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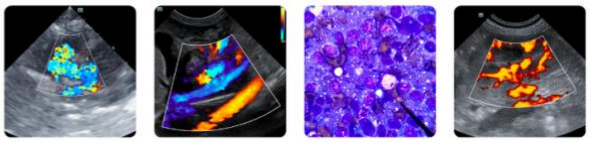
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Bradley Jonathan

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

1 year 10 mos

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Brooke Beatty

INVOICE

22769

DATE

3-30-26

PRESENTING CLINICAL SIGNS

- P presented 3/27/26 for 2-day duration of anorexia, lethargy, vomiting (foam).
- Abdominal Rads did not show visible GI obstruction or foreign material in the abdomen.
- P was given injection of Cerenia and bland diet and discharged.
- P came in today, 3/30/26 for no improvement- still vomiting up foam, now green in color (likely regurgitation based on description from owner) and not eating. P is able to drink and keep water down.
- P was also sent home with Clavamox for suspected aspiration pneumonia, but o did not give medications as p was not eating and continued to regurgitate- p has clear lung sounds and has spO2 of 99%
- U/S today to rule out FB, determine cause of regurgitation

Abnormal PE/Chem/CBC/UA Results: 3/30/26 CBC- Mono 2.97 k/uL Chem/lytes- Cl 101 mmol/L, TP 8.5g/dL, Glob 5.3 g/dL 3/27/26 4dx- Anaplasma +

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 the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.08 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is subjectively normal-in-size 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.

The right kidney is normal in size (6.04 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.

Adrenal Glands

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

The right adrenal gland is normal in size (0.55 cm at cranial pole) (0.49 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 subjectively normal-in-size 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.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is minimally distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. A few bowel segments are mildly- to moderately fluid-distended. In one bowel segment, shadowing material is observed within the lumen. Bowel walls are normal in thickness with a normal layering pattern.

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

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

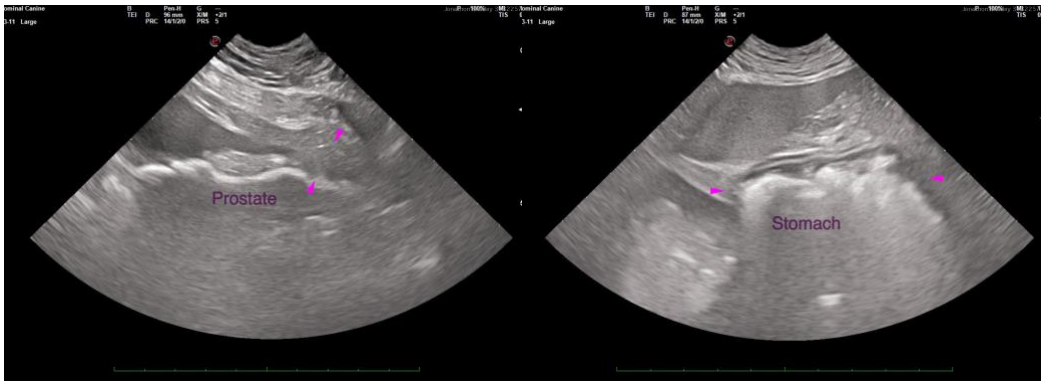
Shadowing material in one segment of bowel. It is unclear whether this bowel segment represents small or large intestine. Therefore, it is unclear whether the shadowing material represents foreign material or fecal matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further evaluate for foreign material within the small intestine, it would be ideal to obtain additional ultrasound video clips of the affected area, following bowel both cranially and caudally. Alternatively, consider an abdominal CT scan or abdominal exploratory. Three-view thoracic radiographs are also recommended to assess for esophageal foreign material and aspiration pneumonia. In the meantime, symptomatic care is recommended.

ADDENDUM (3/30/2026)

Twenty-one additional bowel images were submitted for evaluation. At least one of the fluid-distended bowel loops appears to be small intestine. The segment with the shadowing material still cannot be determined to be small or large intestine. Therefore, additional diagnostics (i.e., abdominal CT scan or exploratory) would be necessary to determine if a foreign body/obstruction is present. A barium study can also be considered. However, due to the risk of aspiration pneumonia, it is a less desirable option.



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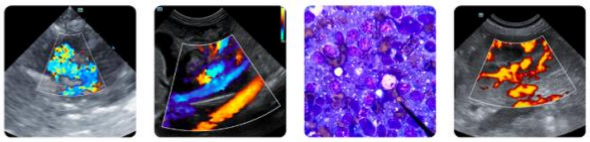

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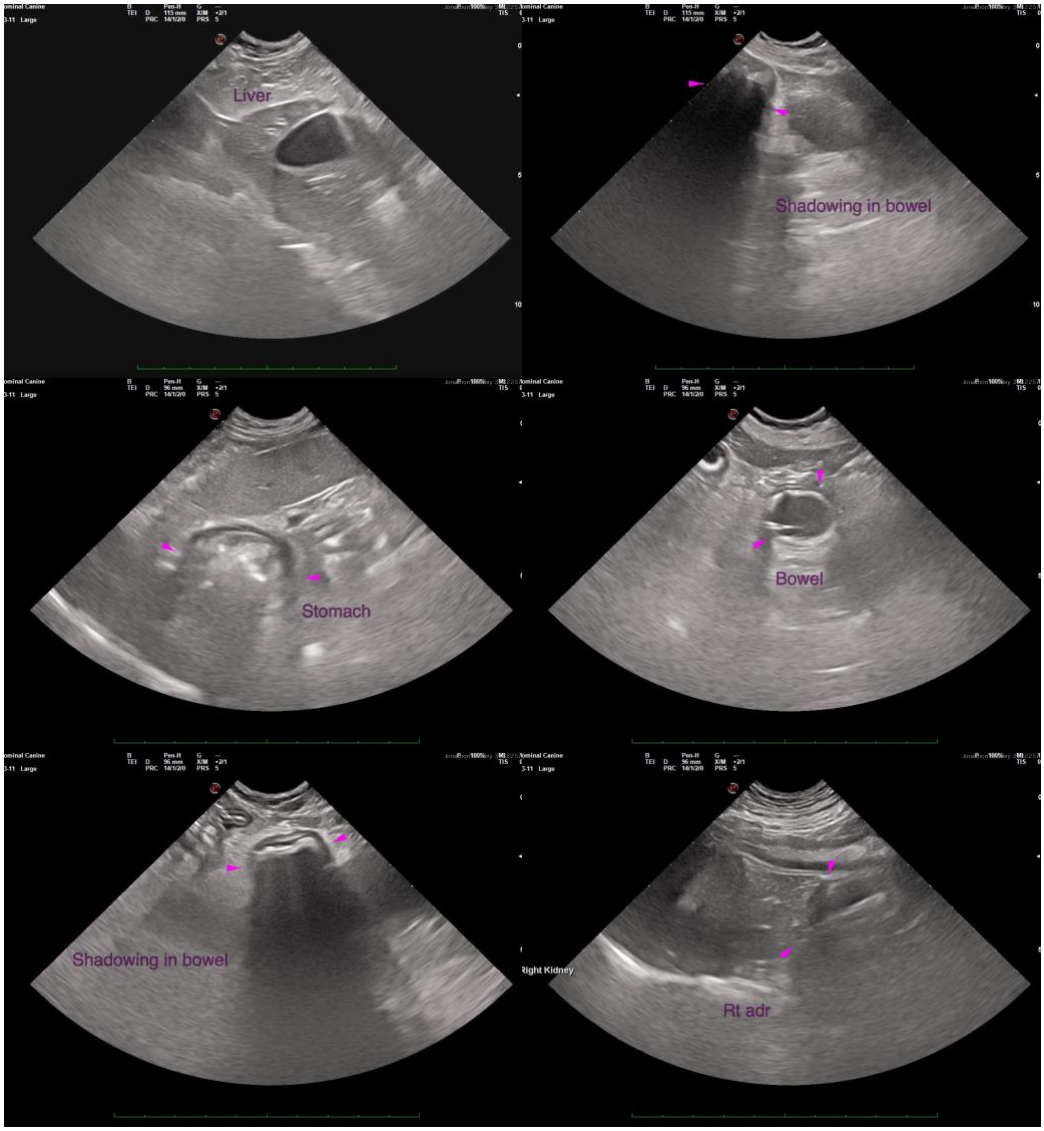

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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