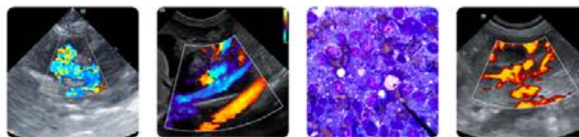


PATIENT
Chiki Pastrana

SPECIES
Canine

BREED
Bulldog

SEX
Spayed Female

AGE
2 Years 9 Months

WEIGHT
31.6 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Gabriel Ferrer, DVM

HOSPITAL NAME
Pulse: Pet Ultrasound

REFERRING VET
Dr. Jose Cruz

INVOICE
73001

DATE
2/17/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of constipation. Suspected Dx of Megacolon. rDVM reports that when Px came in for OVH around 2 years ago a large mass was found on the body of the uterus and was removed along with the rest of the uterus and ovaries. rDVM reports that according to the rads, there seems to be a displacement of the colon and he would like to rule out the presence of another large mass like the one that was removed 2 years ago during the Px's spay. Owner reports that Px suffers from constant constipation and Px is currently on lactulose, "SmoothLAX", and frequent enemas are performed at home by owner when Px shows signs of discomfort. Px occasionally vomits when constipated

Abnormal PE/Chem/CBC/UA Results: Photo of abdominal radiograph provided by owner attached below for your reference

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

The right kidney is normal is size (5.11 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.

The left kidney is normal is size (5.09 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

The right adrenal gland is plump/swollen in size, measuring 0.86 cm at the cranial pole and 0.94 cm at the caudal pole. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

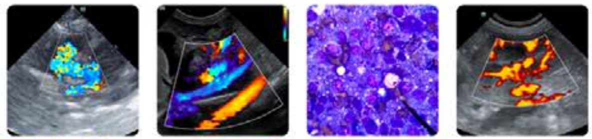
The left adrenal gland is normal in size (0.58 cm at cranial pole and 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large 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. The spleen is folded upon itself, which is a positional non-pathologic variant.

Liver

The 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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



PATIENT

Chiki Pastrana

SPECIES

Canine

BREED

Bulldog

SEX

Spayed Female

AGE

2 Years 9 Months

WEIGHT

31.6 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Jose Cruz

INVOICE

73001

DATE

2/17/26

The 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

The visible stomach wall is normal in thickness and layering. The lumen is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.

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 largely normal in wall thickness (< 0.2 cm) and layering, except for the mid to distal descending colon, where it is mildly thick, measuring 0.29 cm, with no loss of layering. The lumen is diffusely distended with firm, hard shadowing stool.

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 a small pocket of free fluid noted in the mid abdomen adjacent to the spleen.

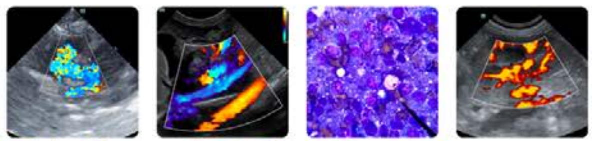
Mesenteric and medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Based on the appearance of the colon, constipation is suspected. However, ultrasound is not the most specific diagnostic of constipation, and this finding should be interpreted in combination with radiographic findings and patient's history, which of course, in this case sound consistent with constipation. Megacolon can't be ruled out but is not an ultrasonographic diagnosis.

- Subjectively mild splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- Mild right adrenomegaly – This should be interpreted in combination with patient's clinical history, as normal patient variant/chronic stress from other diseases, etc. can result in the change. If clinical signs are consistent with adrenal disease, early or emerging adrenal disease, while thought less likely, can't be ruled out.



PATIENT
Chiki Pastrana

SPECIES
Canine

BREED
Bulldog

SEX
Spayed Female

AGE
2 Years 9 Months

WEIGHT
31.6 lbs

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Gabriel Ferrer, DVM

HOSPITAL NAME
Pulse: Pet Ultrasound

REFERRING VET
Dr. Jose Cruz

INVOICE
73001

DATE
2/17/26

- The small amount of free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

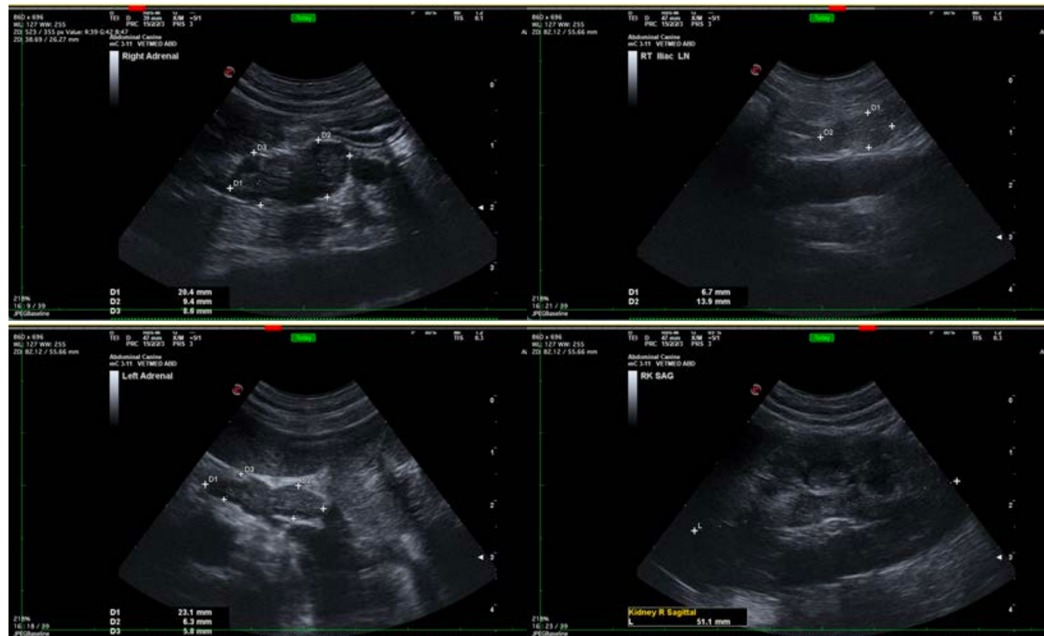
- Mildly reactive mesenteric and medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

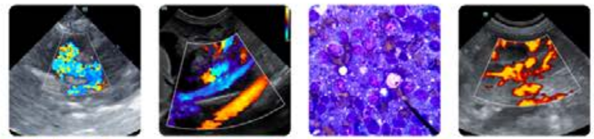
Sampling of the free abdominal fluid could be considered if patient's coagulation status is appropriate. Additionally, fine needle aspirates of the spleen could be considered if patient's coagulation status is appropriate.

Ultimately, there is not a definitive ultrasonographically visible intraabdominal explanation or reason for patient's reported historical chronic constipation. Advanced imaging such as abdominal CT scan could be considered, but ultimately a full consultation with or even referral to a veterinary internist or even eventually surgeon could be considered to further discuss and ultimately manage the colon, especially if megacolon is suspected and episodes progress.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Chiki Pastrana

SPECIES

Canine

BREED

Bulldog

SEX

Spayed Female

AGE

2 Years 9 Months

WEIGHT

31.6 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

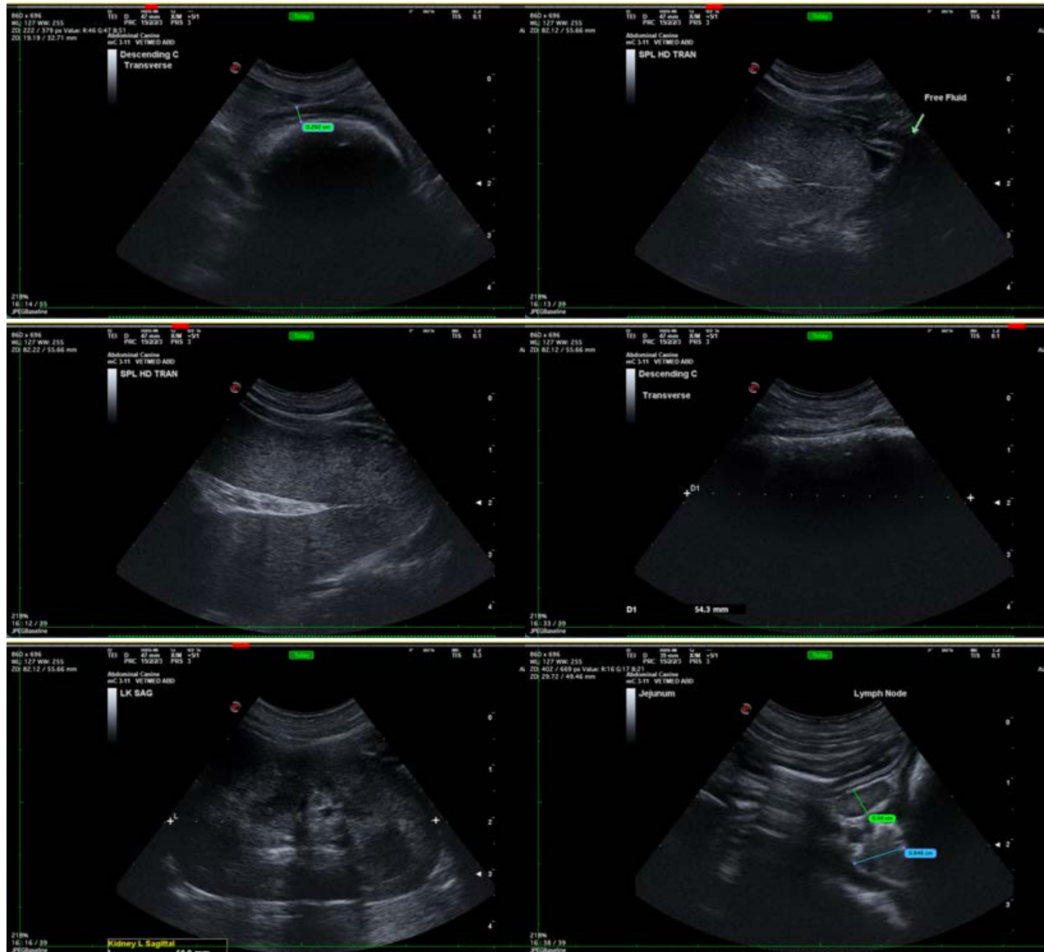
Dr. Jose Cruz

INVOICE

73001

DATE

2/17/26



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