**PATIENT**

Lucy Lu Hill

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

Spayed Female

**AGE**

7.5 Years

**WEIGHT**

20 kg

**INTERPRETED BY**

Dr Brittany Sinclair, BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

West Brant AH

**REFERRING VET**

Dr. Balaraju

**INVOICE**

35709

**DATE**

2/6/26

## PRESENTING CLINICAL SIGNS

- Ongoing liquid diarrhea since Sept 2025. Ha been on Hydrolyzed diet, prednisolone and Vitamin B12 injections but diarrhea continues
- Significant weight loss despite ravenous appetite
- PU/PD from steroid use, normal energy.
- Has been on Prednisolone and Fortiflora

## 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 right kidney was normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 5.65 cm in length.

The left kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The left kidney measured 4.86 cm in length. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis.

Visualization of right kidney is limited by overlying gas filled GI tract, but appears overtly normal in shape, size, and structure.

### *Adrenal Glands*

The left adrenal gland was visualized and recognized as having 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. The left adrenal gland measured 2.31 cm in length and 0.64 cm at the cranial pole and 0.68 cm at the caudal pole.

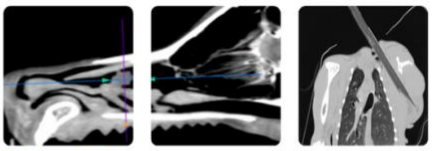
The right adrenal gland was not distinctly visualized.

### *Spleen*

The spleen contains a hypoechoic nodule, measuring 0.97 cm x 0.78 cm. The tip of the spleen contains a roughly spherical irregular solid mass, measuring 1.6 cm x 2.1 cm. Remainder of splenic parenchyma is slightly mottled.

### *Liver*

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended





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

### *Gastrointestinal*

The stomach contains minimal luminal contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. 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 subjectively diffusely thickened with increased echogenicity of the mucosal with some perpendicular striations seen. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with fluid fecal material consistent with diarrhea. There is no observed focal or generalized colon wall thickening or loss of layering.

### *Pancreas*

The right limb of the pancreas is significantly enlarged and irregular.

### *Lymph Nodes*

No clinically significant lymphadenopathy or abnormalities noted.

### *Free Abdomen*

There is scant to mild volume of free fluid noted throughout the abdomen.

## ULTRASONOGRAPHIC FINDINGS

- Significant pancreatic enlargement
- Free abdominal fluid
- Splenic nodule
- Small solid splenic mass
- Diffuse small intestinal thickening with mucosal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Provided blood work is suggestive of a protein losing enteropathy, if albumin remains persistently low, then hypoproteinemia is a likely explanation for abdominal effusion. Abdominocentesis with fluid analysis +/- cytology, if not pure transudate, is recommended. Small intestinal changes are suggestive of infiltrative disease, given the lack of response to medical therapy, GI biopsies are indicated to investigate for neoplasia or other types of infiltrative disease. Pancreatic changes are concerning for acute pancreatitis, however, given the reported ravenous appetite, clinically this patient is not displaying signs of pancreatitis. Pancreatic neoplasia cannot be completely excluded, though a definitive mass was not seen. If GI biopsies are obtained, explore of pancreas with consideration for pancreatic biopsy should be considered. Pancreas may look abnormal because of pancreatic edema secondary to hypoalbuminemia.

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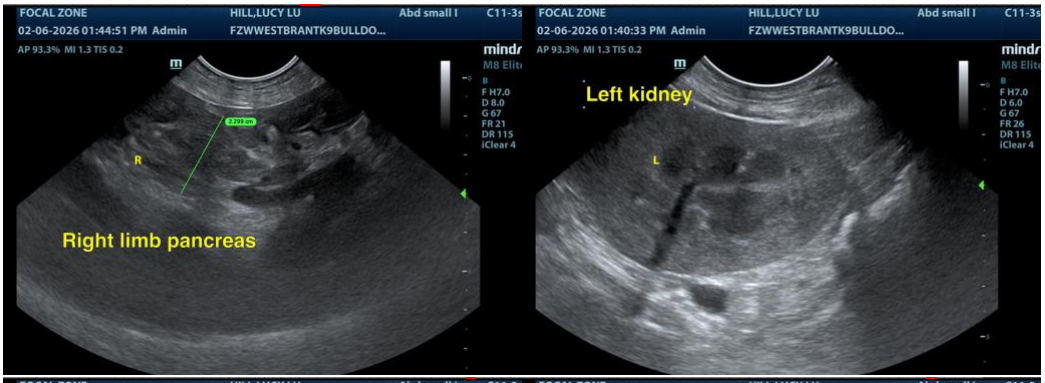






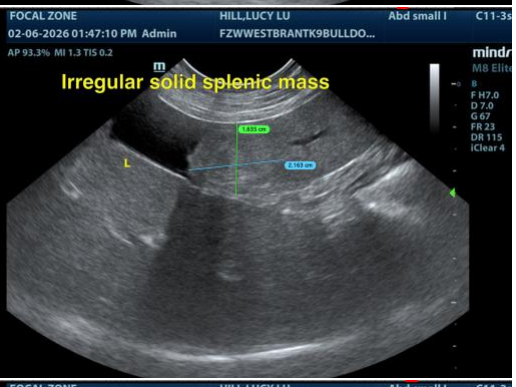




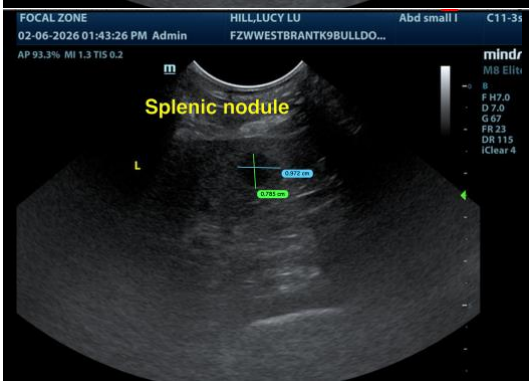


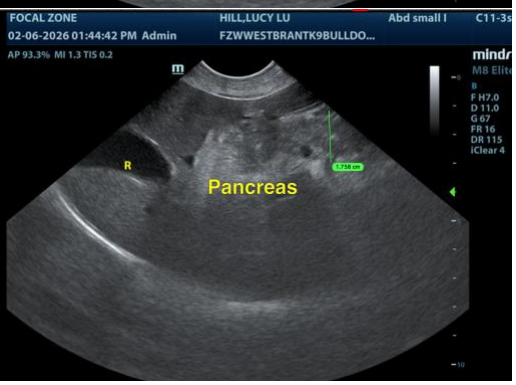

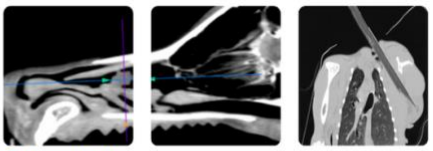



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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com