



PATIENT PRESENTING CLINICAL SIGNS

- Judge Pevez
- Emesis many times.
 - Cranial abdominal pain
- SPECIES**
- X-rays possible fb

Canine Abnormal PE/Chem/CBC/UA Results: Pending

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Fr Bulldog **Urinary System**

SEX

Intact Male

AGE

3

WEIGHT

26 lbs

The urinary bladder wall is normal in thickness, and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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 enlarged (at least 2.0 cm in width) with smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat, and subtly heterogenous. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (5.85 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate- to severe loss of corticomedullary distinction. The cortex is isoechoic- to hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

The right kidney is normal in size (5.95 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate- to severe loss of corticomedullary distinction. The cortex is isoechoic- to hyperechoic relative to the spleen. Mild pyelectasia is present (0.25 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Chloe Lowe, CVT

Adrenal Glands

The left adrenal gland is normal in size at the cranial pole and mildly enlarged at the caudal pole (0.46 cm at cranial pole) (0.75 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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 VC Denville

The right adrenal gland is mildly enlarged (0.78 cm at cranial pole) (0.78 cm at caudal pole) with a normal shape. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Silas

Spleen

The spleen is normal in size (0.88 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.

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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 lumen is moderately distended. The wall is thin and smooth. A small- to moderate amount of aggregated, echogenic, partially dependent sludge is observed within the lumen. The cystic and common



PATIENT bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is moderately- to severely fluid-distended. The gastric wall is mildly-thickened (up to 0.60 cm) with retention of the normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. 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. The colonic lumen contains some shadowing fecal material.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion of the right limb, the pancreas is normal-in-size with minimal deviation from the normal peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

Trace free fluid is observed.

Other

The testicles are subjectively normal-in-size and symmetrical with homogenous parenchyma.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate- to severe gastric fluid distention. Considerations include functional ileus versus an intermittent mechanical pyloric outflow tract obstruction (none seen). The gastric wall changes are suggestive of gastritis.
- Trace ascites.

Secondary Findings

- Bilateral nonspecific age-related renal changes
- Mild bilateral adrenomegaly
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- The gallbladder changes could be consistent with cholestasis, fasting, or an emerging mucocele.

*Although a distinct gastrointestinal foreign body is not identified, a small intermittent obstruction of the pyloric outflow tract cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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- To further evaluate for a gastric foreign body, an upper GI endoscopy can be considered. Alternatively, consider a repeat fasted ultrasound, preferably after fluid drainage from the stomach (in 12-24 hours) for further evaluation. In the meantime, symptomatic care is recommended.

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- Also consider three-view thoracic radiographs to assess for occult aspiration pneumonia and esophageal foreign material.

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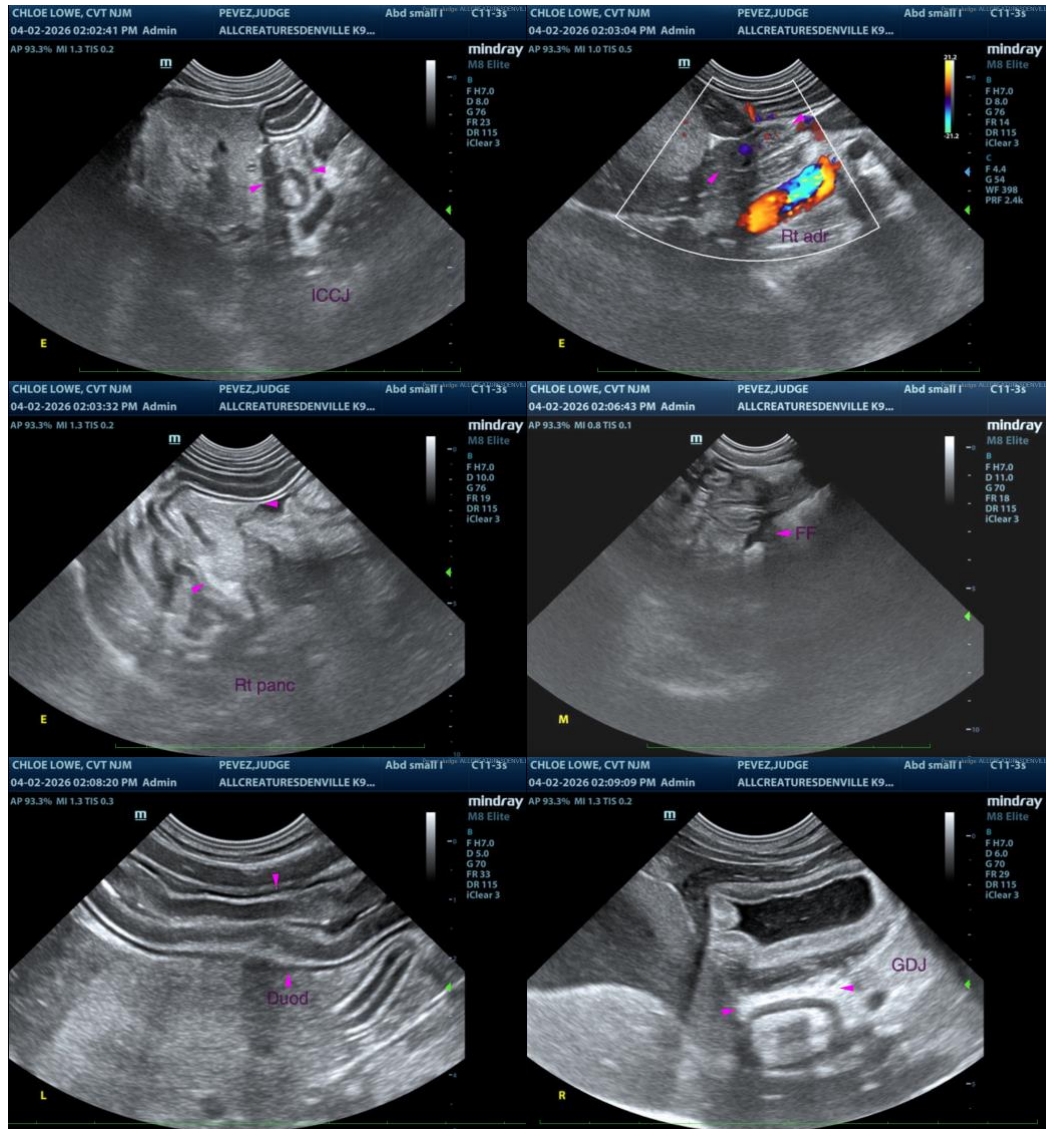
Dr. Silas

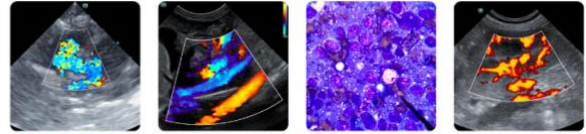
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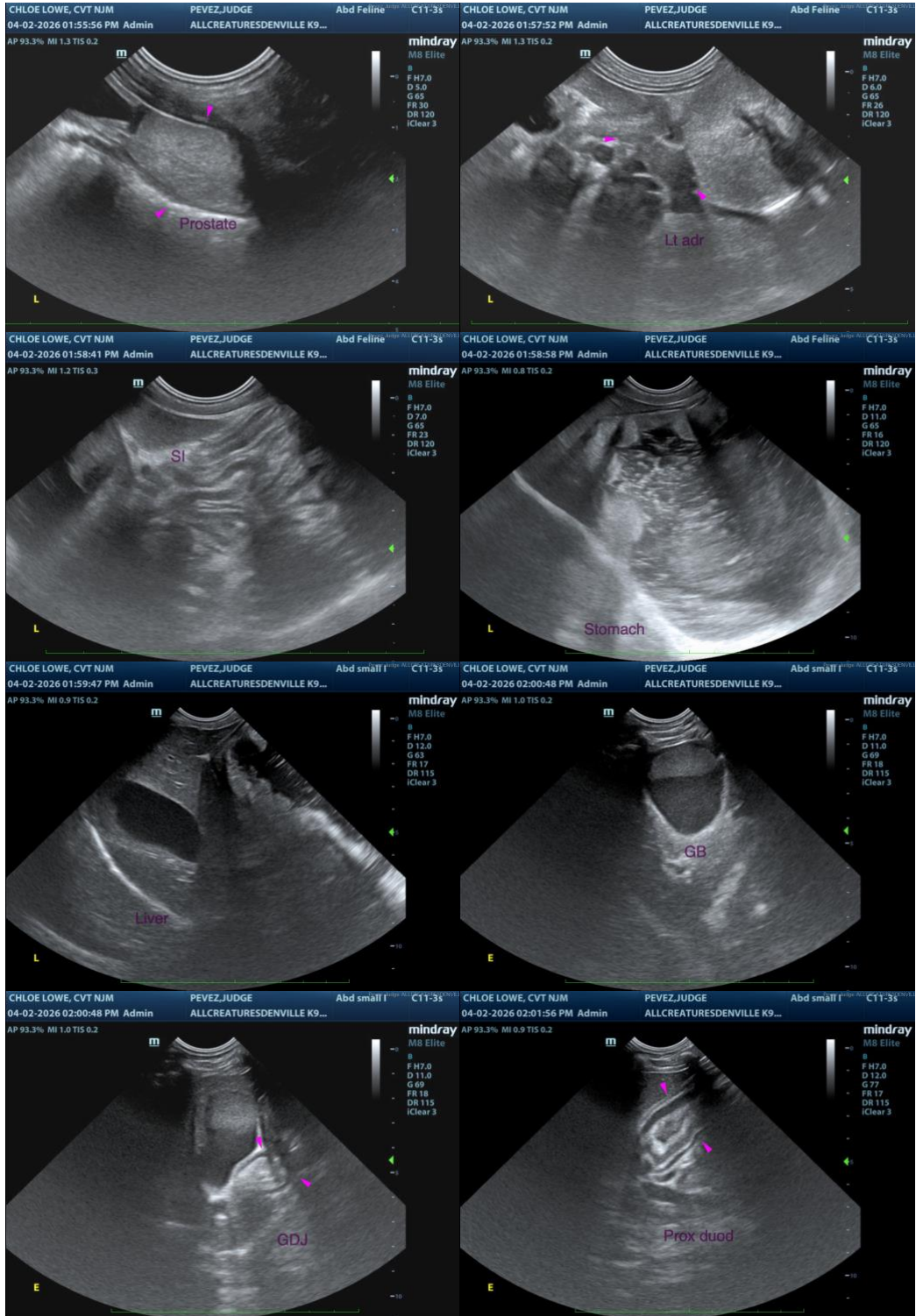
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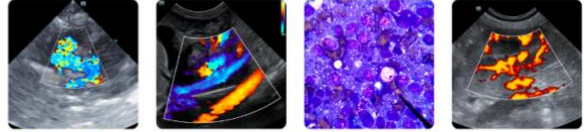
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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info@SonoPath.com

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