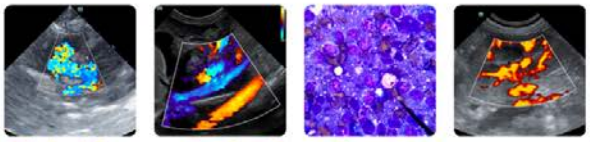

PATIENT

Luke Collazzo

SPECIES

Canine

BREED

Bull Terrier

SEX

Neutered Male

AGE

4 Years

WEIGHT

60 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Carlos Soto

INVOICE

72619

DATE

12/16/25

PRESENTING CLINICAL SIGNS

Pt presented as a referral for an abdominal u/s to evaluate hx of leukocytosis that began in mid October with vomiting, which was treated and improved. Around 5 days ago pt had 5 episodes of vomiting food and bile. Leukocytosis persists and pt has stopped eating, increased water intake and is being force fed. Current medication includes Cerenia, Famotidine and Metronidazole.

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measures 6.69 cm. The left kidney measures 6.84 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Right measures 2.13 cm in length x 0.61 cm at the caudal pole and 0.78 cm at the cranial pole. Left measures 2.65 cm x 0.47 cm at the caudal pole and 0.58 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age 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.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains gas shadowing, partially obstructing visualization, with no overt distention. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

In the proximal duodenum just passed the PDJ, there is a roughly spherical, thick-walled mass effect with an anechoic fluid-filled center measuring at least 3.8 cm x 3.71 cm that appears to be adhered to the wall of the duodenum. The remainder of the visible small intestine is of normal thickness with

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normal wall layering. The remainder of the visible duodenum is also of normal thickness with normal wall layering.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

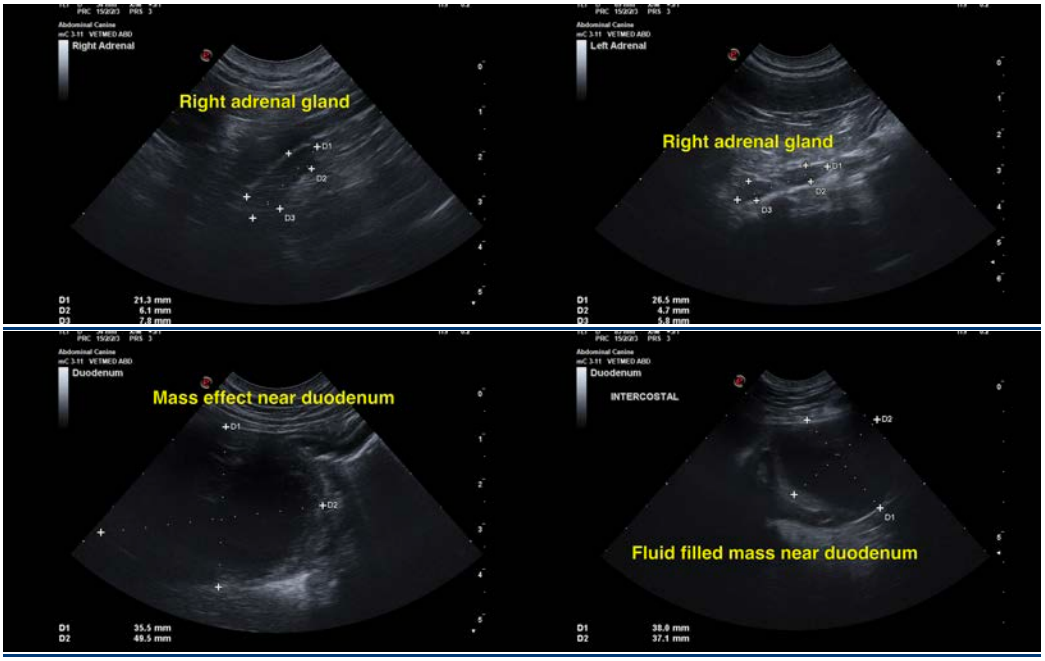
No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Mass effect adhered to the wall of the proximal duodenum – suspect abscess.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass effect in the area of the proximal duodenum appears to be adhered to the duodenal wall and may be arising from the duodenal wall. It has the appearance most commonly seen with an abscess. While this may be neoplastic in nature, a non-neoplastic cause such as migrating foreign body remains a top differential, given the patient's signalment and normal appearance of the remainder of the small intestine with no other impression of neoplasia. Abdominal exploratory surgery is recommended, and this may be both definitively diagnostic and curative.



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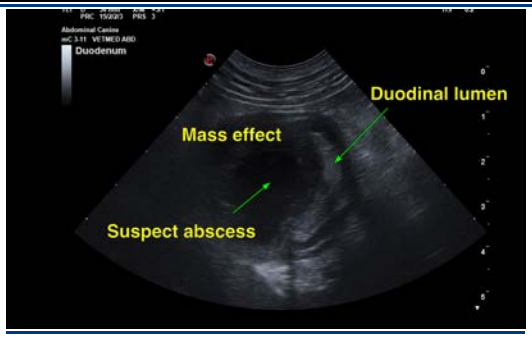

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com