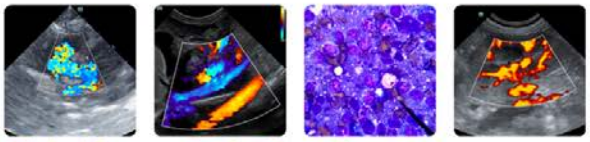

PATIENT

Charlie Poland

SPECIES

Canine

BREED

Bulldog

SEX

Intact Male

AGE

2

WEIGHT

48.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal Clinic

REFERRING VET

Dr. Shane Stafford

INVOICE

73228

DATE

2/24/26

PRESENTING CLINICAL SIGNS

Charlie, a young male Bulldog, is being evaluated for chronic gastrointestinal signs (soft stools, diarrhea, fly-biting, lip smacking) that have only partially improved on a hydrolyzed diet, with chronic enteropathy/possible inflammatory bowel disease as the leading concern. Diagnostics so far have ruled out Addison's disease and most infectious causes, though prior testing showed mild GI dysbiosis (Clostridium species). At the most recent visit, he was also diagnosed with a right ear bacterial infection, lip fold pyoderma, and suspected behavioral urine marking, with known brachycephalic airway syndrome. The plan is to proceed with an abdominal ultrasound and GI panel (PLI, TLI, B12, B9) to further investigate the GI disease, treat the ear infection topically, and follow up after results to guide long-term management (potentially including immunosuppressive therapy if IBD is confirmed). Discussed with O about referral for endoscopy biopsies vs. full thickness Biopsies

Abnormal PE/Chem/CBC/UA Results: Persistent fly biting, soft stools/diarrhea with slight improvement on a hydrolyzed diet, restlessness with pacing and lip smacking, and prior weight loss that improved with diet change. Recent GI PCR panel was positive for Clostridium difficile toxin gene and low–moderate Clostridium perfringens toxin genes, interpreted as GI dysbiosis that may contribute to diarrhea. ACTH stimulation test was within normal limits, ruling out Addison's disease. August 2025 CBC/chemistry showed mild inflammatory changes including mildly increased globulin (4.3), neutrophils, and monocytes. Historical urinalysis noted 1–2+ protein with UPC ~0.1, indicating non-proteinuric status and likely not clinically significant.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is large and hyperechoic, measuring 2.17 cm in height in the sagittal view.

The left kidney has a normal shape and size (4.69 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 hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.51 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 cm at the cranial pole and 0.58 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 0.48 cm at the cranial pole and 0.73 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal

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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 (1.46 cm), echotexture is homogenous, and the splenic capsule is smooth with no 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.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall appears somewhat prominent with a prominent muscularis layer, measuring at 0.71 cm with intact wall layering. 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. Duodenum wall measures 0.36 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Large, hyperechoic prostate – Findings are most consistent with benign prostatic hypertrophy in an intact male dog.

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- Prominent gastric wall with prominent muscularis layer – Findings could be consistent with mild gastritis.

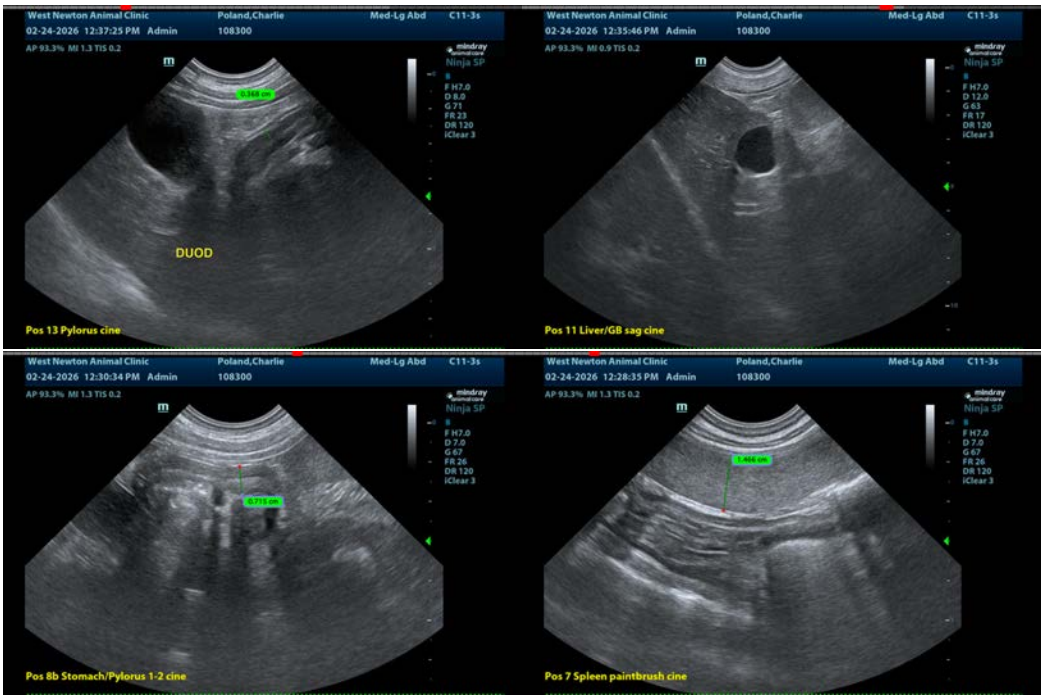
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the gastrointestinal tract to explain the GI signs reported. Subjectively, the gastric wall appears slightly prominent with a prominent muscularis layer and intact wall layering. This could represent anatomic variation or mild gastritis.

The small intestine appears normal, though this does not rule out a primary enteropathy. Consider the following:

- Consider a prescription hydrolyzed diet or a combination hydrolyzed/ultra low-fat prescription diet (Royal Canin). This is reported to have already been started.
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease. This will screen for exocrine pancreatic insufficiency if not already done.
- Recommend empirical deworming and screening if not already done.
- Recommend chronic probiotic therapy.

Provided the above diagnostics and therapeutics have been performed with minimal response, biopsies of the GI tract would likely be warranted to further investigate. If there are significant symptoms associated with regurgitation, belching, vomiting, etc., upper airway disease can contribute to these symptoms.



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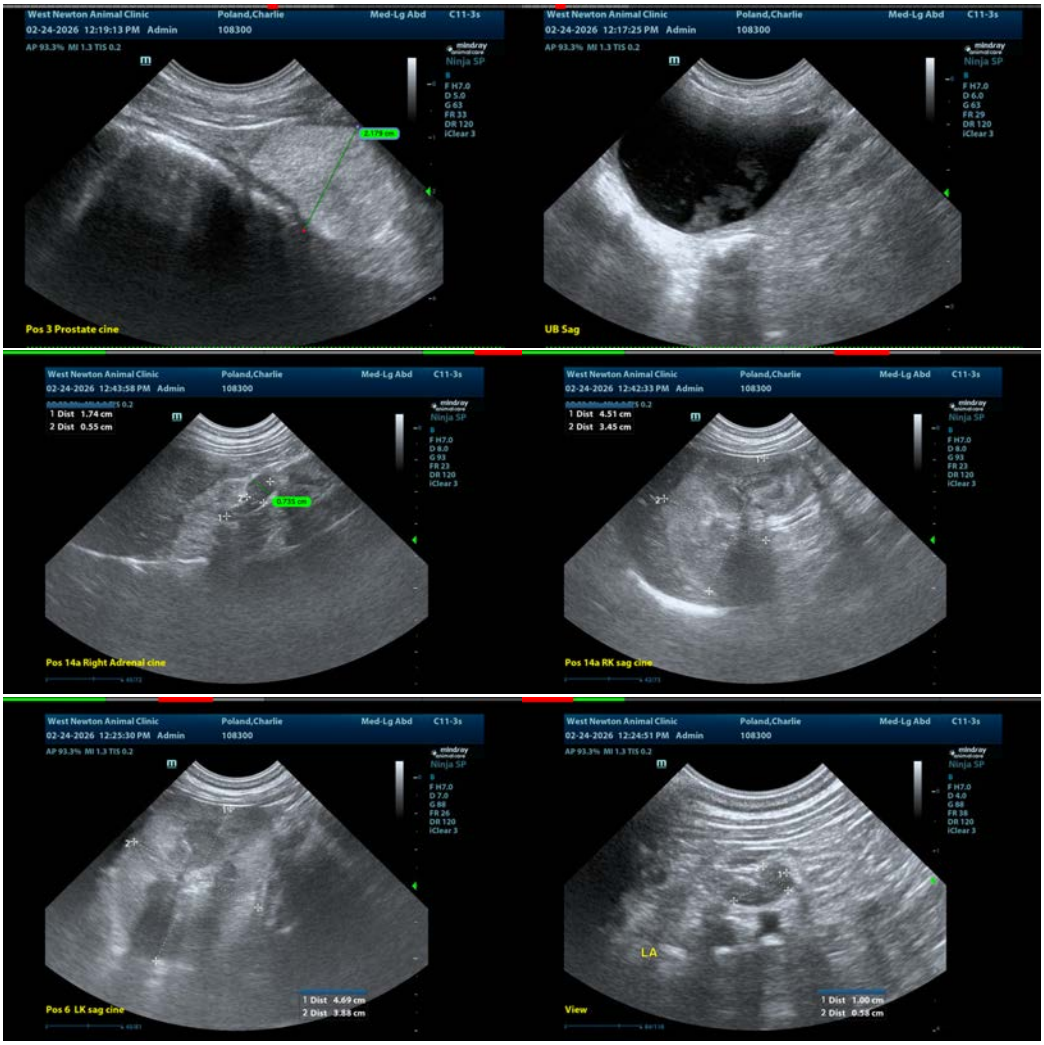

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com