



PATIENT

Yoda Jewell

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

5 years

WEIGHT

14 kg

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

West Springs
Veterinary Hospital

REFERRING VET

Dr. Elspeth Yates

INVOICE

10942

DATE

12/16/2025

PRESENTING CLINICAL SIGNS

History of chronic diarrhea, weight loss and occasional vomiting for the past 3 months.

Abnormal PE/Chem/CBC/UA Results: NSF.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (1.23 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.28 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (5.26 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 cm at the cranial pole and 0.61 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.86 cm at the cranial pole and 0.69 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.31 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains mild/moderate fluid. The gastric wall appears mildly diffusely thickened/prominent measuring 0.69 cm with a prominent muscularis layer. 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.

BREED

French Bulldog

Most of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased (duodenum measures 0.41 cm, and the jejunum measures 0.33 cm). Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Visualized peristalsis appears appropriate. There is a section of bowel in the right caudal aspect of the abdomen which appears focally thickened with mildly reduced distinction of wall layering. In this section the bowel measures at 0.78 cm in thickness.

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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. The descending colon wall is prominent measuring 0.17 cm with intact wall layering.

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Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy. Lymph nodes around the ileocecal junction are prominent. An example measures 0.64 cm x 1.95 cm. A jejunal lymph node is visualized measuring 0.57 cm x 1.3 cm. The omentum is of normal uniform echogenicity.

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PRIMARY FINDINGS

- Mildly thickened gastric wall with a prominent muscularis layer. Findings are most consistent with gastritis. Early infiltrative disease cannot be definitively ruled out.
- Focal, severe thickening of the small intestine. Wall layering is reduced, most consistent with either severe inflammatory or early neoplastic change.
- Mild wall thickening of the distal colon. Most consistent with mild colitis.
- Occasional prominent mesenteric lymph nodes. Findings are most consistent with reactive lymph nodes. Early neoplastic lymph nodes cannot be ruled out.

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SECONDARY FINDINGS

- The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.



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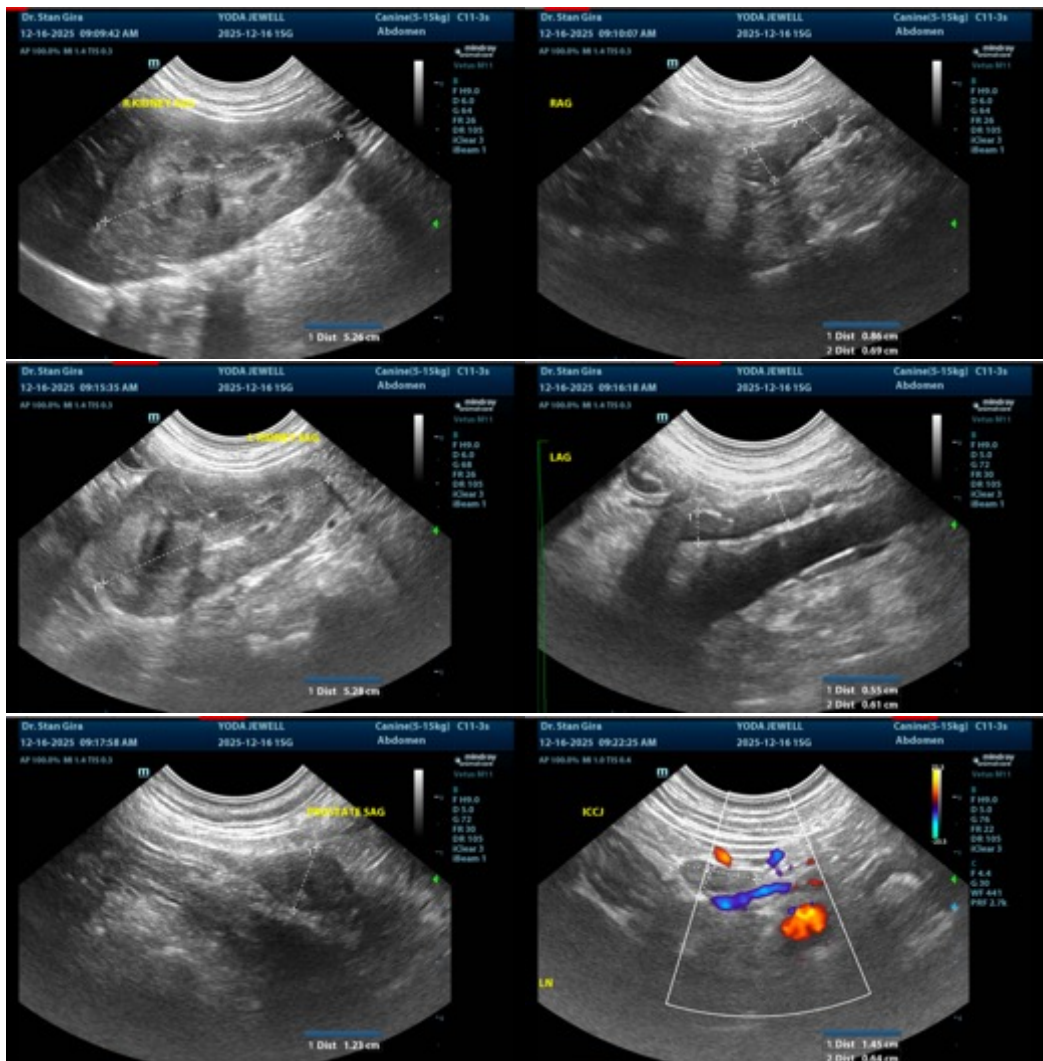
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a focal section of bowel which appears severely thickened. Wall layering is less distinct in the area. Findings would be most consistent with severe focal inflammation or early neoplastic change. It's likely that a biopsy of this section of bowel would be necessary to further evaluate. Alternately consider continued monitoring and reevaluation in 4 – 6 weeks.

The stomach appears mildly thickened, and the distal colon is mildly thickened. Wall layering is intact in both of these areas. Likely consistent with mild gastritis/colitis.

Depending on the chronicity of symptoms and the previous treatment/workup of this individual, I would consider a diet trial (likely a combination of hydrolyzed protein, ultra-low fat prescription diet {Royal Canin}), probiotic therapy, a GI panel to Texas A&M for a PLI/TLI, cobalamin, and folate to rule out exocrine pancreatic insufficiency, a b12 deficiency, etc., and also parasite screening, infectious diarrhea panel, etc. If there is no diagnosis made and symptoms are persistent and chronic, surgical biopsies of the GI tract and the thickened section of bowel would likely be warranted.





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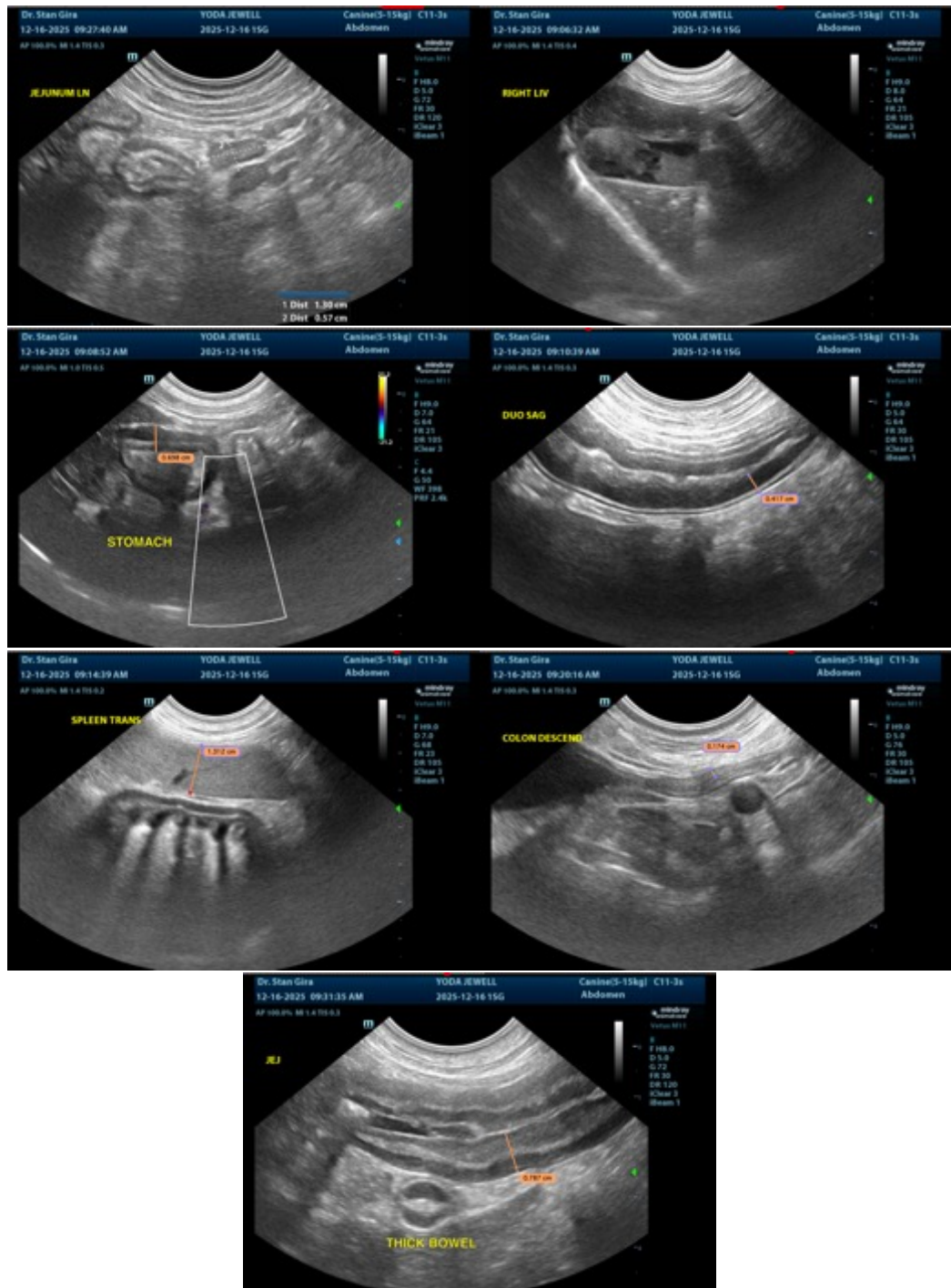
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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