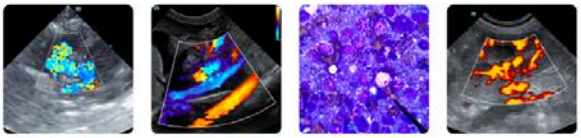

PATIENT

Reece Seymour

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

4 Years 4 Months

WEIGHT

22 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bergen County VC

REFERRING VET

Not Provided

INVOICE

71732

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Lethargy, inappetence. Resting bile acids normal. BUN-5 potas-3.1 chlor-108 pending cortisol resting.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Visualization of the right kidney was limited. This is commonly related to breed related anatomical positioning. Left kidney measures 4.52 cm. Right kidney measures 3.98 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized. Both were subjectively prominent and hypoechoic and measured enlarged for a patient of this size. No specific masses or nodules seen. The phrenic vasculature was unremarkable. Left measures 2.17 cm in length x 0.55 cm at the cranial pole and 0.60 cm at the caudal pole. Right measures 2.07 cm in length x 0.76 cm at the caudal pole and 0.96 cm at the cranial pole.

Spleen

The spleen is diffusely enlarged with a smooth, homogeneous, age appropriate echotexture. There are no specific masses or nodules seen. Visible vasculature appears normal.

Liver

The liver is subjectively small in size with normal contours. Parenchyma is hypoechoic with no specific masses or nodules visualized.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains a small amount of ingesta. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

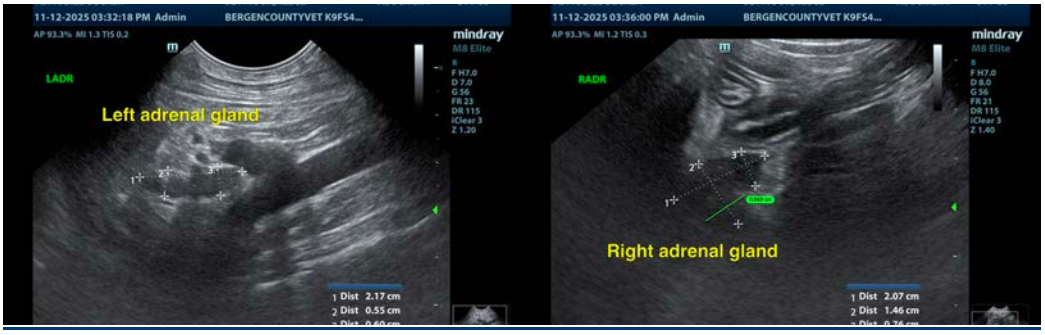
- Splenomegaly.
- Microhepatica.
- Bilateral adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenomegaly is concerning for infiltrative disease (lymphoma, MCT, other) but may represent a benign reactive or inflammatory change, immune stimulation or could reflect extramedullary hematopoiesis. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate is recommended to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.

The clinical significance of microhepatica is uncertain. It may represent age related remodeling and cirrhosis, be related to a vascular anomaly, or a variation of normal. Liver FNA could be considered, though this is a relatively low yield diagnostic with microhepatica and can be technically difficult due to small liver size. Surgical biopsy is most often needed for attempted definitive diagnosis. Bile acid profile is recommended to assess liver function.

Adrenomegaly is bilateral and may represent stressful illness or hormonal stimulation as is seen with pituitary dependent hyperadrenocorticism. If corresponding clinical signs are present, a urine cortisol creatinine ratio could be used as a screening test, and subsequent testing for hyperadrenocorticism should be considered (ACTH stimulation test vs LDDST).



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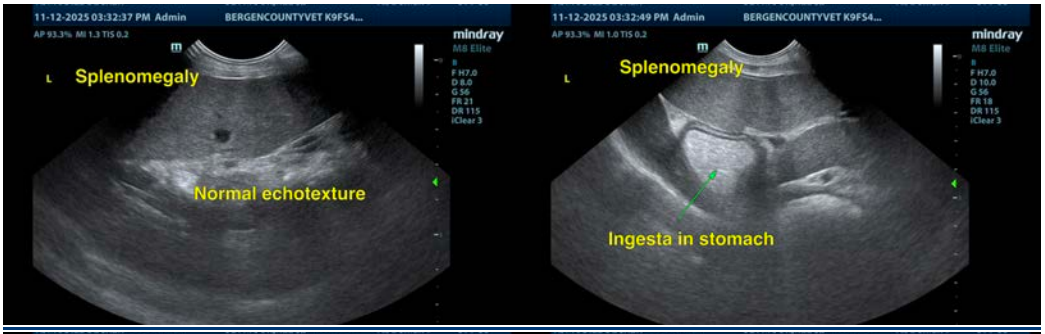

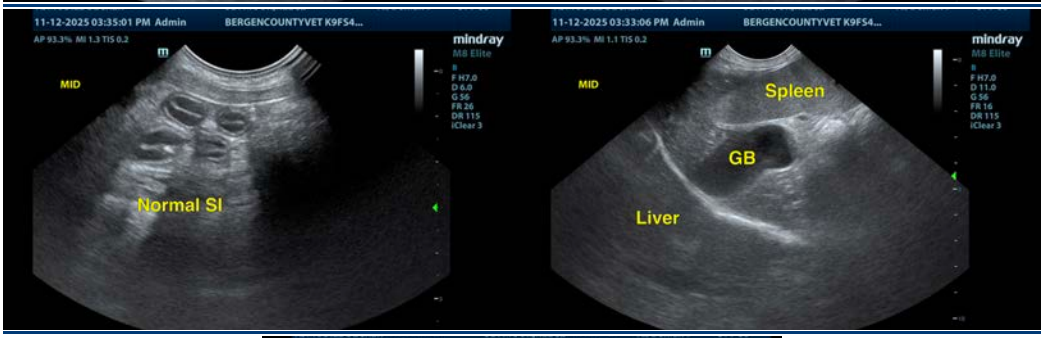

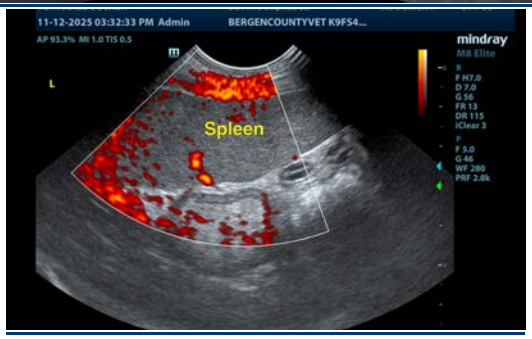

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com