



PATIENT PRESENTING CLINICAL SIGNS

Rapha Otte
SPECIES History: Adopted end of December from Barking Boutique. Dewormed multiple times at puppy shop (some we were unfamiliar with). Continues to be Giardia and roundworm positive despite multiple attempts of treatment by rDVM of dewormer, probiotics, bland diet. Poor doer - not gaining weight appropriately. Vomiting and hemorrhagic diarrhea that are not resolving. Intermittent lethargy feco

Canine

Abnormal PE/Chem/CBC/UA Results: Non-regenerative anemia that is persistent. Parvo negative (twice). Thickened intestines on palpation, kidney feels very firm on palpation in cranial abdomen

BREED

Fr Bulldog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX 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 and the proximal urethra, visible to a depth of 1.5 cm, are normal.

Intact Male

AGE

14 wks

The prostate is normal in size (0.79 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

6.8 lbs

The left kidney is normal in size (3.12 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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The right kidney is normal in size (4.22 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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

IMAGING PERFORMED BY

Michelle Lindemulder DVM

Adrenal Glands

The left adrenal gland is normal in size (0.31 cm at cranial pole) (0.30 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.

No images provided of the right adrenal gland.

HOSPITAL NAME

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Spleen

The spleen is normal in size (0.77 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.

REFERRING VET

Janae Seneker DVM

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.

DATE

2-18-26

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and



PATIENT

appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Rapha Otte

SPECIES

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Canine

BREED

Lymph Nodes

A 1.5 x 1.0 cm mesenteric lymph node is visualized.

Fr Bulldog

Free Abdomen

Trace free fluid is suspected.

SEX

Other

A small amount of pleural effusion is suspected.

Intact Male

AGE

ULTRASONOGRAPHIC FINDINGS

14 wks

- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying.
- The prominent mesenteric lymph node may be secondary immunologic immaturity, lymphoid hyperplasia, lymphadenitis, or less likely, emerging neoplasia.

WEIGHT

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*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

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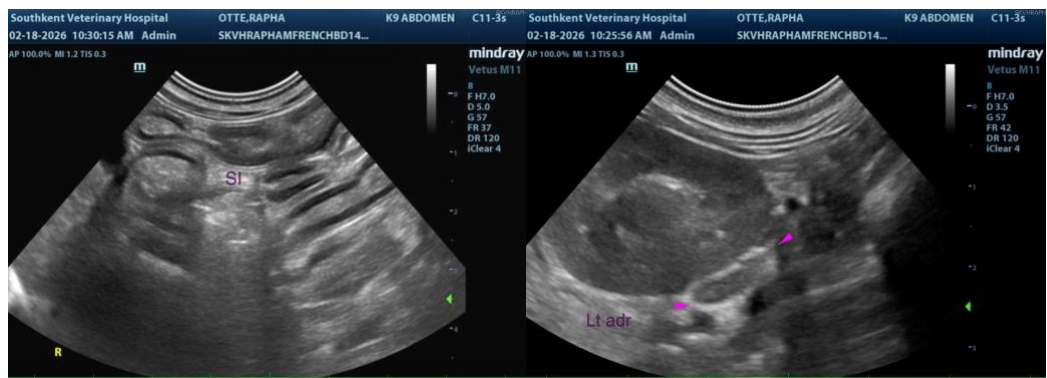
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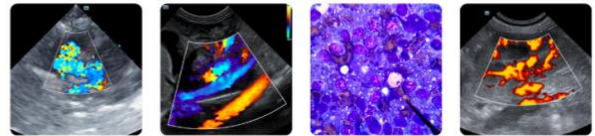
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the concern for possible pleural effusion, three-view thoracic radiographs are recommended.
- Consider pre- and postprandial serum bile acids to screen for a portosystemic shunt.
- A T4/free T4 by equilibrium dialysis is recommended to evaluate for congenital hypothyroidism as a possible cause for being a poor doer.
- Consider a GI panel including serum cobalamin and folate, TLI, PLI and rustic cortisol.
- Depending on the results of the above diagnostics further work-up may be indicated.
- While awaiting test results, continued symptomatic care is recommended.





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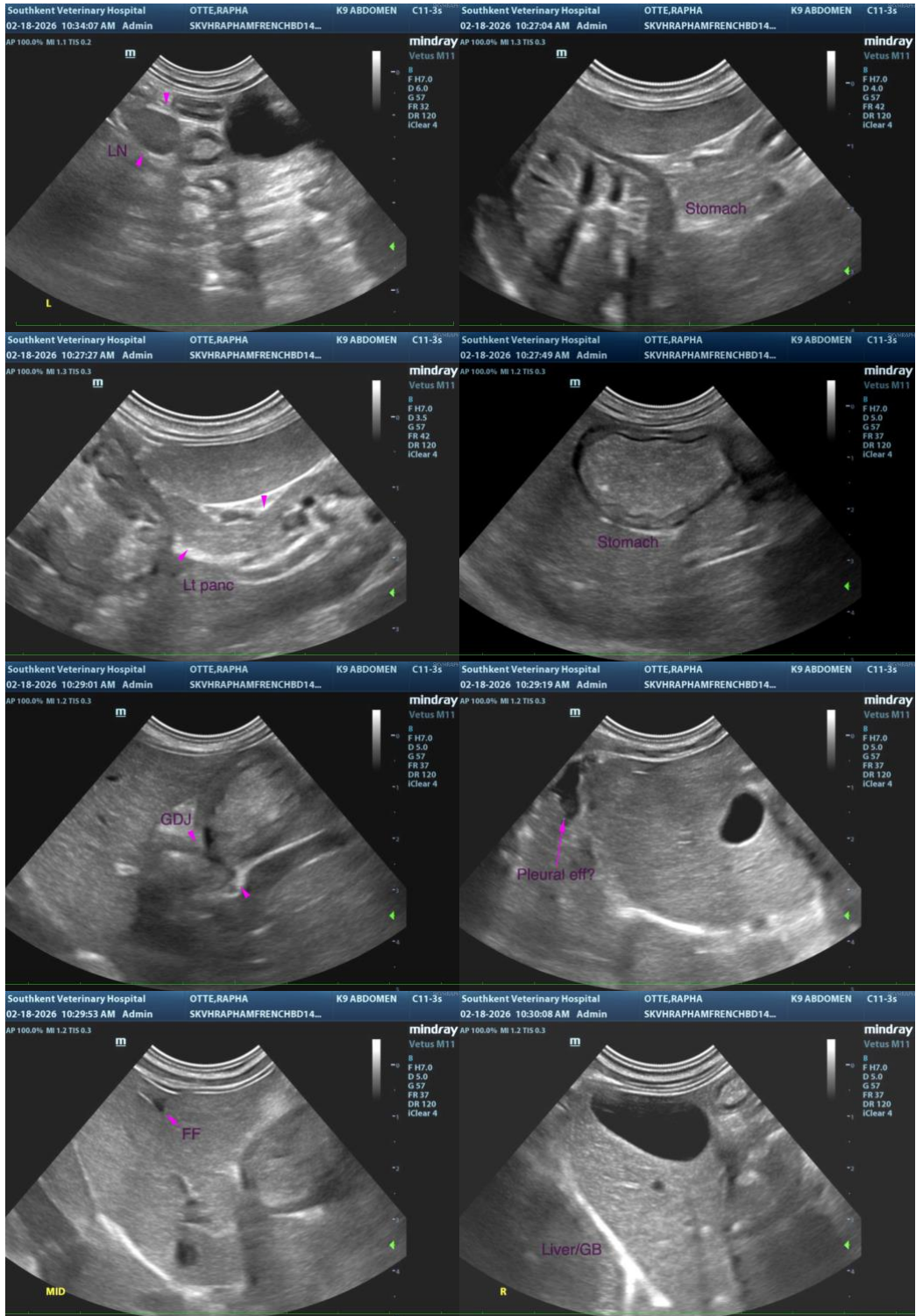
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in



PATIENT the image/video clips provided.

Rapha Otte 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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