



PATIENT

Chubs Smith

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

5 Years

WEIGHT

21 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Dr. Boules Maher

INVOICE

73473

DATE

3/8/26

PRESENTING CLINICAL SIGNS

History of chronic vomiting and diarrhea, decreased appetite. Allergic patient, recurrent ear infections (possible chicken allergy).

Non-responsive to home supportive care, medications (maropitant, omeprazole, metronidazole, fenbendazole, sulcrate) and diet change (GI low fat) until hospitalization. Diarrhea persistent.

Possible urinary incontinence; urinating during exam and with mild sedation.

NPO for over 12 hours before AUS.

Abnormal PE/Chem/CBC/UA Results: ACTH stim test normal (performed after initial low cortisol) BW 2 weeks ago: CBC: WNL. Mild neutrophilia. Chemistry: Total bilirubin was mildly elevated. All other parameters, including pancreatic and thyroid values, were within normal limits. Electrolytes were normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 6.94 cm. Right kidney measures 7.27 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.55 cm x 2.0 cm. Right measures 0.86 cm x 2.5 cm.

Spleen

The spleen measures 2.22 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is



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documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach is moderately distended with echogenic partially shadowing ingesta. There is no significant fluid dilation or evidence for pyloric outflow obstruction. The small intestine is non-distended with diffusely prominent or thickened muscularis layer that distorts the normal 1:3 muscularis to mucosal ratio. The gastric mucosa is slightly irregular. The small intestine submucosa is diffusely hyperechoic with slightly irregular contour. The colon contains normal shadowing feces. The ileocecolic junction appears patent.

Pancreas

The pancreas is slightly prominent with mildly irregular contour and mixed hyper- and hypoechoic nodular changes. However, there is no significant hyperechoic regional mesentery or omental fat.

Free Abdomen

There are several prominent jejunal lymph nodes with normal length to width ratio and isoechoic parenchyma. There is no significant free peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

- The intestinal submucosa is slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. There is mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. This is most consistent with chronic enteropathy. No concerning lymphadenopathy or evidence of mechanical obstruction is present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma.
- The slightly prominent jejunal lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.
- The irregular, prominent pancreas may represent a normal variant or may be indicative of changes consistent with chronic pancreatitis. An early or occult acute or chronic pancreatitis cannot be definitively excluded but is not highly suspected, given the lack of significant peritonitis or other changes to the parenchyma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.



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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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

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