PATIENT

Albert Bierwagen

SPECIES

Canine

BREED

English bulldog

SEX

Male, intact

AGE

6.5 months

WEIGHT

41.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Meadowlawn

REFERRING VET

Dr. Gale

INVOICE

13313

DATE
11/5/25

PRESENTING CLINICAL SIGNS

Pt has a 1 month history of vomiting and regurgitation which responds to Cerenia but recurs when off of Cerenia. CBC chem WNL. Pt had diarrhea, was diagnosed with campylobacter and was treated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of >3.5 cm, are normal.

The prostate is mildly enlarged (1.61 cm in width) with smooth peripheral contours. The parenchyma is homogeneous. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.09 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. Renal vasculature is normal.

The right kidney is normal in size (6.31 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm at cranial pole) (0.52 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 (0.74 cm at cranial pole) (0.58 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

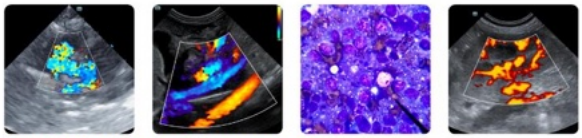
The spleen is normal in size (1.03 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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 portal vein to caudal vena cava ratio is approximately 1:1.

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.

Gastrointestinal



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The gastric lumen is not distended. 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 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern. The lower esophageal sphincter is visible and is unremarkable.

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

At least 2 prominent mesenteric lymph nodes are visualized, one of the nodes measuring 1.10 x 0.45 cm.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

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

ULTRASONOGRAPHIC FINDINGS

· The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.
· The prostate changes are as expected for a young intact male.

*An obvious cause for the patient's vomiting and regurgitation is not identified in this study. Considerations include esophageal dysfunction, primary enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue (i.e., hypoadrenocorticism), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

· Three-view thoracic radiographs are recommended to assess for megaesophagus. A barium esophagram (i.e., via fluoroscopy) would be beneficial in evaluating for esophageal dysfunction.
· Other diagnostic considerations include the following:

1. GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol level
2. 3-4 week limited antigen or hydrolyzed protein diet trial
3. Initiation of a probiotic if the patient is not already receiving one
4. Upper GI endoscopy with biopsies

· In the meantime, continued symptomatic care is recommended.

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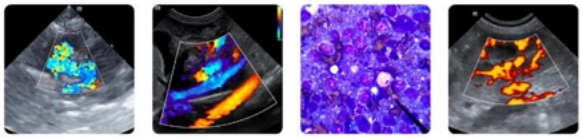

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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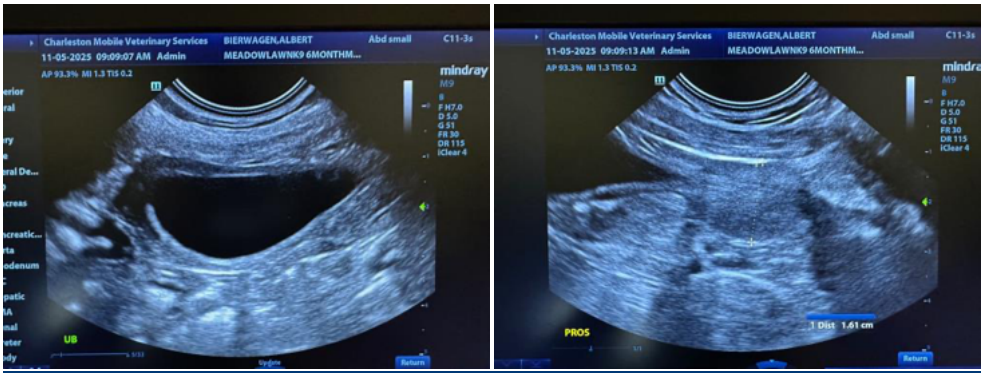

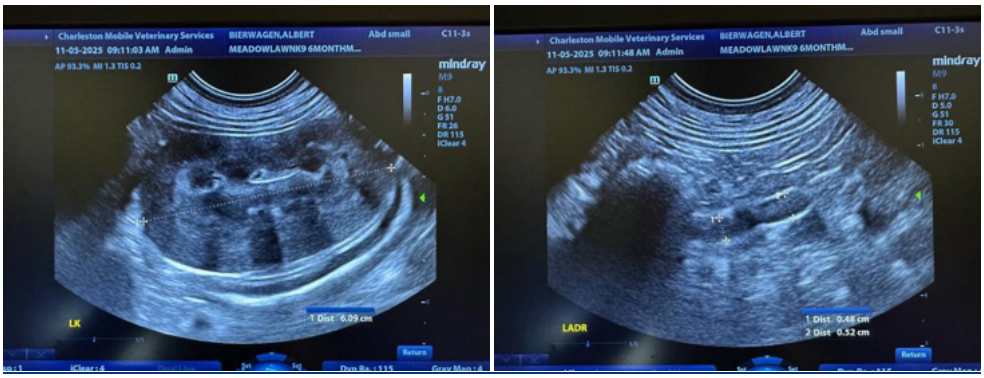

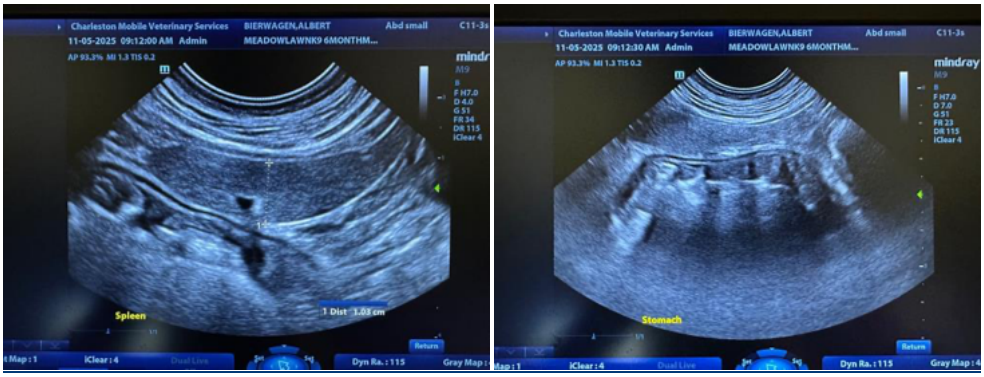

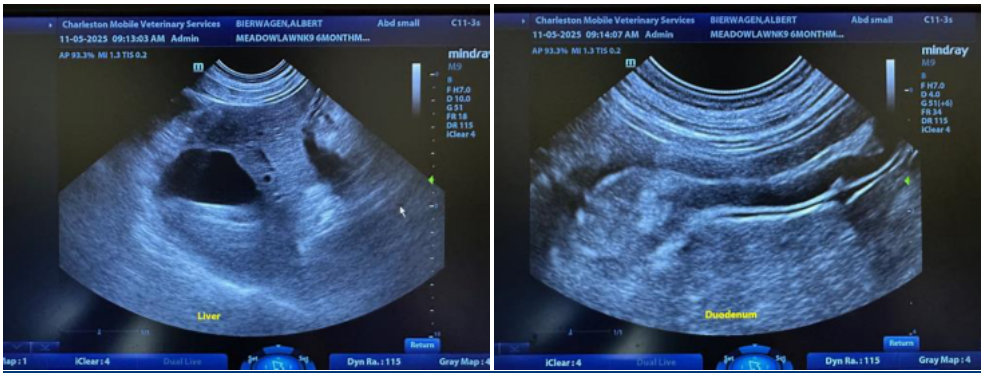

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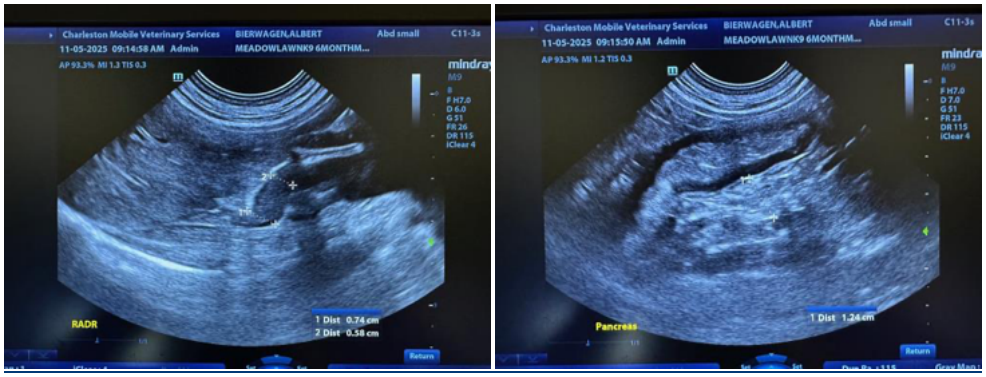

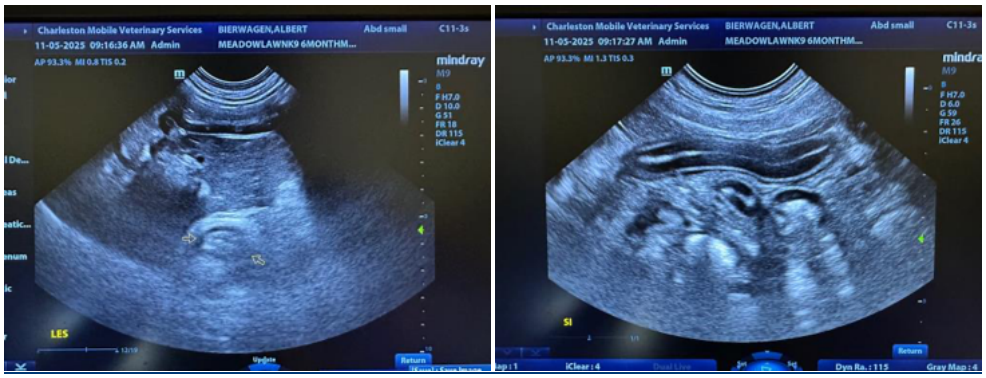

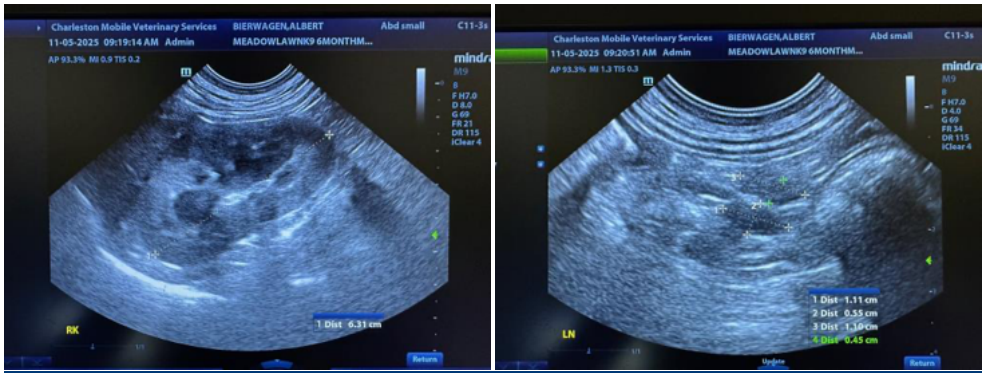

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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