



PATIENT

Pablo Guerra

SPECIES

Canine

BREED

French Bulldog

SEX

Intact Male

AGE

3 Years 10 Months

WEIGHT

24 lbs

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

74870

DATE

5/2/26

PRESENTING CLINICAL SIGNS

Presented for acute vomiting for 2 days , lethargic , anorexia .
Abnormal PE/Chem/CBC/UA Results: PE: painful on abdominal palpation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The prostate and testicles appear normal.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 5.3 cm. Right kidney measures 4.9 cm.

Adrenal Glands

The adrenal glands are not visualized.

Spleen

The spleen measures 1.1 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The gastrointestinal tract is incompletely visualized. The region that appears to be stomach contains a discrete, hyperechoic, hard shadowing object that is most consistent with foreign material. The pylorus is not visualized. The majority of the small intestine appears non-distended with no significant fluid accumulation or evidence for obstruction. There is a region that is suspected to be small intestine but cannot be distinctly distinguished from ascending colon. There is a 2nd shadowing foreign material in this region. The remainder of the colon contains echogenic shadowing feces. The ileocecolic junction is not visualized.



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Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

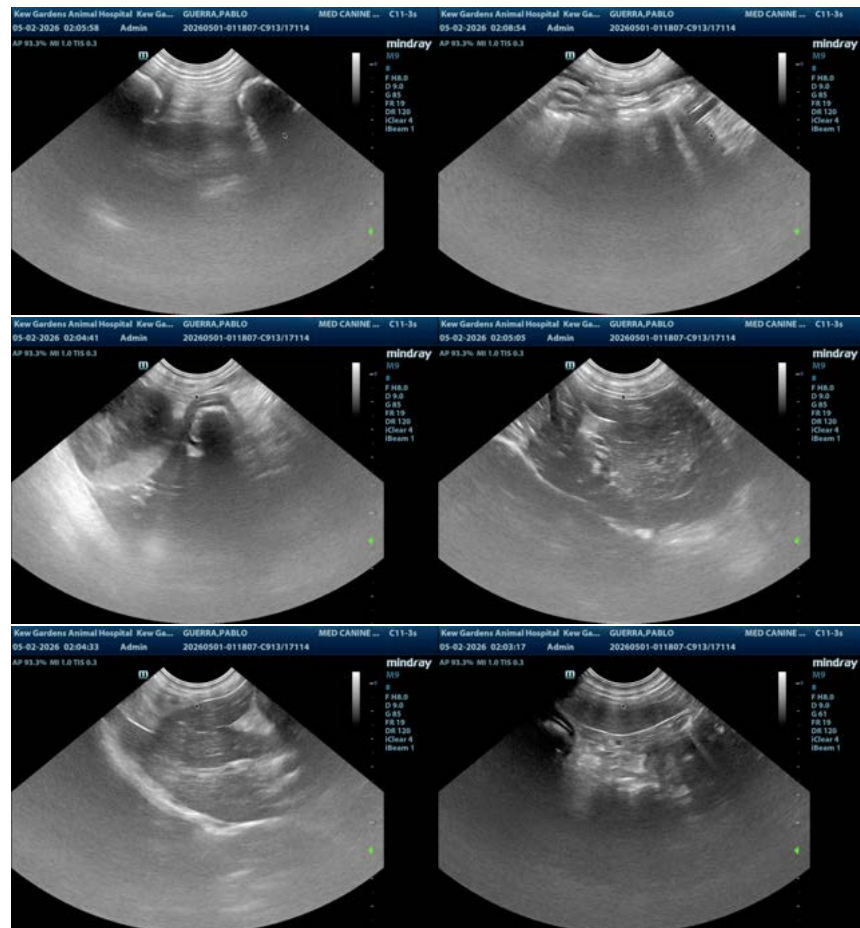
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Suspected gastric and small intestinal foreign material. However, this may also represent material that has passed into the colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal radiographs are indicated to further evaluate the gastrointestinal tract for evidence of an obstructive pattern. Alternatively, an exploratory laparotomy could be considered to further evaluate the gastrointestinal tract and facilitate removal of any potential foreign material.





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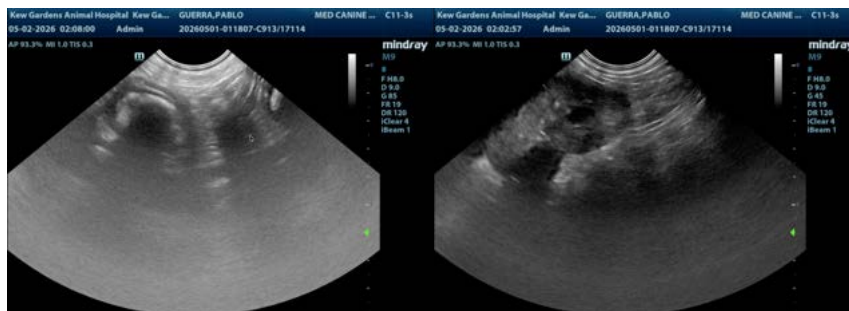
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com