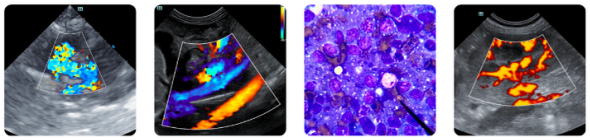


PATIENT

Frances Bean Byrnes

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

8 years

WEIGHT

28.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kathleen Byrnes

HOSPITAL NAME

Byrnes Veterinary Relief Services PC

REFERRING VET

Dr. Byrnes

INVOICE

11422

DATE

3/5/2026

PRESENTING CLINICAL SIGNS

- P presented for ultrasound due to 72-hour period of decreased appetite, vomiting, nausea, drinking more. P is stil BAR, ate dinner readily tonight after ultrasound.

Abnormal PE/Chem/CBC/UA Results: P dehydrated when bloodwork done yesterday HCT 57% Alb 2.6, CL 107 usg 1.017 no protein

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 left kidney has a normal shape and size (5.27 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 (4.21 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 0.41 cm at the cranial pole and 0.52 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

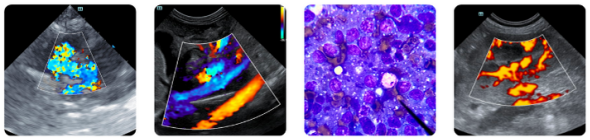
The spleen is subjectively normal in size (1.48 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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.

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



PATIENT

Frances Bean Byrnes

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

8 years

WEIGHT

28.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kathleen Byrnes

HOSPITAL NAME

Byrnes Veterinary Relief Services PC

REFERRING VET

Dr. Byrnes

INVOICE

11422

DATE

3/5/2026

The stomach is moderately dilated with fluid and moderate/large irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of 0.5 cm with some variability due to the presence of rugal folds. The pylorus measures 0.5 cm. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum (0.64 cm), jejunum (0.45 cm) and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. Some sections of small intestine have mild mucosal changes (speckling/fogging.) Additionally, some areas have mild gas and fluid distension.

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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis in the right limb.

Free Abdomen

Evaluation of the peritoneal cavity revealed scant/small free fluid. There was no lymphadenopathy. The omentum is mildly, diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes consistent with mild pancreatitis in the right limb.
- Ingesta distended stomach with a patent pylorus. Findings are suggestive of delayed gastric emptying.
- Diffusely thickened small intestine with intact wall layering – Some areas exhibit mild mucosal fogging/speckling. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease). Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened with some areas exhibiting some mild mucosal fogging/speckling associated with the wall. This is suggestive of a potential small chronic enteropathy but additionally there appears to be potential delayed gastric emptying associated with the stomach, and a prominent right limb of the pancreas. Consider the possibility of acute pancreatitis/gastroenteritis on top of a potential chronic enteropathy? Particularly if this individual has a history of underlying gastrointestinal symptoms. The albumin is low/normal, increasing concern for a possible early protein losing enteropathy.

Recommend empirical therapy for non-specific pancreatitis/gastroenteritis and consider a GI panel to Texas A&M for a qualitative fPLI/TLI, cobalamin, and folate looking for changes which may be more indicative of a chronic enteritis (B12 deficiency, etc.) If acute symptoms resolve, consider reevaluatoin of blood work, etc., when the patient has stabilized. Further evaluation could include upper GI

PATIENT

Frances Bean Byrnes

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

8 years

WEIGHT

28.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kathleen Byrnes

HOSPITAL NAME

Byrnes Veterinary Relief Services PC

REFERRING VET

Dr. Byrnes

INVOICE

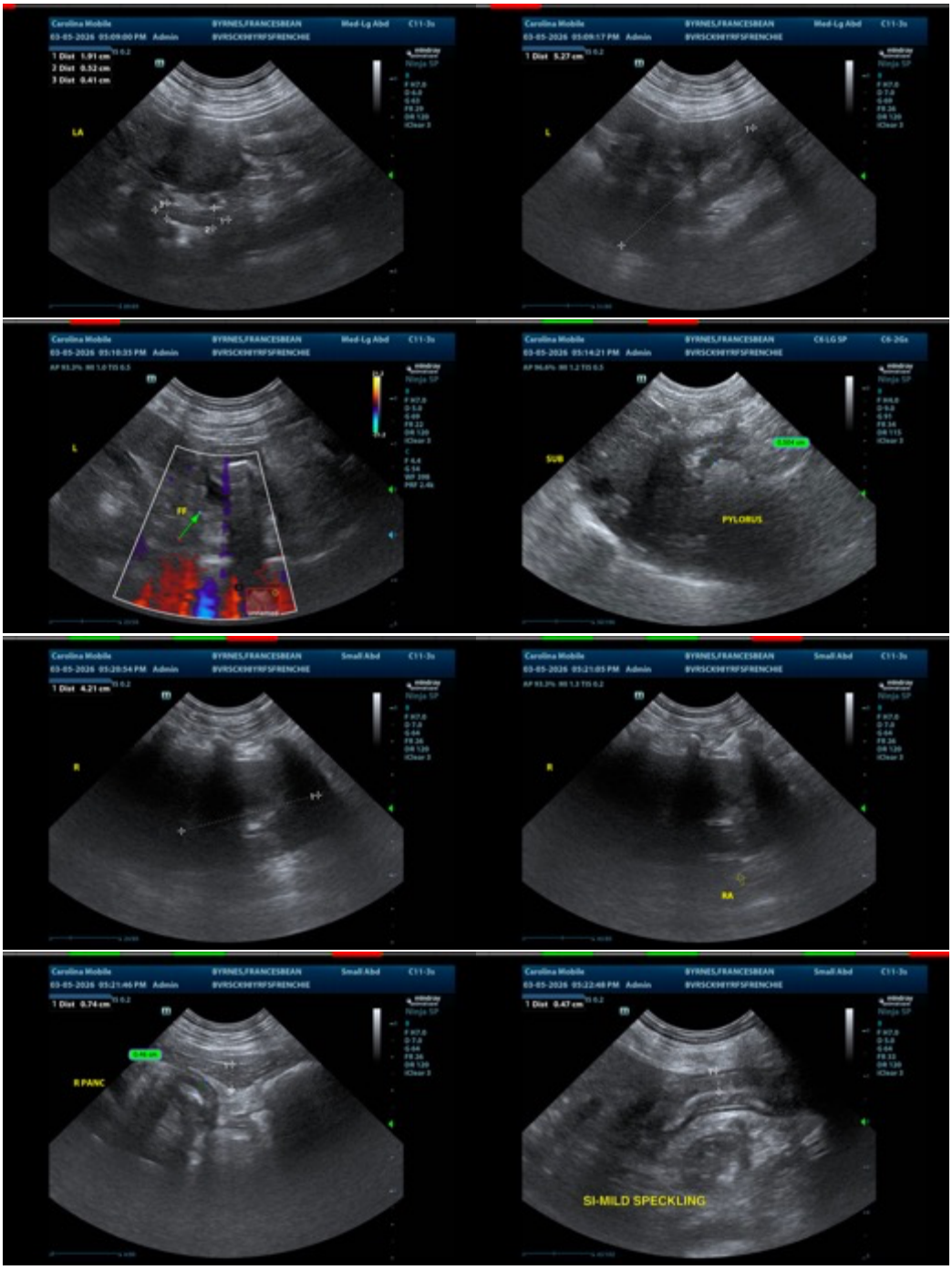
11422

DATE

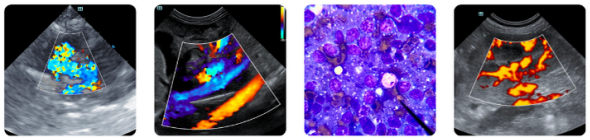
3/5/2026

endoscopy to obtain biopsies. Additionally, you could consider a combination hydrolyzed protein/prescription ultra-low fat diet (Royal Canin), as this can help with IBD and lymphangiectasia/pancreatitis.

If the patient is not improving with this therapy, consider repeat imaging to reassess.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Frances Bean Byrnes

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

8 years

WEIGHT

28.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kathleen Byrnes

HOSPITAL NAME

Byrnes Veterinary Relief Services PC

REFERRING VET

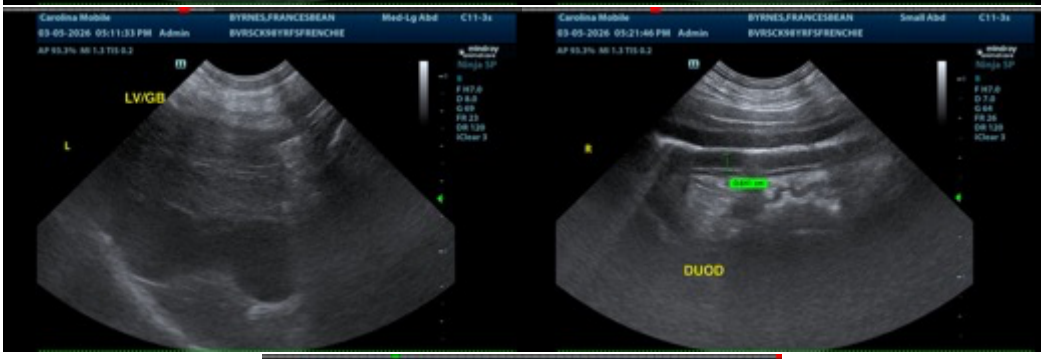
Dr. Byrnes

INVOICE

11422

DATE

3/5/2026



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