



**PATIENT**

Patch NSPCA

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Female

**AGE**

3 years

**WEIGHT**

12.6 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Dallas Reynolds, LVT

**HOSPITAL NAME**

Lone Mountain AH

**REFERRING VET**

Dr. Parker

**INVOICE**

43155

**DATE**

12/16/22

**PRESENTING CLINICAL SIGNS**

History: Vomiting started 12/7 - antiemetics didn't help. Treated for gastroenteritis. Still vomiting and having diarrhea 12/14. Hasn't vomited since.

**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 uterus was visible dorsal to urinary bladder, normal thickness and wall layering, void of fluid accumulations

The kidneys were both 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 5.0 cm. The left kidney measured 4.5 cm.

**Adrenal Glands**

Both adrenal glands were 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 1.5 cm in length and 0.42 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measured 1.5 cm in length, 0.53 cm at the cranial pole and 0.41 cm at the caudal pole.

**Spleen**

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

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



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***Gastrointestinal***

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The stomach contains minimal luminal contents. 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 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 normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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***

Right limb of pancreas is visualized and is hyperechoic with slightly prominent pancreatic duct, with no enlargement, no fluid accumulations and no surrounding signs of inflammation.

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***Lymph Nodes***

Slightly prominent medial iliac and perisplenic lymph nodes with normal echogenicity, structure, and length to width ratio.

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12.6 kg

***Free Abdomen***

No masses or free fluid were noted.

**INTERPRETED BY**

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BVSc(hons), DACVECC

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Dallas Reynolds, LVT

**Primary Findings**

1. Mild abdominal lymphadenopathy
2. Hyperechoic pancreas – no signs of active inflammation

**HOSPITAL NAME**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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. No obvious cause of GI signs is identified on this abdominal study. Lymphadenopathy is mild and may be a variation of normal or more likely represent reaction to mild abdominal inflammation secondary to the primary cause of reported gastroenteritis (etiology open). While pancreatic changes are not ultrasonographically consistent with active pancreatitis, this cannot be ruled out with ultrasound and remains a differential. Diagnostics to be considered include chem/lytes/CBC, specCPLi, baseline cortisol +/- ACTH stimulation test, intestinal parasite testing, bile acid profile. More aggressive treatment for pancreatitis/gastroenteritis including IVF, IVF antiemetics (cerenia, ondansetron, metoclopramide CRI), anti-acid (proton pump inhibitor), anti-diarrheal (probiotics), and enteral nutrition (NG tube feeding if necessary) could be considered. If signs are persistent or recurrent a food sensitivity and diet trial should be considered. Ultimately GI biopsies may be required for more definitive diagnosis, though no mural SI abnormalities are present ultrasonographically.

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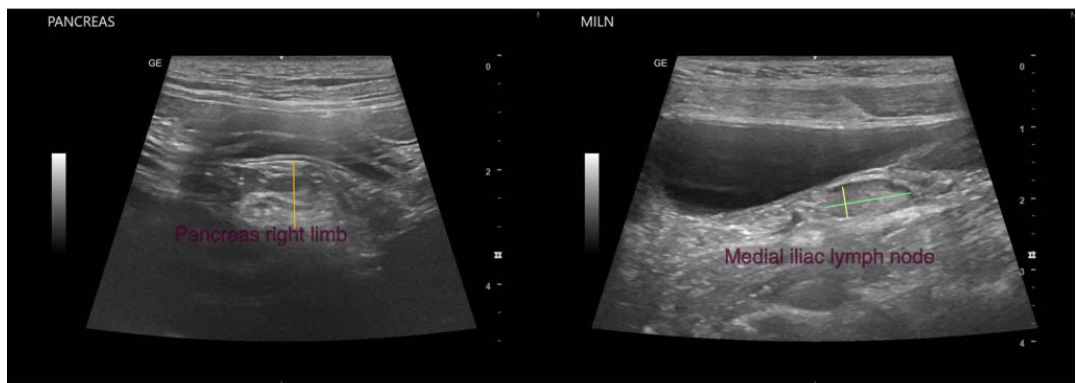
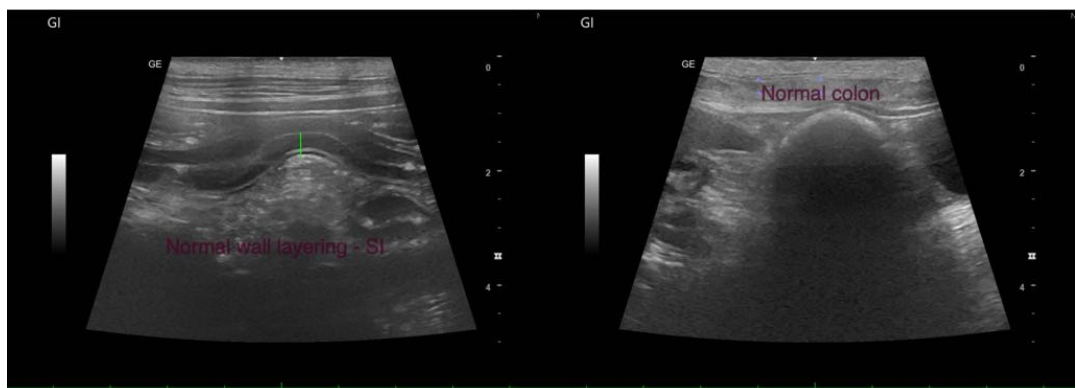
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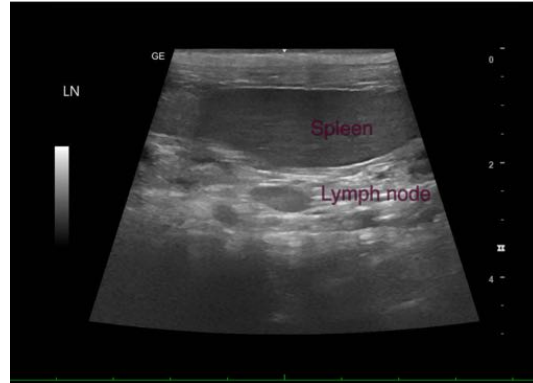
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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