



PATIENT PRESENTING CLINICAL SIGNS

Bruzer Slobodzian

History: Acute onset vomiting and diarrhea (2 days), Progression to frank hematochezia, Frequent bile vomiting (hourly), Anorexia, lethargy, marked abdominal discomfort, Possible foreign body ingestion (chewed soccer ball; puppy bone) Recent dietary indiscretion (new dental drops, treats), Past history of immune-mediated myositis treated previously with steroids (not currently medicated)

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

5 years 6 mos

WEIGHT

45.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mariusz Chmielinski DVM

HOSPITAL NAME

Apex Vet Svcs Ltd

REFERRING VET

Alpine 24/7 / ER

INVOICE

22344

DATE

12-27-25

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (8.31 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (7.95 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.51 cm at cranial pole) (0.53 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.

The right adrenal gland is normal in size (0.93 cm at cranial pole) (0.64 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.

Spleen

The spleen is normal in size (1.61 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.



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The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme, fluid, and gas. The small intestinal wall is normal in thickness. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. The colonic lumen contains liquid-appearing fecal material.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes

At least one prominent jejunal is visualized (measuring 2.06 x 0.71 cm).

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diarrheic stool
- The small intestinal wall changes could be consistent with an inflammatory process (i.e., enteritis, inflammatory bowel disease) or may be a normal variant for this patient. There is evidence of segmental ileus.

Secondary Findings

- The prominent jejunal lymph node is likely reactive, with a lower possibility of emerging neoplasia.

*There is no obvious evidence of a gastrointestinal foreign body/obstruction in the available images. However, due to gas artifact from the GI tract, a small or partial obstruction could be obscured.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia, along with a fecal PCR infectious disease panel are recommended.
- Prophylactic deworming with fenbendazole should also be considered.
- Symptomatic care for acute hemorrhagic gastroenteritis is recommended. Given the neutropenia, also consider broad-spectrum antibiotic therapy.
- Consider a recheck ultrasound in 12-24 hours to reevaluate the bowel for obstruction, particularly if the patient's clinical status is not improving.
- Three-view thoracic radiographs should also be considered to assess for occult aspiration pneumonia.



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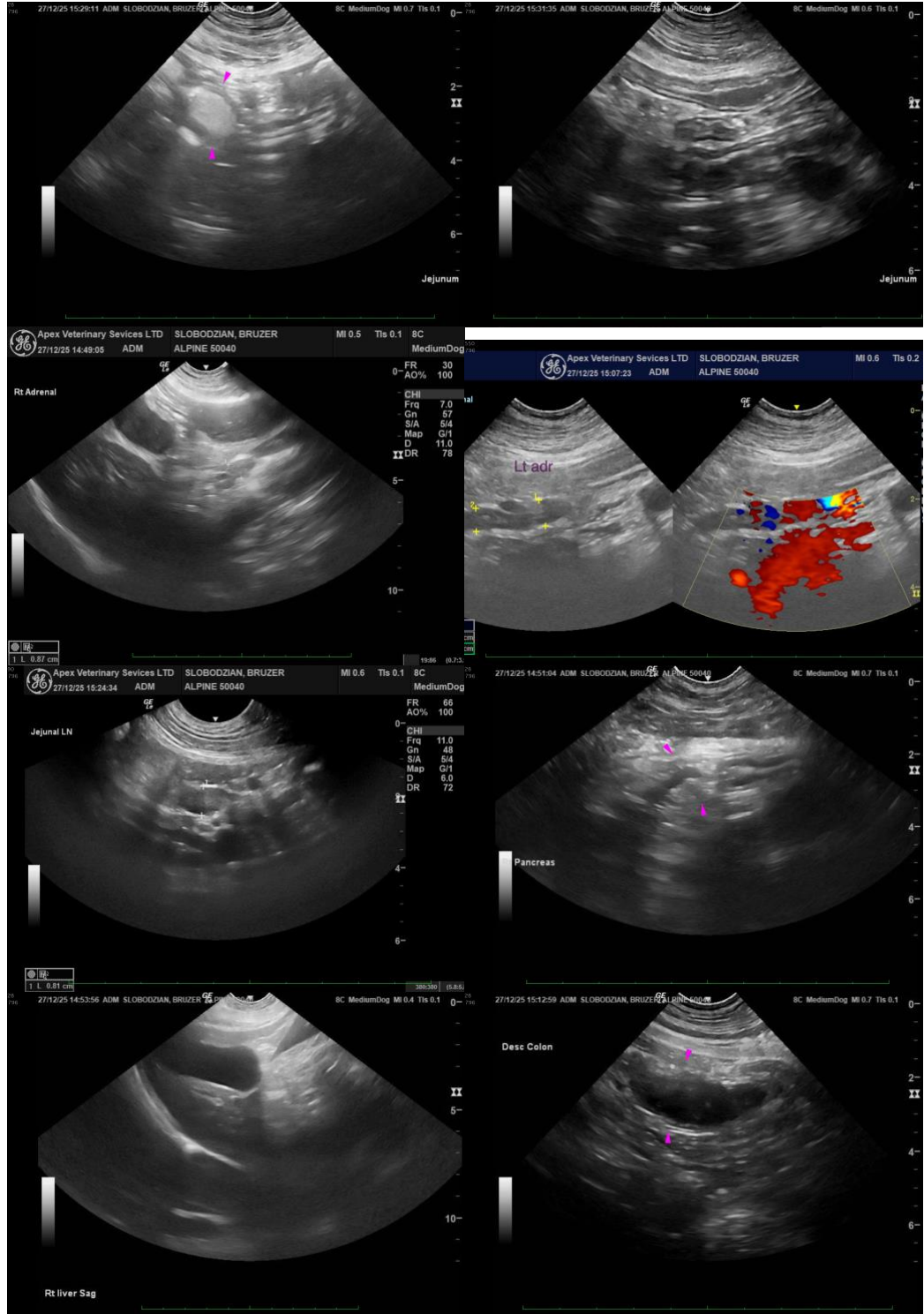
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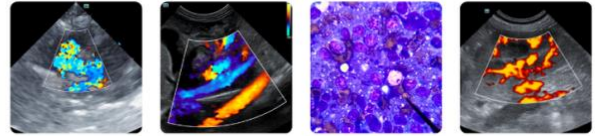
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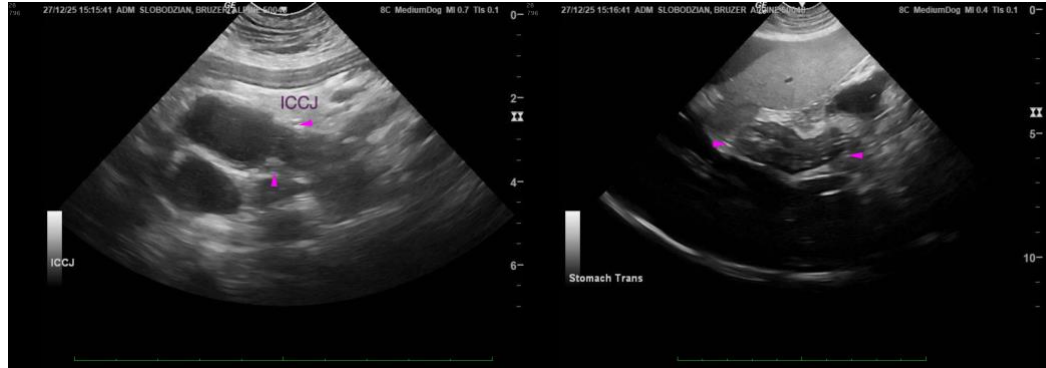
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com