



PATIENT

Thunder Reyes

SPECIES

Canine

BREED

Pitbull Mix

SEX

Intact Male

AGE

6 Years

WEIGHT

42.1 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Gabriel Ferrer,
DVM

HOSPITAL NAME

Pules Pet Ultrasound
Services

REFERRING VET

Dra. Sonia Cajigas

INVOICE

36815

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Pt presented as a referral for a double study of echocardiogram and abdominal ultrasound to evaluate vomiting for 1-2 months, 3 days ago started vomiting with blood. Vomiting has since stopped with current medication, Metronidazole. Pt has a heart murmur grade 4 of 6.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached as supporting documents.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is symmetrically enlarged (4.84 cm) with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is heterogenous with scattered hyperechoic foci present. No mineral or cysts are noted.

Left kidney is normal in size (7.2 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (6.0 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Adrenal glands are subjectively mildly flat. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 0.51 cm at cranial pole and 0.55 cm at caudal pole. The right adrenal gland measures 0.6 cm at cranial pole and 0.47 cm at caudal pole.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. In the mid to left liver, an approximately 1.0 cm in diameter anechoic density is noted. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal



PATIENT

Thunder Reyes

SPECIES

Canine

BREED

Pitbull Mix

SEX

Intact Male

AGE

6 Years

WEIGHT

42.1 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Gabriel Ferrer,
DVM

HOSPITAL NAME

Pules Pet Ultrasound
Services

REFERRING VET

Dra. Sonia Cajigas

INVOICE

36815

DATE

12/8/25

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

The medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

Both testicles are visualized without evident testicular pathology.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Subjectively, mildly flat adrenal glands- This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.
- Benign prostatic hyperplasia- Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and hyperechoic foci consistent with increased vascularity and fibrosis often associated with BPH. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.

Secondary findings

- Suspect incidental hepatic cyst
- Mild reactive medial iliac lymphadenopathy- infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.



PATIENT

Thunder Reyes

SPECIES

Canine

BREED

Pitbull Mix

SEX

Intact Male

AGE

6 Years

WEIGHT

42.1 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Gabriel Ferrer,
DVM

HOSPITAL NAME

Pules Pet Ultrasound
Services

REFERRING VET

Dra. Sonia Cajigas

INVOICE

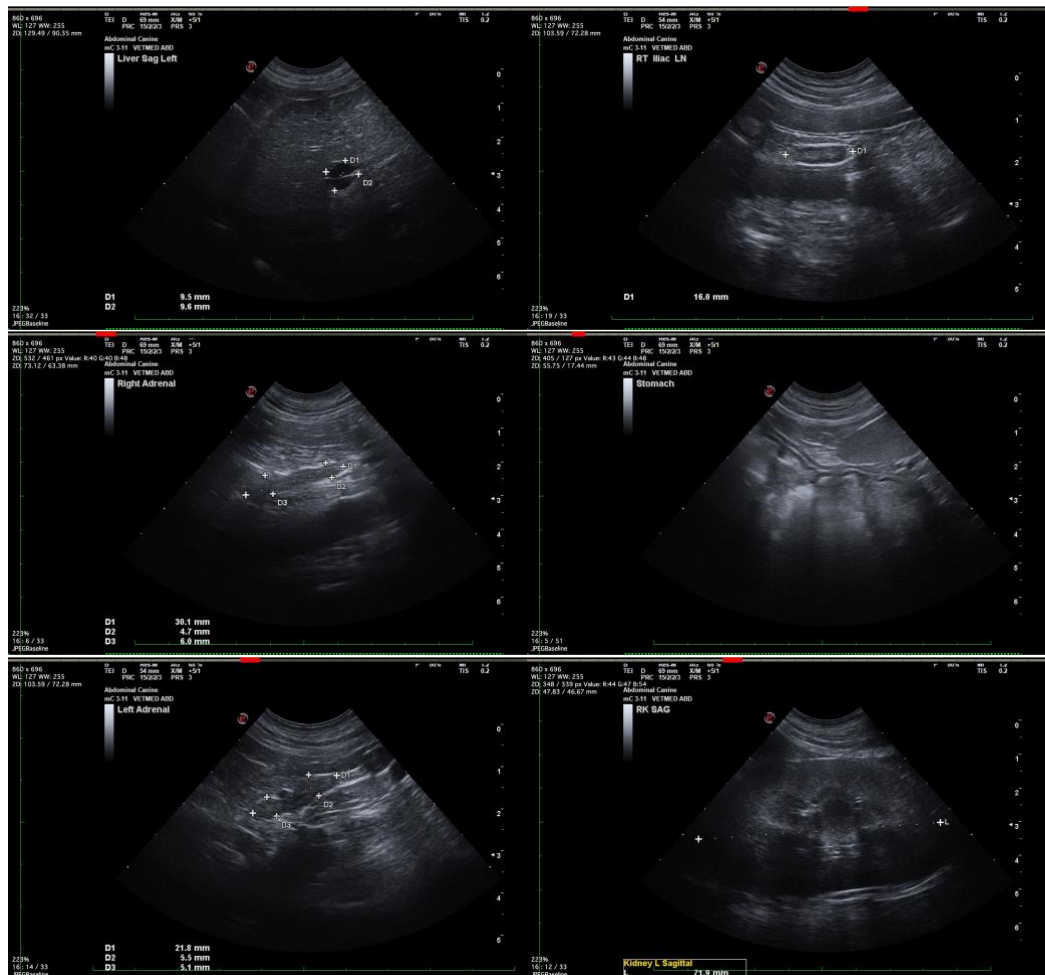
36815

DATE

12/8/25

Given that patient's reported vomiting has improved, additional work up/therapy may or may not be warranted. Having said that, if clinical signs do persist and a diagnosis is not obtained, recheck imaging following an additional 12-24 hours of fasting for the stomach is recommended, as is a routine fecal/Giardia exam and a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function.

In the meantime, empirical deworming with a 5-day course of Panacur could be considered, as could, if tolerated, a transition in diet, based on trial-and-error response. Some options to consider include a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs a fiber response/colitis diet vs a bland, easy to digest or low-fat diet vs other.





PATIENT

Thunder Reyes

SPECIES

Canine

BREED

Pitbull Mix

SEX

Intact Male

AGE

6 Years

WEIGHT

42.1 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Gabriel Ferrer,
DVM

HOSPITAL NAME

Pules Pet Ultrasound
Services

REFERRING VET

Dra. Sonia Cajigas

INVOICE

36815

DATE

12/8/25



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.

Beth Johnson, DVM DACVIM

info@sonopath.com