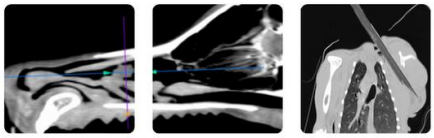


PATIENT
Slater Roman

SPECIES
Canine

BREED
Pit Bull Mix

SEX
Male Intact

AGE
7W

WEIGHT
4.8lbs

INTERPRETED BY
Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY
Brandi Kurzowski

HOSPITAL NAME
Corfu Veterinary Clinic

REFERRING VET
Dr. Brooke Beatty

INVOICE
74317

DATE
3-24-26

PRESENTING CLINICAL SIGNS

- P is a bottle baby that is failing to thrive
- P has delayed onset vomiting sporadically since 2 weeks old (bringing up curdled milk)
- P is severely underweight- about 1/3 the size of littermates, poor muscle mass
- Normal mentation, eats readily
- Diarrhea started 3/3, severely distended abdomen, improved moderately with fasting for ultrasound
- barium studied performed per recommendation of u/s report
- P has rod UTI, now being treated with clavamox

Abnormal PE/Chem/CBC/UA Results: 3/19/26 CBC- RBC 3.88 M/uL, HCT 31.6%, HGB 9.1g/dL, MCV 81 fL, MCHC 28.8g/dL, Retic 252 k/uL, Retic/hgb 23.5pg, WBC 26 k/uL, Neut 16.12 k/uL, Lymph 5.6 k/uL, Mono 3.8 k/uL, PLT 753 k/uL Chem- Glu 126mg/dL, SDMA 15 ug/dL, BUN 68mg/dL, Phos 11.2 mg/dL, Ca 12.4mg/dL, Cl 106 mmol/L, TP 4.8 g/dL, ALB 2.6 g/dL, GLOB 2.2 g/dL, ALT 11 U/L, AST 15 U/L, ALP 170 U/L 3/24/26 Urinalysis- Rod UTI, USG 1.020, WBC 20/hpf Urine culture- pending

RADIOGRAPHIC STUDY OF ABDOMEN

Abdominal radiographic examination, including orthogonal projections (lateral and ventrodorsal views), performed across multiple time points, was provided for review. Non-contrast images were obtained on March 18 and 19, 2026, followed by a positive contrast (barium) study performed on March 20, 2026, and a final series on March 24, 2026. A total of 14 images were reviewed.

RADIOGRAPHIC FINDINGS

ABDOMEN

Non-contrast study

The stomach is markedly distended, containing a mixture of gas, fluid, and heterogeneous soft tissue opaque material. The gastric silhouette is abnormally enlarged, occupying a significant portion of the cranial to mid-caudal abdomen and causing caudal displacement of adjacent structures, particularly the small intestines. The gastric appearance and pattern of distension are unusual, with a large gas bubble noted more caudally, that could be correlated to the abnormal stomach.

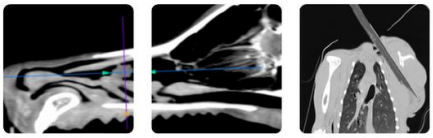
There is reduced abdominal serosal detail, likely attributed to a combination of patient age (low intra-abdominal fat) and possible minimal fluid, limiting detailed evaluation of other abdominal structures, including the small intestines.

Positive contrast (barium) study

The contrast study began at 11:40 AM- March 20, 2026.

Early phase (11:40–11:52 AM):
The stomach remains severely distended, containing heterogeneous material with gas and contrast medium. Contrast medium is predominantly located within the gastric fundus, with no significant early gastric emptying. A persistent atypical large gas bubble is present in the right caudal abdomen.

Intermediate phase (12:23 PM):



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There is partial progression of contrast medium into the small intestines, which become better delineated. The intestinal loops remain normal in diameter and distribution, without evidence of obstruction. However, a large volume of contrast medium and mixed material persists within the stomach. In this phase, the atypical gas bubble in the right caudal abdomen appears to be correlated with and part of the abnormal stomach.

Later phase (1:17–1:18 PM):

There is continued but delayed gastric emptying, with persistent marked gastric distension and abnormal gastric contour and shape. The pyloric region is partially visualized but poorly defined, and no clear obstructive mass effect is identified. In this phase, the atypical right caudal abdominal gas bubble again appears to be correlated with and part of the stomach.

Final phase (2:42 PM):

The stomach remains abnormally distended, still containing mixed content, although with relatively less contrast medium opacity. Contrast medium is observed progressing into the pyloric antrum and distal gastrointestinal tract, reaching the colon and rectum, confirming gastrointestinal patency.

Thoracic structures and visible osseous structures are within normal limits for the patient's age.

Late study – March 24, 2026

The stomach remains abnormally distended, containing mixed content with some pinpoint particulate debris, without evidence of residual contrast medium opacity. The atypical appearance of the partially visible gastric silhouette persists, including the abnormal gas bubble, which may represent part of the abnormally shaped and distended stomach, as identified in one of the previous later-phase series.

RADIOGRAPHIC DIAGNOSIS

- Marked, persistent gastric distension with delayed gastric emptying, abnormal shape of the gastric silhouette.
- No radiographic evidence of complete mechanical obstruction. Findings are most consistent with a gastric outflow disorder, particularly at the level of the pylorus. Main differential diagnoses: Congenital pyloric stenosis, functional pyloric obstruction (e.g., pylorospasm)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings demonstrate severe gastric distension with significantly delayed gastric emptying, while maintaining intestinal transit and normal small intestinal morphology, effectively excluding distal obstruction. These findings are consistent with a pyloric outflow disorder.

The abnormal gas bubble in the mid-to-caudal, predominantly right-sided abdomen appears to correlate with the abnormal shape and market distension of the gastric silhouette. Other differential considerations include a distended cecum, although this is considered less likely. Pneumoperitoneum is also considered unlikely.

Correlation with the abdominal ultrasound (SonoPath report) reveals marked gastric distension, a subjectively narrowed pyloric canal measuring approximately 2 – 2.6 mm, and pyloric wall thickening of up to 7.28 mm, with no evidence of intestinal disease or foreign body. This multimodal agreement supports a primary pyloric outflow disorder, most likely congenital pyloric stenosis. Functional pyloric obstruction (pylorospasm) is considered less likely.

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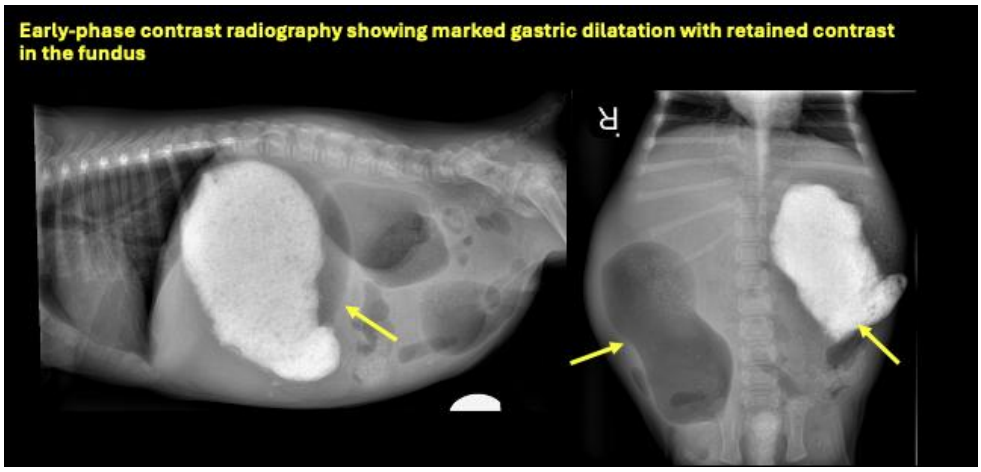
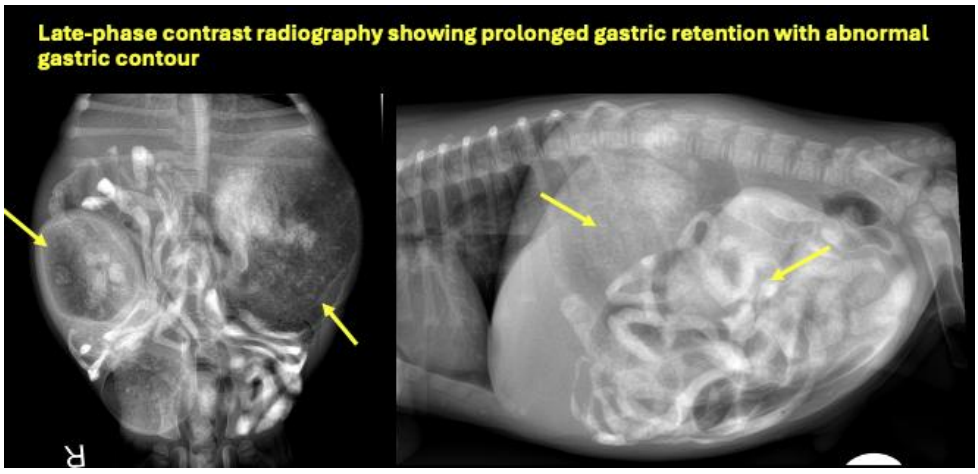
Upper gastrointestinal endoscopy is suggested to further assess the pyloric region and may also allow for therapeutic intervention. Should endoscopic evaluation be unavailable or non-diagnostic, exploratory surgery may be considered for definitive diagnosis and treatment planning. Ongoing nutritional support is advised, favoring small, frequent feedings with a liquid or highly digestible diet.

TECHNICAL COMMENTS

Interpretation of the study is mildly limited by the patient's young age, small size, and poor body condition, resulting in reduced abdominal serosal detail despite GI contrast administration. In addition, the imaging sequence is mildly discontinuous across time points, which somewhat limits optimal assessment of contrast progression and gastric emptying dynamics.





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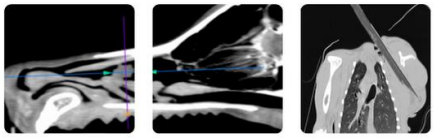

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com