



**PATIENT**

Jasper Soriano

**SPECIES**

Canine

**BREED**

Mini Schnauzer

**SEX**

Male

**AGE**

3 Years

**WEIGHT**

5.8 kg

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Vincent Ravancho,  
CVT

**HOSPITAL NAME**

Bond Vet Florham Park

**REFERRING VET**

Dr. Tedesco

**INVOICE**

35040

**DATE**

5/5/26

**PRESENTING CLINICAL SIGNS**

History: Diarrhea + Weight Loss. Clinical findings - Bradycardia, Tacky MM, NO murmur, abd SNP, LN WNL. Current medications - Tylan, Visbiome.

Abnormal PE/Chem/CBC/UA Results: High Levels of CPA C.Perf, 1/17/26 - CBC, Chem, T4, CPL WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder contains minimal urine. No apparent bladder abnormalities were seen.

The left testicle was normal. The right testicle was normal.

The right kidney presents normal size (4.8 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.6 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 8.5 mm and the caudal pole measures 4.8 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.6 mm and the caudal pole measures 4.5 mm.

**Spleen**

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Blood flow to the spleen was normal.

**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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**Gastrointestinal**

The stomach was markedly full. There are nonshadowing hypoechoic objects present within the lumen of the stomach. These may represent partially digested food or foreign material. The small bowel was also moderately to markedly food dilated. Colon appears to contain formed stool at this time. The colon wall appears normal in thickness.

**Pancreas**



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Given the large amount of food material within the GI tract, the pancreas is not seen clearly on this exam. The areas of the left and right pancreas were seen and no obvious pathology was noted.

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

- Full stomach - may represent partially digested food or foreign material.
- Moderately to markedly food dilated small bowel.
- Mild gallbladder debris- appears clinically incidental at this time.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Fast the patient for 24 hours then recheck ultrasound of the stomach to determine if ingesta has passed through. If there is any retained material within the stomach in 24 hours, consider exploratory laparotomy for gastrotomy to determine if foreign material is present within the gastric lumen.

If after 24 hours of fasting, the patient still has a significant amount of retained food material within the small bowel lumen, we would suspect at that time, the patient has primary GI disease. Recommend submitting a Texas A & M GI Panel to confirm. If chronic enteropathy is confirmed, recommend GI biopsies either surgically or endoscopically.

If the patient does ultimately have surgery to evaluate for possible retained gastric foreign material, recommend GI biopsies of the jejunum and ileum be taken at the same procedure.

It seems unlikely that the patient's clinical signs and ultrasound findings are due to the Clostridium perfringens infection that was confirmed on 1/17/2026. Most likely this infection is caused secondarily due to patient's suspected primary GI disease. Patient's clinical signs are most likely attributed to the food dilated stomach and small bowel, most likely caused by primary inflammatory GI disease, such as inflammatory bowel disease or severe food hypersensitivity.



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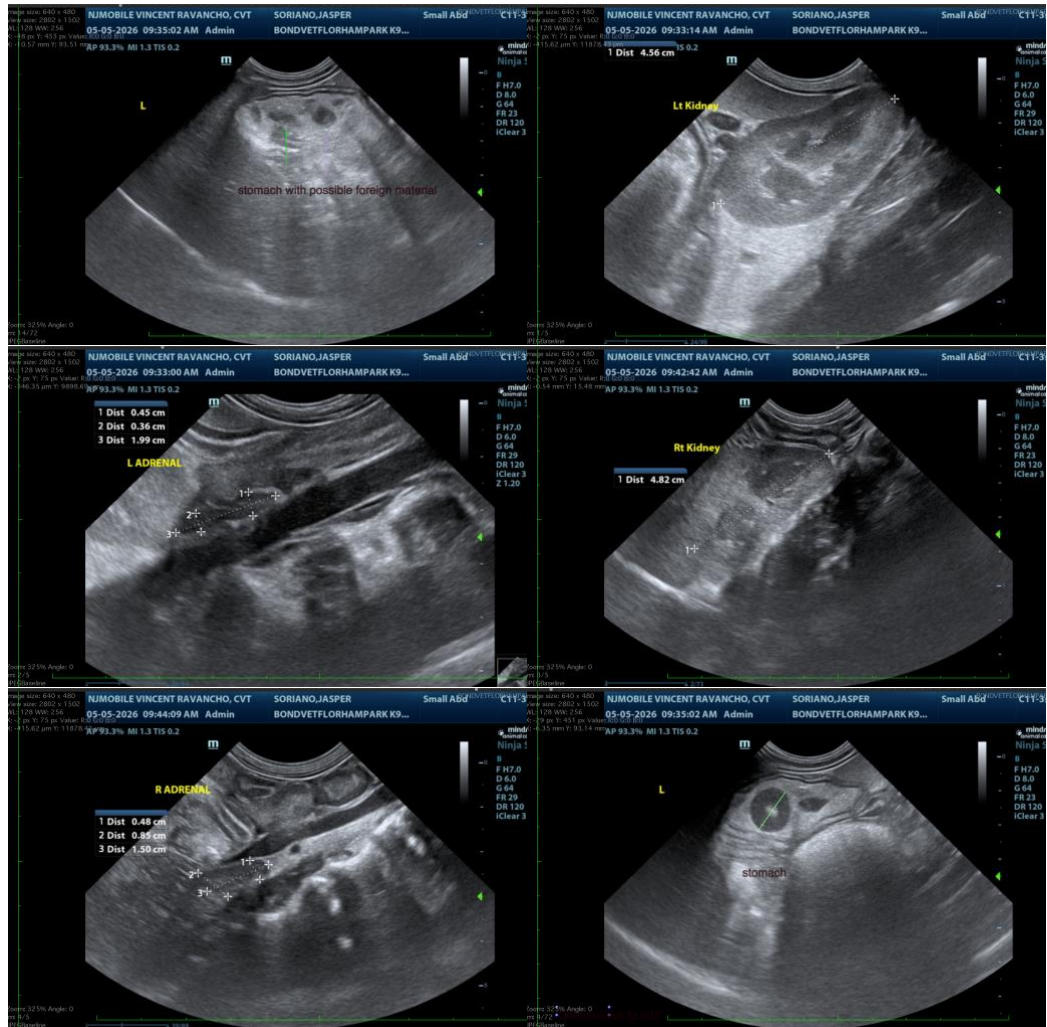
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Greg Kuhlman, DVM, DACVIM (SAIM)**

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