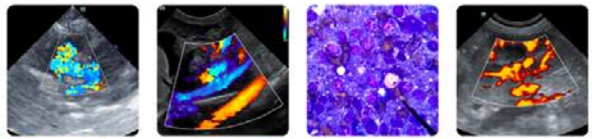
SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Phantom Caban

SPECIES

Canine

BREED

French Bulldog

SEX

Intact Male

AGE

1 Year

WEIGHT

29.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Elimar Ruiz

INVOICE

72152

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate chronic hematochezia for over 7 months duration. A GI panel showed increased in folate which was consistent with SIBO. Pt improved significantly with Tylosin and hydrolyzed diet but diarrrhea did not resolved. Problem worsen with d/c of Tylosin. Pt otherwise healthy. No hx of vomiting. Currently taking Tylosin 5mg/kg SID, Hydrolyzed diet. DDX: Small bacterial overgrowth, IBD, Chronic Hematochezia etc.

Abnormal PE/Chem/CBC/UA Results: 4DX: neg to all CBC and GI panel attached as supporting document. Fecal: negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is symmetrically enlarged (3.66 cm in the transverse view) with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is diffusely hyperechoic. Several small anechoic cysts are noted. No mineral is noted.

The right kidney is normal is size (5.0 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (4.85 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.53 cm at cranial pole and 0.61 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

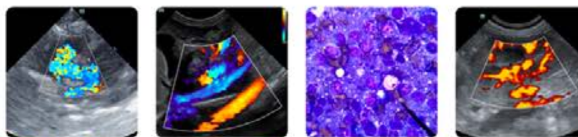
The left adrenal gland is normal in size (0.37 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size (1.7 cm thick at the hilus) with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



PATIENT
Phantom Caban

SPECIES
Canine

BREED
French Bulldog

SEX
Intact Male

AGE
1 Year

WEIGHT
29.2 lbs

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Gabriel Ferrer, DVM

HOSPITAL NAME
Pulse: Pet Ultrasound

REFERRING VET
Dr. Elimar Ruiz

INVOICE
72152

DATE
1/13/26

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The bowel is diffusely mildly thick, with the duodenum measuring 0.68 cm and the jejunum measuring 0.49 cm, with normal intact layering. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The colon is also thick, primarily in the distal descending colon, where it ranges between 0.34-0.61 cm thick at its maximum width. The more proximal colon is normal in thickness. Normal intact layering is present throughout. The lumen is mildly distended with soft stool distally.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

Mesenteric and medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

The testicles were visualized without evident testicular pathology.

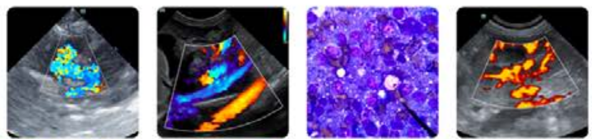
PRIMARY FINDINGS

- Diffusely thick gastrointestinal tract – This can be seen with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplastic disease such as lymphoma. There are no characteristics of malignancy noted in these images at this time. Therefore, top differentials include infectious, parasitic, dietary related, other benign inflammatory, as well as less likely infiltrative neoplasia.

- Mildly reactive mesenteric and medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

SECONDARY FINDINGS

- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.



PATIENT

Phantom Caban

SPECIES

Canine

BREED

French Bulldog

SEX

Intact Male

AGE

1 Year

WEIGHT

29.2 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Elimar Ruiz

INVOICE

72152

DATE

1/13/26

- Benign Prostatic Hyperplasia with cysts – Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and concurrent benign prostatic cysts. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

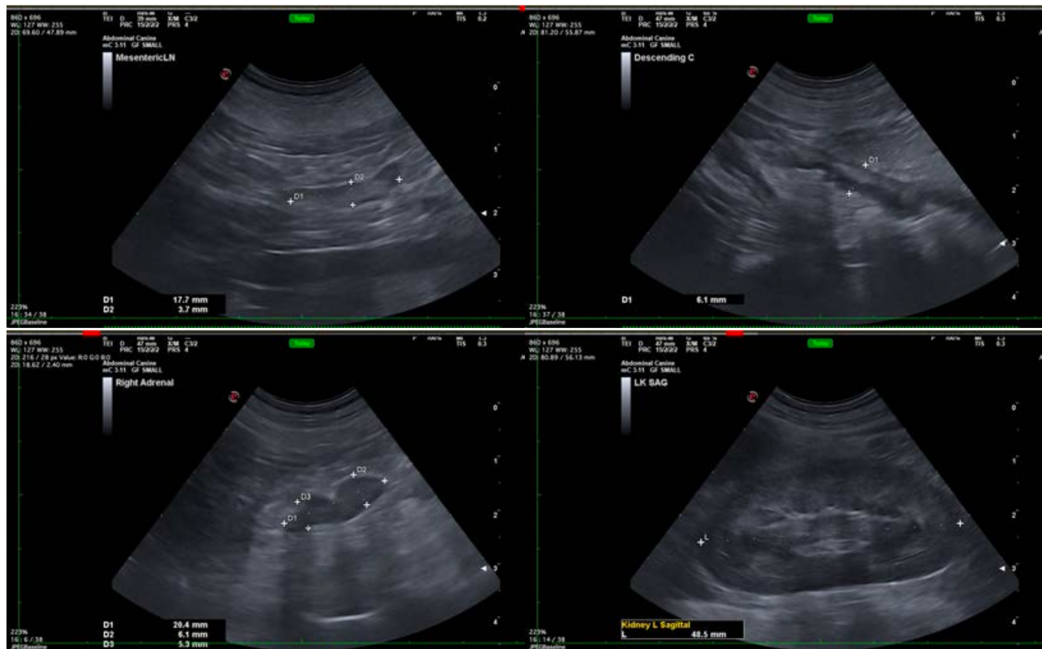
If not recently evaluated, a routine fecal/giardia exam is recommended.

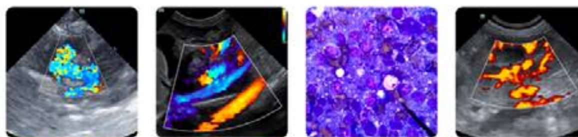
A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Ultimately, biopsies of the GI tract, being sure to include both upper and lower bowel, may be necessary for definitive diagnosis and therefore to further guide medical management. Having said that, in the meantime, given patient's malabsorption panel results, if tolerated transition in diet to a gastrointestinal biome diet may be helpful, as may fecal microbe transplant therapy.

Also, if not already done, empirical deworming with a 5-day course of Panacur is recommended.





PATIENT

Phantom Caban

SPECIES

Canine

BREED

French Bulldog

SEX

Intact Male

AGE

1 Year

WEIGHT

29.2 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Elimar Ruiz

INVOICE

72152

DATE

1/13/26

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.

Beth Johnson, DVM, DACVIM info@sonopath.com