



**DATE**

3-5-26

**PATIENT**

Cowbell Wood

**SPECIES**

Canine

**BREED**

English Bulldog Mix

**SEX**

Female Spayed

**AGE**

3/2/2020

**WEIGHT**

70.7 lbs

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Animal EH

**REFERRING VET**

Dr. Heresniak

**INVOICE**

22657

**PRESENTING CLINICAL SIGNS**

**Patient History:** Presents for increased respiratory effort, wheezing, gasping, open-mouth breathing., out stretched neck. - Rescue 1 year ago; previously confined to small kennel. - Chronic health issues since adoption. - Previous surgeries: bilateral cherry eye repair, nasal reconstruction, multiple dental extractions (4-6 teeth). - Recent 7-day prednisone course for presumed allergies; no improvement, worsening respiratory signs. - Chronic allergies; history of recurrent otitis externa. - Noted excessive drooling, increased oral sensitivity, and right maxillary canine with open pulp cavity, recurrent impaction with hair, purulent discharge observed. - Eating and drinking normally

**Current Medications:** Diphenhydramine, Acepromazine, Unasyn, Hypertonic Saline, Metoclopramide, Ondansetron, Trazodone, Gabapentin, Cerenia, Dexamethasone SP.

**Labwork Results:** Labwork attached. Xray Thorax 2 view- Stomach extremely gas dilated with suspect ingesta Lungs - bronchovesicular, with consolidation (more severe in cranial thorax)

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** Not requested.

**Imaging Performed by:** Rachel Brillhart, RDMS.

**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 left kidney is normal in size (6.90 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. Renal vasculature is normal.

The right kidney is normal in size (6.82 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. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.88 cm at cranial pole) (0.78 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.

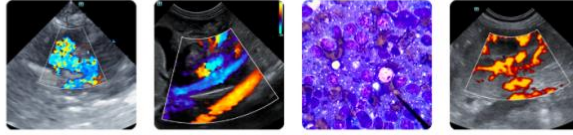
The right adrenal gland is normal in size (0.71 cm at cranial pole) (0.60 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (1.96 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.52 cm ill-defined, hypoechoic nodule is observed approximately mid-body. 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



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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. A small amount of mostly gravity-dependent, echogenic- to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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**SPECIES**

**Gastrointestinal**

The gastric lumen is distended with gas and a small amount of liquid-appearing 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 diffusely gas-distended. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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**Pancreas**

English Bulldog Mix

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

**SEX**

**Lymph Nodes**

Female Spayed

The abdominal lymph nodes are normal/not visible.

**AGE**

**Free Abdomen**

3/2/2020

There is no obvious evidence of free fluid.

**WEIGHT**

**Other**

70.7 lbs

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window. No obvious cardiac masses are seen.

**INTERPRETED BY**

**ULTRASONOGRAPHIC FINDINGS**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar) with a lower possibility of emerging neoplasia.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Continued supportive care for the patient's respiratory signs is recommended. Once the patient's respiratory condition is stabilized, a more comprehensive work-up (i.e., airway evaluation with bronchoscopy and bronchoalveolar lavage) may be warranted.

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Imaging performed by



Clinical Sonography & Telectology  
Educational Teleconsultation Services™

SonoPath

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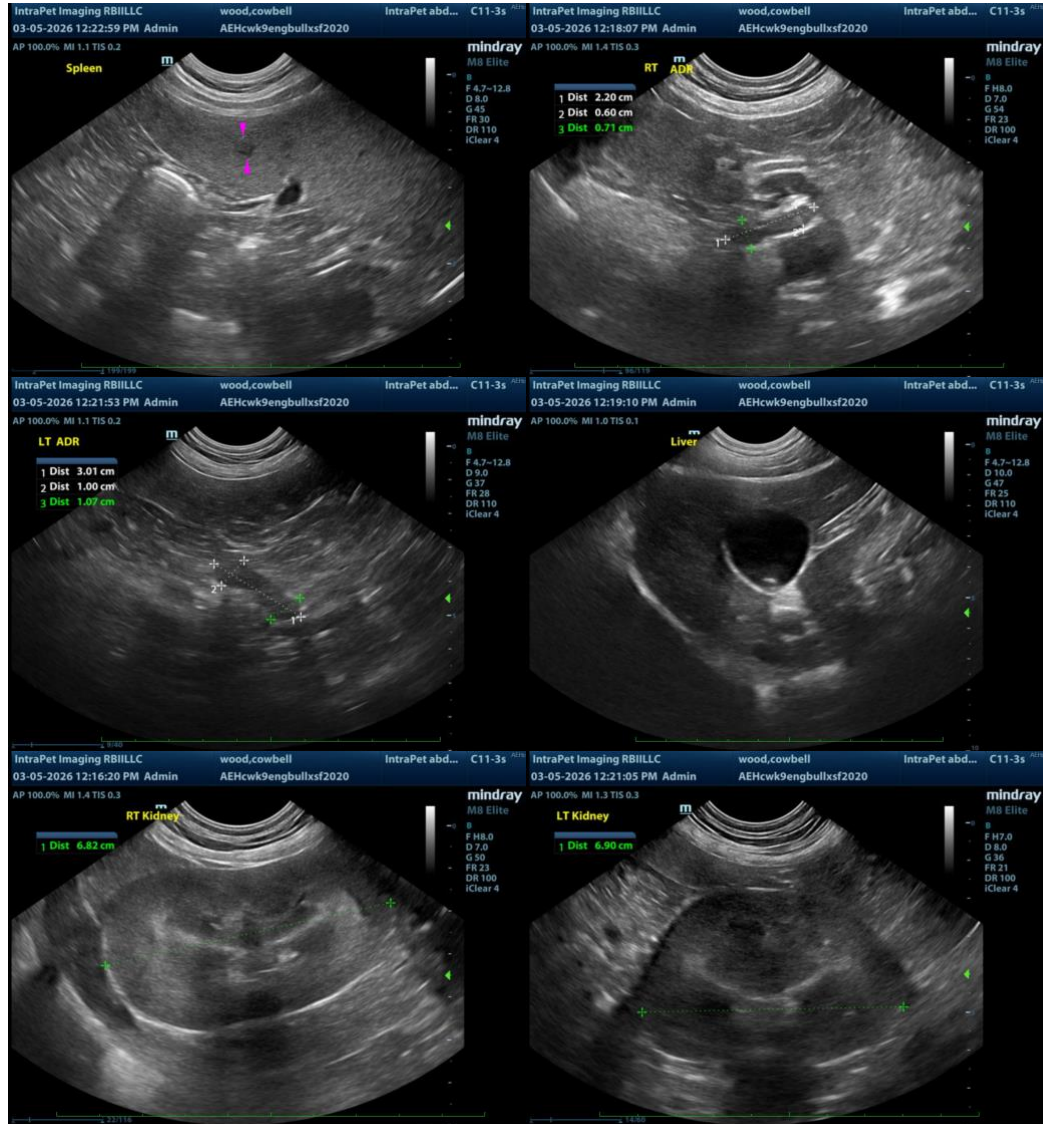
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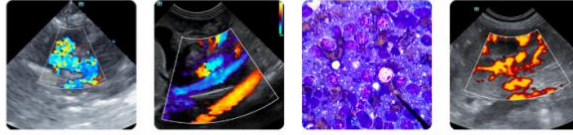


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)

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