



PATIENT PRESENTING CLINICAL SIGNS

Lacy Cannon Diarrhea, PD/PD, weight loss, vomiting, decreased appetite, likely pre-renal azotemia.
 Medication: SQF, b12, bland diet, Cerenia

SPECIES Labs: Unremarkable CBC, BUN 109, Creat 2.9, SDMA 23, phosphorus 6.2, sodium to potassium ratio 37, unremarkable liver enzymes, Spec cPL 362, USG 1.018, trace protein

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

French Bulldog

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Minor dependent sand/mineral (nonobstructive), extending into the level of the urinary bladder neck and proximal urethra. Anechoic urine was present in the lumen otherwise. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

FS

AGE

The area of the aortic trifurcation was free of pathology.

2011

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Focal minor medullary mineralization was present in the left kidney. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

WEIGHT

23.4

Adrenal Glands

INTERPRETED BY

The left adrenal gland was indistinctly visualized without overt pathology or adrenal tumors. The left adrenal gland measured 0.59 cm width at the caudal pole.

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.51 cm width in the cranial pole and 0.62 cm width in the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Spleen

HOSPITAL NAME

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Lehigh Valley AH
 (Allen)

REFERRING VET

Liver/ Gallbladder

Dr. Hersh

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended in size anechoic content and moderate dependent to nondependent mildly congealed yet nonorganized luminal debris without evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

DATE

1/19/23

Gastrointestinal



PATIENT The stomach presented intact to mildly indistinct variably prominent to thickened wall layering, including evidence of prominent rugal folds to prominent gastric mucosa. The lumen of the stomach was empty with mild luminal gas. The ventral gastric body wall measured 0.54 cm.
 Lacy Cannon

SPECIES The small intestine presented intact subjective generalized prominent wall layering owing to subjective propensity for mildly prominent generalized mucosa and mildly prominent submucosa layers. No evidence of loss of intestinal wall layering or intestinal masses. No evidence of intestinal mechanical/metabolic ileus. The duodenum wall measured 0.49 cm. The jejunum wall measured 0.35 cm.
 Canine

BREED The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to non-formed fecal matter was present in the colon lumen with lumen dilation. This is consistent with patient history.
 French Bulldog

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

AGE

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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Other

The transdiaphragmatic view of the caudal thorax revealed several to potential multiple peripheral, variably sized hypoechoic pulmonary nodules. An example measured 1.0 cm in diameter.

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 (Canine and Feline)

ULTRASONOGRAPHIC FINDINGS

- Mild dependent urinary bladder sand/mineral
- Mild chronic renal changes with mild left kidney medullary mineral. This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
- Prominent to mildly thickened gastrointestinal wall layering with concurrent mild colitis-gastroenterocolitis, inflammatory bowel, potential for emerging infiltrative gastric/gastrointestinal neoplasia cannot be excluded.
- Mild heterogenous pancreas- nonspecific, potential for concurrent low grade pancreatitis vs patient/age-related variant
- Nonspecific yet suspicious caudal thoracic peripheral pulmonary nodules

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Dr. Hersh

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

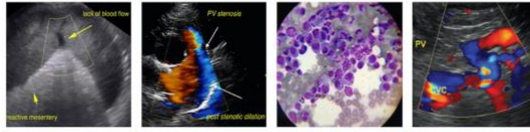
A GI panel to include PLI/TLI/Cobalamin/Folate, as well as resting cortisol level to assess for occult disease as contributing factor to the patients clinical signs is warranted. Three view chest radiographs are recommended if not done for further assessment of caudal thoracic peripheral pulmonary nodules +/- ultrasound guided FNA cytology, if accessible or clinically indicated. Pending additional diagnostics, hydrolyzed diet trial, high colony count probiotics, such as Provioble, continued

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cobalamin supplementation and broad-spectrum deworming may prove beneficial. Intestinal biopsies may be required for a definitive diagnosis.

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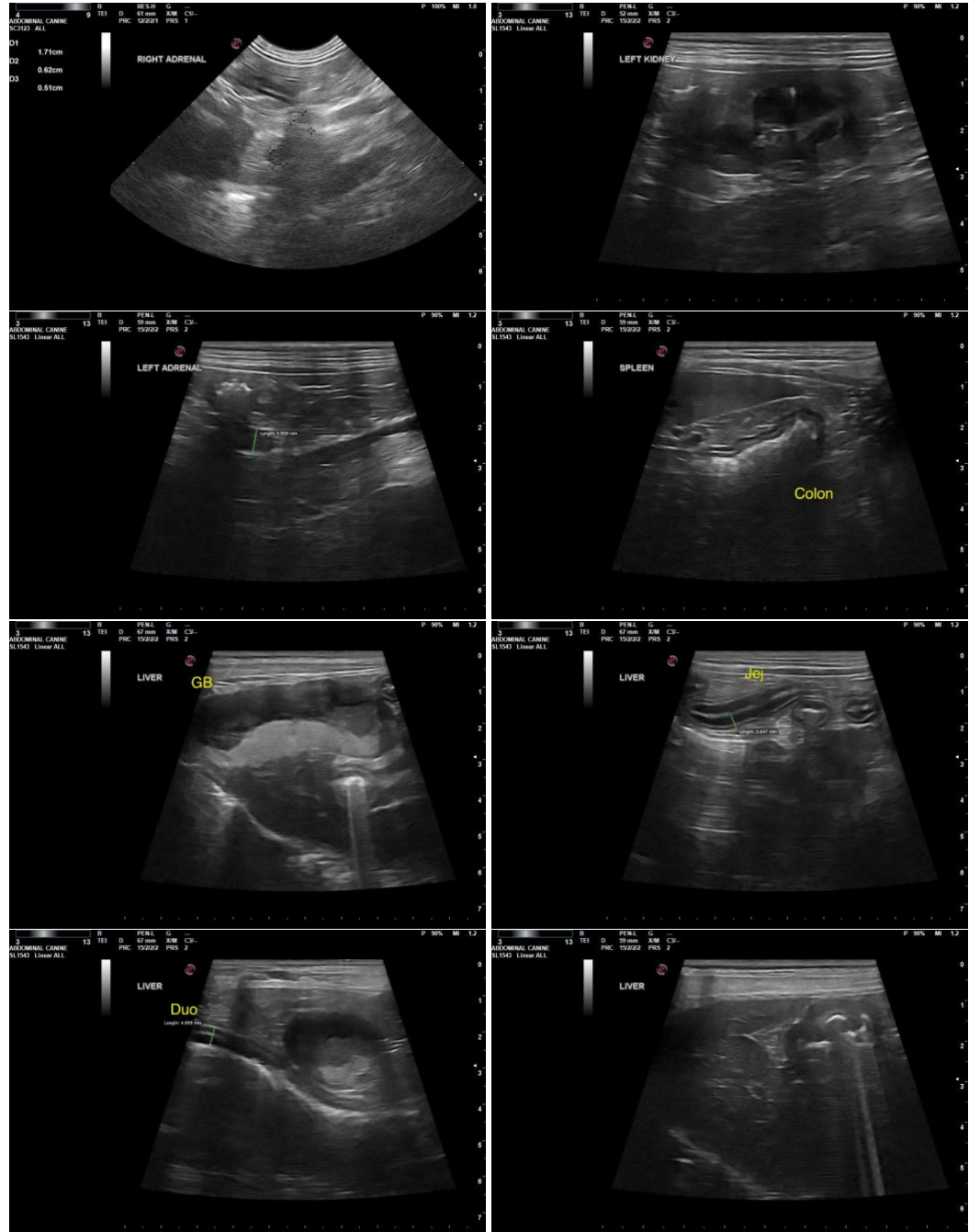
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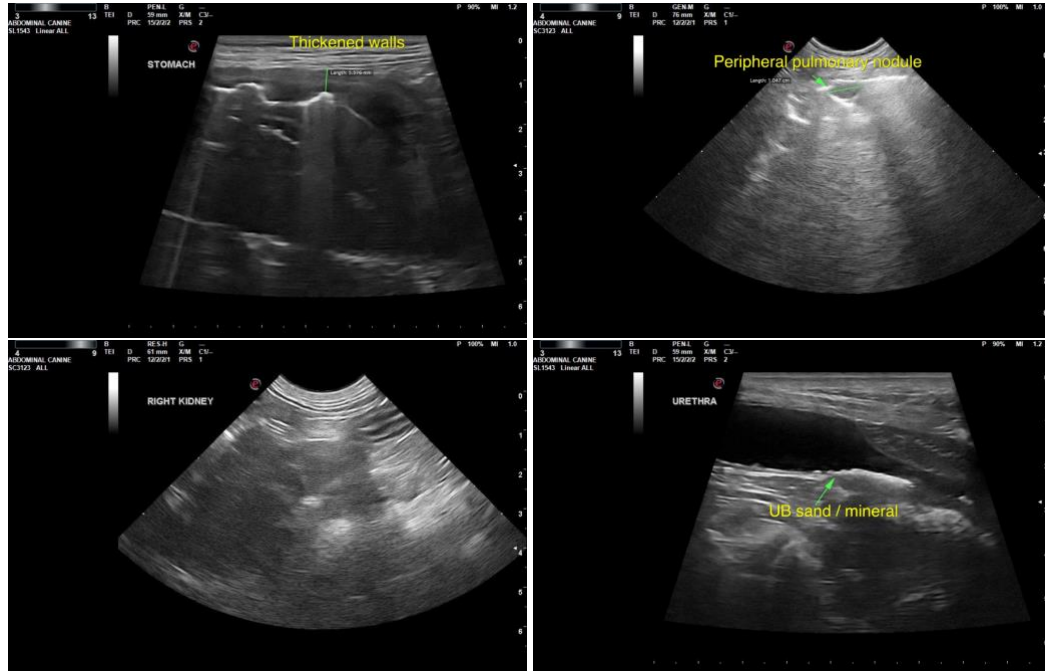
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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