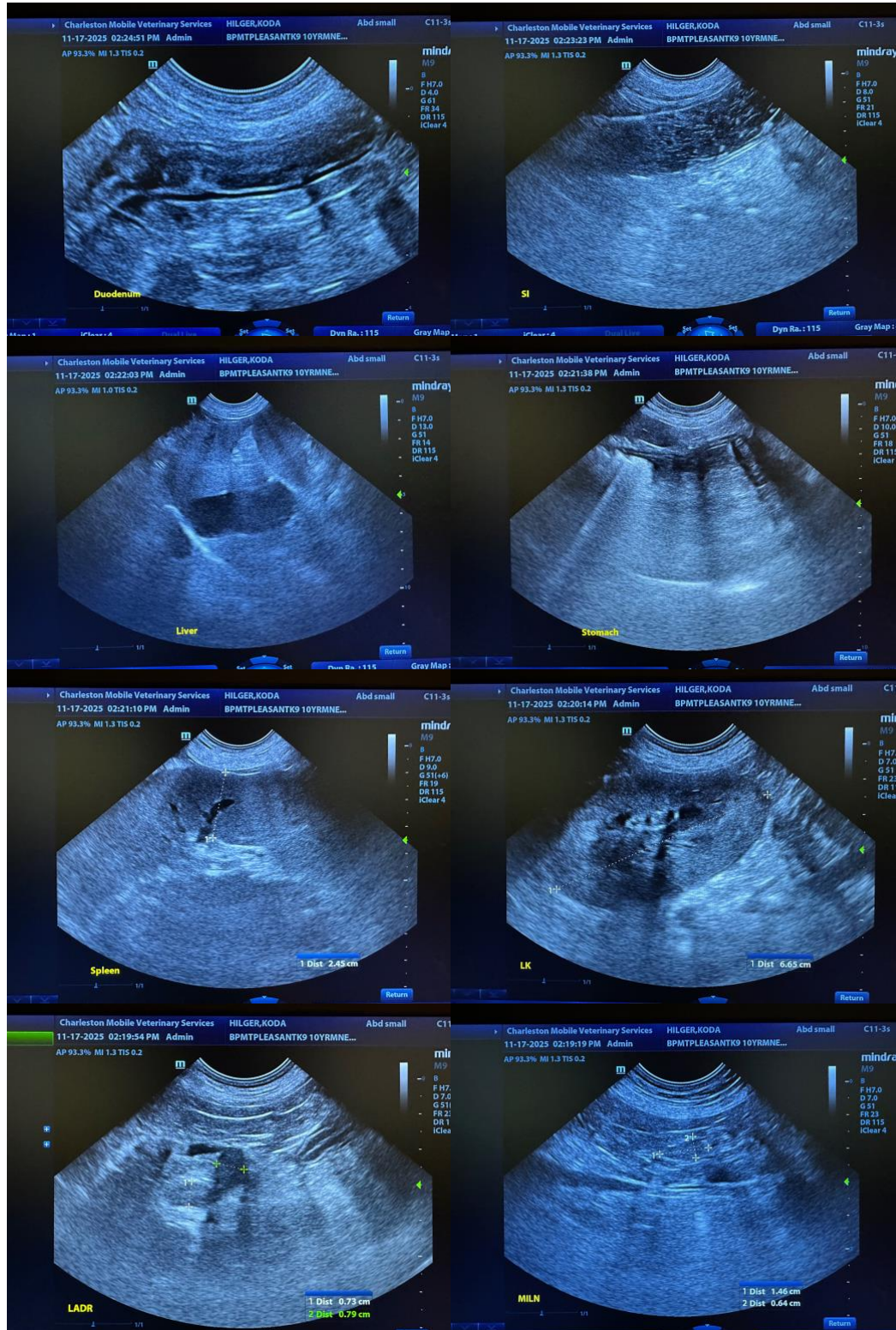
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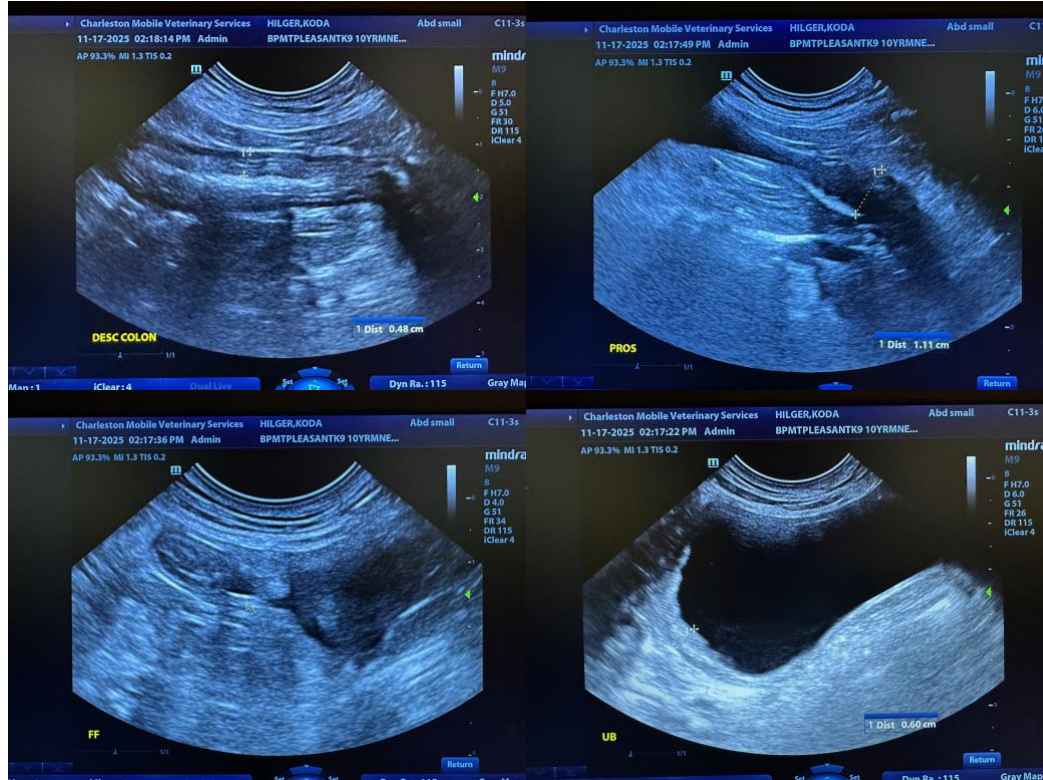
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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