



PATIENT

Bishop Sutton

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered Male

AGE

8 Years

WEIGHT

77 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu Veterinary Clinic

REFERRING VET

Dr. Nicole Kelver

INVOICE

73320

DATE

2/26/26

PRESENTING CLINICAL SIGNS

P presented 2/23/26 for a 5 day duration of ADR, p does have a hx of getting into things, has had wood chips in stool recently (horse barn) and counter surfs. Hx of UTI in December. Abdomen seems comfortable on palpation. P seems very hungry and then appears nauseous after eating.

Abnormal PE/Chem/CBC/UA Results: 2/23/26 CBC: WNL Chemistry and electrolytes: creat 1.7 (0.5-1.5), rest WNL SDMA: 15 (0-14) T4: 1.8 (1-4) 4DX: Lyme +, rest negative (QC6 <10) Fecal: Giardia cysts present few 3-10 Cystoisospora antigen +

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. The urethra papillae are not clearly seen.

The right kidney presents normal size (5.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland was not clearly visualized.

The caudal pole of the left adrenal gland is seen and measures 4.3 mm. The cranial pole is not clearly visualized on this exam.

Spleen

In the head of the spleen there is a 6.0 cm in diameter hypoechoic lesion present that is not displacing the splenic capsule. This lesion appears to be benign and is most likely extramedullary hematopoiesis.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

Diffusely the gastric wall appears to have normal thickening, measuring 2.5 mm in width. The gastric wall has normal layering. The stomach contains a small amount of partially digested food. Within the lumen of the stomach there is a 2.1 cm in diameter hyperechoic, hard shadowing object present, suspected to be foreign material causing a partial gastric outflow tract obstruction. The reason that it is a partial obstruction is that the stomach is not markedly distended with food and fluid. It does appear that what the patient has eaten is able to pass through the intestines, but this object appears to be at



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least partially obstructing the pyloric outflow tract. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

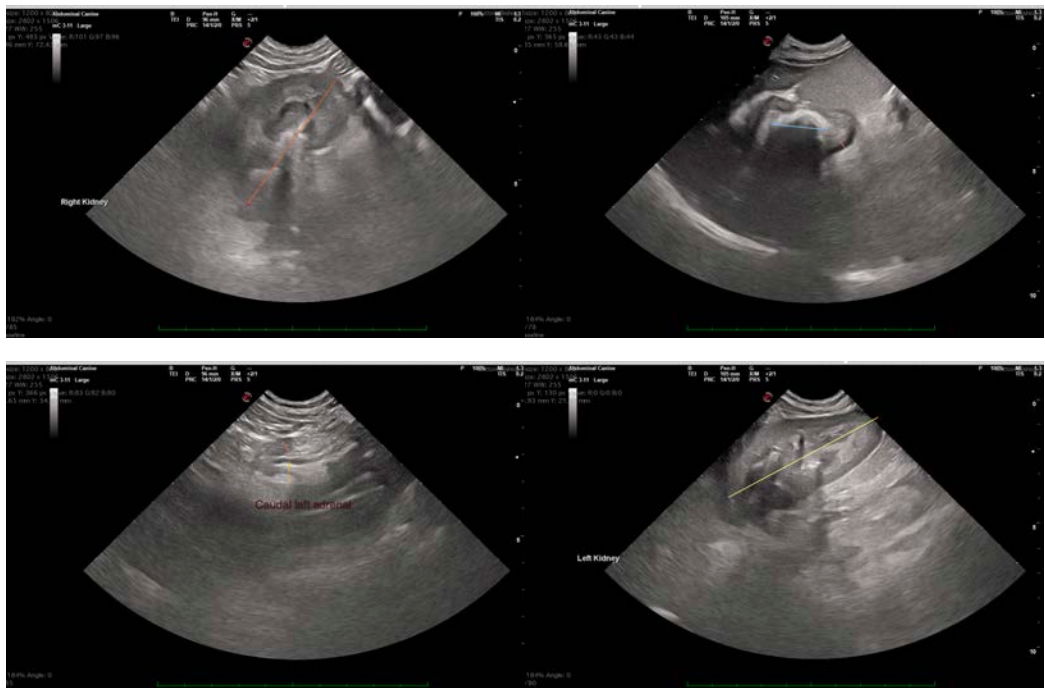
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Gastric foreign material that appears to be causing a partial outflow tract obstruction and is most likely causing the other clinical signs.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend either surgical gastrotomy to remove gastric foreign material, or, if possible, consider endoscopy retrieval of gastric foreign material. No cause for the patient's mildly elevated creatinine is seen on this exam. The kidneys appear normal. Recommend obtaining a urinalysis to determine USG and to differentiate between pre-renal and possible renal azotemia.





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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.

Greg Kuhlman, DVM, DACVIM (SAIM)

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