



PATIENT PRESENTING CLINICAL SIGNS

Chaoz Bartholomew

History: Presents for acute onset vomiting, anorexia, lethargy, and inappropriate urination/defecation in house since Saturday night.

SPECIES

Canine

BREED

Old Eng Bulldog

SEX

Female Spayed

AGE

11 years 10 mos

WEIGHT

83 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Jessie Evoniuk

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr Jessie Evoniuk

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- Vomiting: multiple episodes since Saturday night; primarily water, some with mucus/phlegm; one episode contained paper towel and sticks; occurs within 5 min of drinking water
- Anorexia: no interest in food since onset; not eating today; no food offered this morning
- Weight loss: previous weight 92 lb, current weight 83 lb; client reports ideal weight
- Polyuria: multiple large urinations in house; increased frequency overnight
- Defecation: normal stool noted Saturday night; no diarrhea reported
- Pica: history of ingesting paper towels, toilet paper, sticks
- No medications given since onset; prescription for anxiety not administered
- No coughing, sneezing, pruritus, or other abnormal signs reported

Abnormal PE/Chem/CBC/UA Results: Panting, likely stress/excitement, toe grips present for traction
Albumin 4.5, ALP 298, Glucose 122, HGB 18.5

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 and visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.72 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.10 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. At least one cortical cyst is seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size at the cranial pole and mildly enlarged at the caudal pole (0.49 cm at cranial pole) (0.90 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

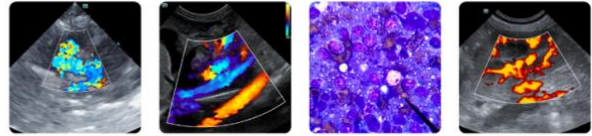
The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (2.05 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 2.7 x 2.1 cm irregular, hyperechoic- to heterogenous, slightly cavitated mass is observed approximately mid-body. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with rounding at the left lateral lobe. The parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance. In the left lateral lobe, a 3.3 x 2.9 cm hypoechoic- to heterogenous area/mass is visualized. Hepatic vasculature and intrahepatic 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 mostly anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is mildly distended with fluid and irregular, hard, shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal segments are mildly- to moderately fluid-distended. In one bowel segment, thought to represent small intestine, a 3.0 cm shadowing structure is visualized within the lumen. The wall in this region is mildly-thickened (up to 0.54 cm) with questionable retention of the normal layering pattern. The colonic wall appears normal.

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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.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

There is no obvious evidence of free fluid.

Other

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

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ULTRASONOGRAPHIC FINDINGS

- The shadowing material within the gastric lumen likely represents foreign material. It appears nonobstructive at the time of this study. The shadowing material that is thought to be within the small intestinal lumen is also concerning for foreign material and may causing a partial obstruction. The wall thickening in this region could be consistent with focal enteritis or emerging neoplasia.
- Splenic mass. Neoplasia (i.e., sarcoma) is a consideration. However, a benign process cannot be completely excluded.
- Left liver lesion/mass. Considerations include neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor, sarcoma) vs a benign process (i.e., regenerative nodule, inflammatory focus, other). The diffuse hepatic parenchymal changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.

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Secondary Findings

- Mild left adrenomegaly. The right adrenal gland is not definitively visualized in the available images.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, consider an abdominal exploratory to assess for and remove any gastrointestinal foreign material. Biopsies of the thickened small intestinal wall are also recommended. Also consider a splenectomy and excisional biopsy of the hepatic mass at the time of surgery.



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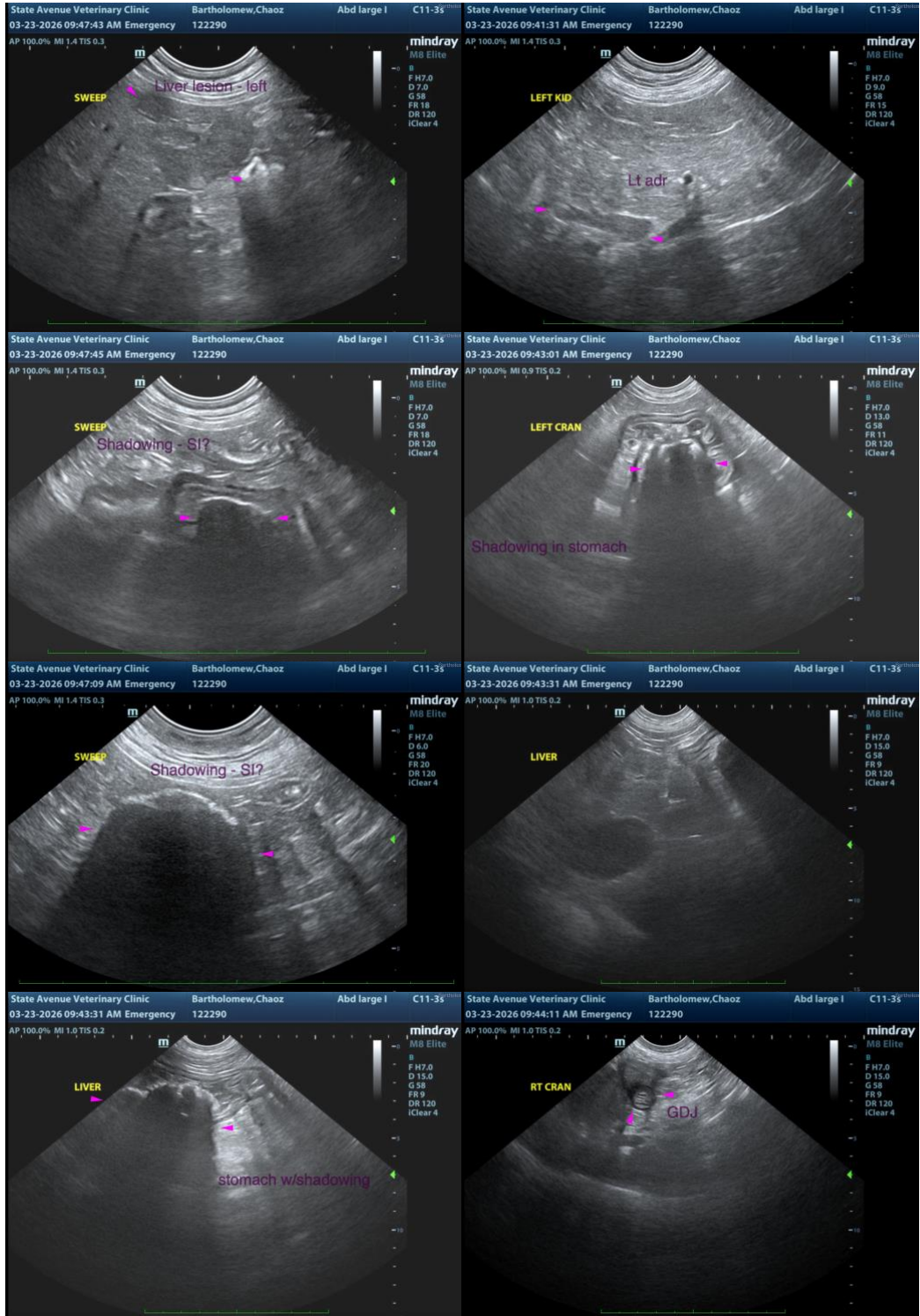
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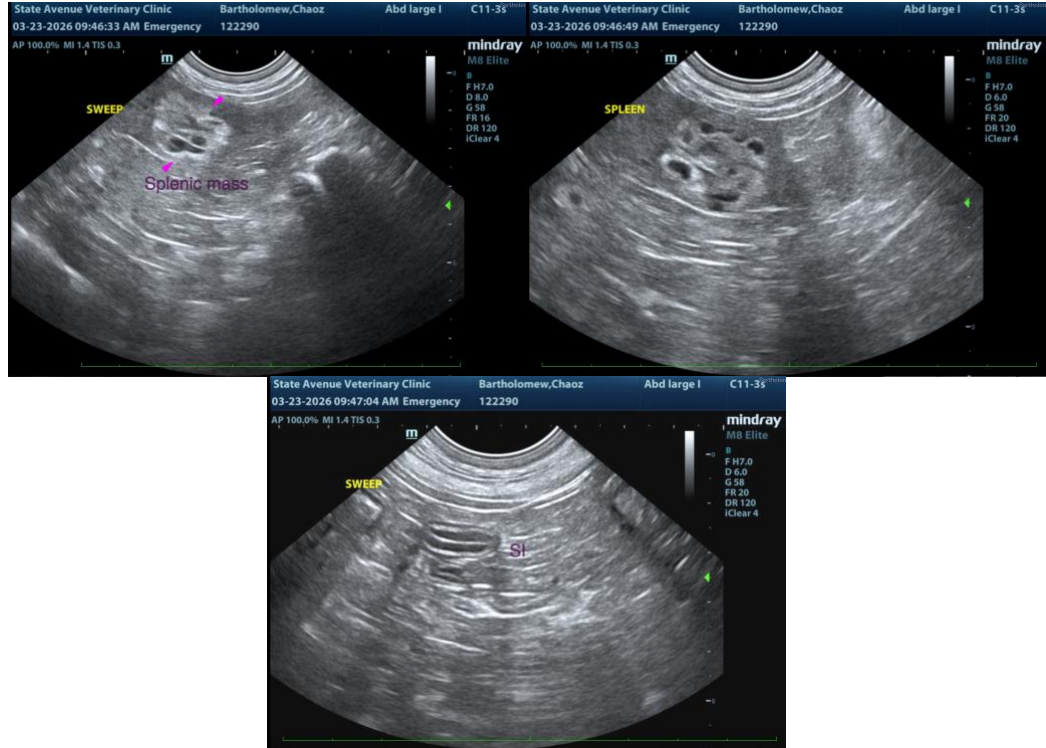
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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