


**PATIENT PRESENTING CLINICAL SIGNS**

Bruce Taylor

History: vomiting and hemorrhagic diarrhea sunday. rDVM bloodwork (mild hyponatremia), normal cPL. rDVM Rx: omeprazole, cerenia. Abdominal rads, not sent for interpretation - largely considered normal. - presented to HREVC monday evening for continued care. Declined diagnostics and hospitalization, Rx metronidazole and sucralfate. - recheck at HREVC tuesday morning, ate small amount but then not again. Hemorrhagic diarrhea continues. - today's exam reveals dehydration, lip licking upon abdominal palpation. Vitals normal. meds: omeprazole, metronidazole, sucralfate, cerenia

**SPECIES**

Canine

**BREED**

Fr Bulldog

Abnormal PE/Chem/CBC/UA Results: Na 139 [144-162] 08/08/2022

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**
**SEX**

Intact Male

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**AGE**

1 year

The **prostate** is normal in size (1.01 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**WEIGHT**

16.7 lbs

The **left kidney** is normal size (5.24 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (4.58 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hamilton Reg Emerg VC

**Adrenal Glands**

The **left adrenal gland** is normal size (0.45 cm at cranial pole) (0.42 cm at caudal pole) (0.75 cm in length); normal shape; 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 size (1.20 cm at cranial pole) (0.51 cm at caudal pole) (1.99 cm in length); normal shape; 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 (1.59 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**

Dr. Vercaigne

**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. No pathological hepatic lymphadenopathy observed.

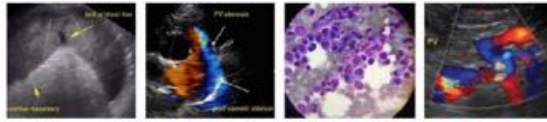
**INVOICE**

11378

**DATE**

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The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



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**Gastrointestinal**

The **gastric lumen** is severely fluid distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. Near the pyloric antrum, irregular, hard, shadowing material is visualized, and appears to extend into the pyloric outflow tract. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The lumen of the descending colon contains shadowing fecal material.

**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.

**Free Abdomen**

There is no evidence of free fluid. A 2.09 cm mesenteric **lymph node** is visualized. The node is normal in shape and echogenic.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

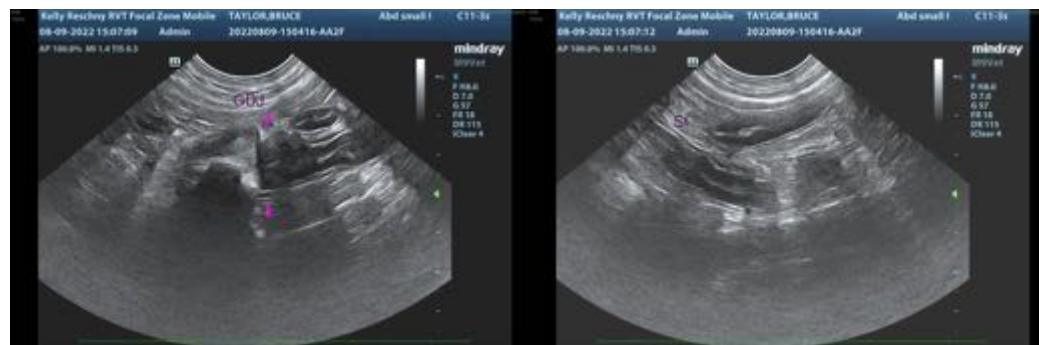
- Suspected pyloric outflow tract obstruction due to foreign material

**Secondary Findings**

- The prominent mesenteric lymph node is likely reactive.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An exploratory surgery to assess for a pyloric outflow tract obstruction is recommended. If a foreign body is not found, gastrointestinal biopsies should be obtained and further work-up considered. Prior to surgery, consider three-view thoracic radiographs to assess for occult aspiration pneumonia.





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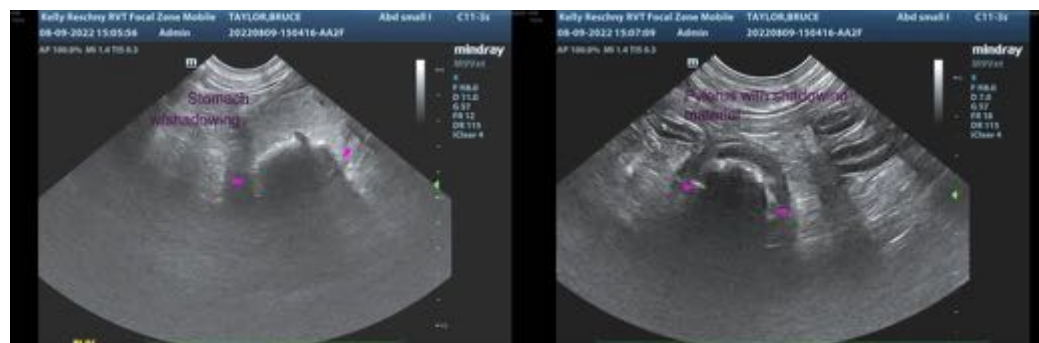
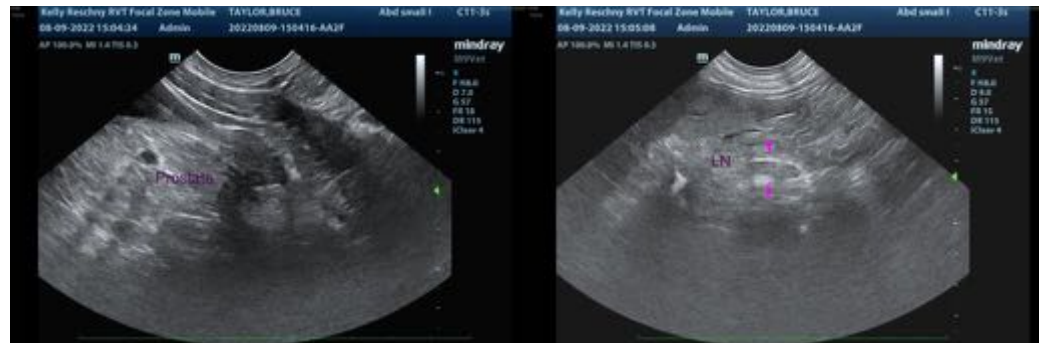
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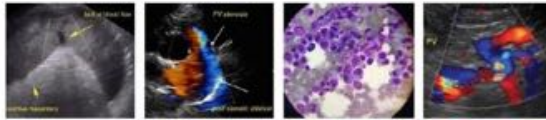
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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