



PATIENT

Bentley Frederick

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

6yr

WEIGHT

38

INTERPRETED BY

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

IMAGING PERFORMED BY

Solitaire Goldfield,
DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Solitaire Goldfield,
DVM

INVOICE

23611

DATE

01/19/2026

PRESENTING CLINICAL SIGNS

- P presented for excessive panting, self-rest, lethargy on 1/16: presenting with acute onset respiratory distress, lethargy, inappetence, and trembling. Physical exam revealed tachypnea (RR 120 pant) with otherwise normal cardiopulmonary findings and no abdominal pain on palpation, leading to suspicion of pain-induced tachypnea secondary to lumbosacral spinal pain. Patient was hospitalized and sedated with dexmedetomidine/butorphanol, placed on oxygen therapy, and started on acute back protocol including steroids, muscle relaxers, and gabapentin. Spine radiographs with abdominal views and in-house bloodwork were ordered to rule out IVDD versus muscular strain. Owners understand that neurologic deficits would warrant neurology referral for MRI and potential surgery, but patient remains ambulatory at this time.
- Today: presenting with hematemesis and hematochezia following recent visit, with concurrent inappetence and tachypnea. Patient has been on steroids and developed progressive GI signs including frank hematemesis this morning. PE-tachypnea (140 bpm) but otherwise WNL. Administered Cerenia and initiated ondansetron, sucralfate, probiotics, and anti-diarrheals. Full body radiographs sent for specialist interpretation. Owners understand likely steroid-induced gastritis and are expecting diagnostic results and treatment updates throughout the day while patient remains hospitalized for monitoring.

Abnormal PE/Chem/CBC/UA Results: BUN 13.6 9.0-29.0 mg/dl Creatinine 0.8 0.4-1.4 mg/dl BUN/Creat Ratio 17 Phosphorus 3.6 1.9-5.0 mg/dl Calcium 9.8 9.0-12.2 mg/dl Corrected Ca 9.2 9.0-12.2 mg/dl Total Protein 6.2 5.5-7.6 g/dl Albumin 4.1 High 2.5-4.0 g/dl Globulin 2.1 2.0-3.6 g/dl Alb/Glob Ratio 2 Glucose 139 High 75-125 mg/dl Cholesterol 218 120-310 mg/dl ALT (GPT) 44 0-120 U/I ALP 58 0-140 U/I GGT 17 High 0-14 U/I Total Bilirubin 0.6 High 0.0-0.5 mg/dl Sodium 149 141-152 mEq/l Potassium 4.4 3.8-5.3 mEq/l Chloride 107 102-120 mEq/l Na/K Ratio 34 Est Osm 299 mOsm/kg CBC WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.5 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands



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The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.55 cm width at the caudal pole. The right adrenal gland was indistinctly visualized. The right adrenal gland subjectively measured 0.45 cm width at the caudal pole.

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Spleen

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. Mild caudomedial folding was present.

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Liver/Gallbladder

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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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of obstruction or foreign material. The gastric body wall measured 0.44 cm in width. The ventral pylorus wall measured 0.38 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with mild segmental gas and no signs of obstruction or foreign material. The small intestinal wall measured 0.28 cm in width.

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Normal visible colon wall layers were present. The colon appeared mild gas distended.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Overall sonographically unremarkable gastrointestinal tract and visible colon with empty gastrointestinal lumen and colon gas
- Normal area of pancreas
- Minor non-organized gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Sonographically no evidence of significant gastroenterocolic mural pathology such as definitive or



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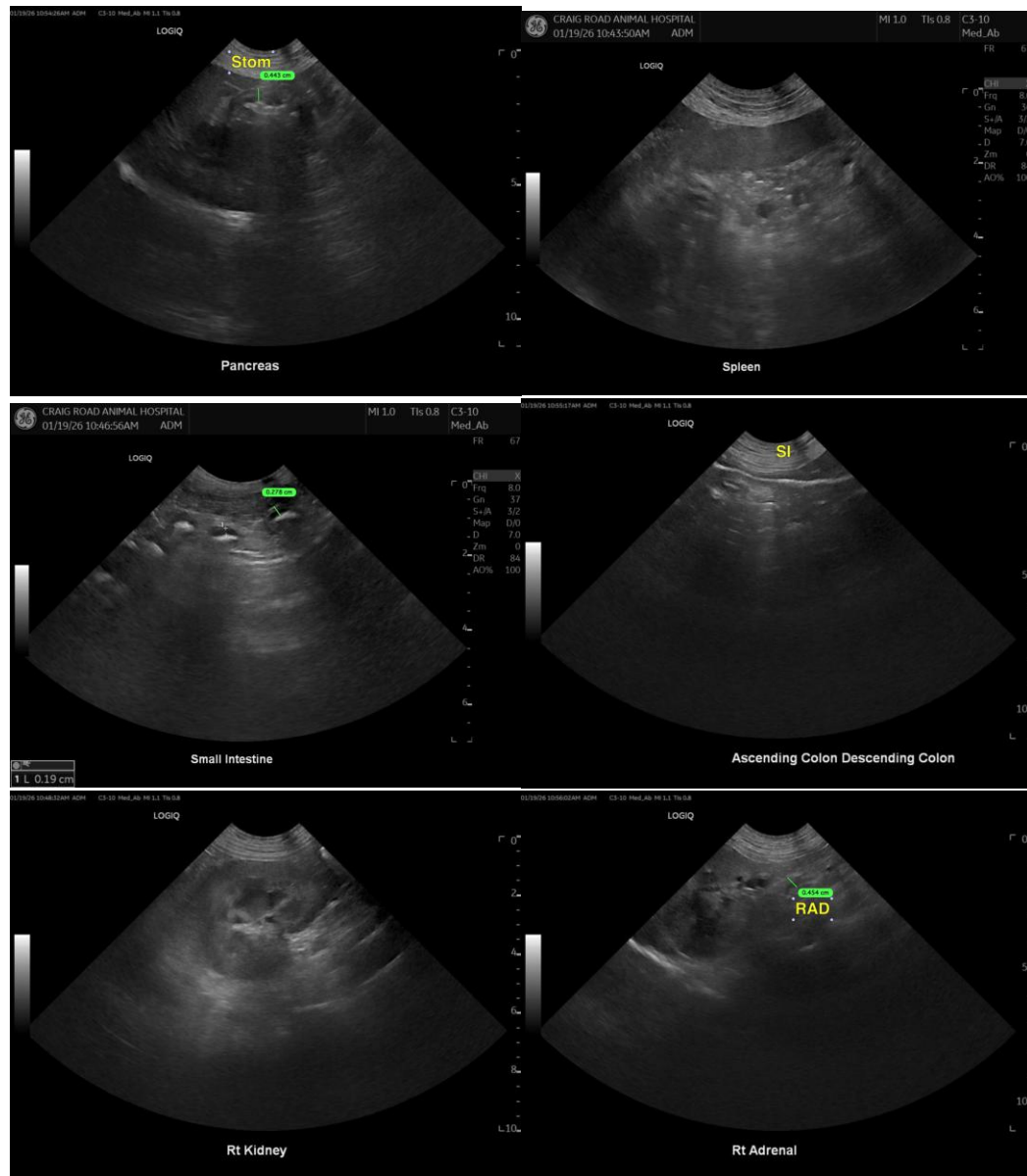
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significant ulceration, masses, obstructive criteria, significant colitis, pancreatitis, etc. Mild nonspecific gastroenterocolopathy with considerations including dietary indiscretion, gastroenterocolic inflammation secondary to medication, infectious disease, enterotoxin, non-structural to emerging occult inflammatory bowel, mild pancreatitis, occult parasitism, micro-ulceration, less likely occult gastroenterocolic neoplasia which may present sonographically benign all possible.

Continued gastrointestinal support including broad spectrum gastroprotectants, +/- dietary therapy and empirical deworming with clinical monitoring would be appropriate. Sonographic reassessment indicated if continued or progressive gastrointestinal signs.





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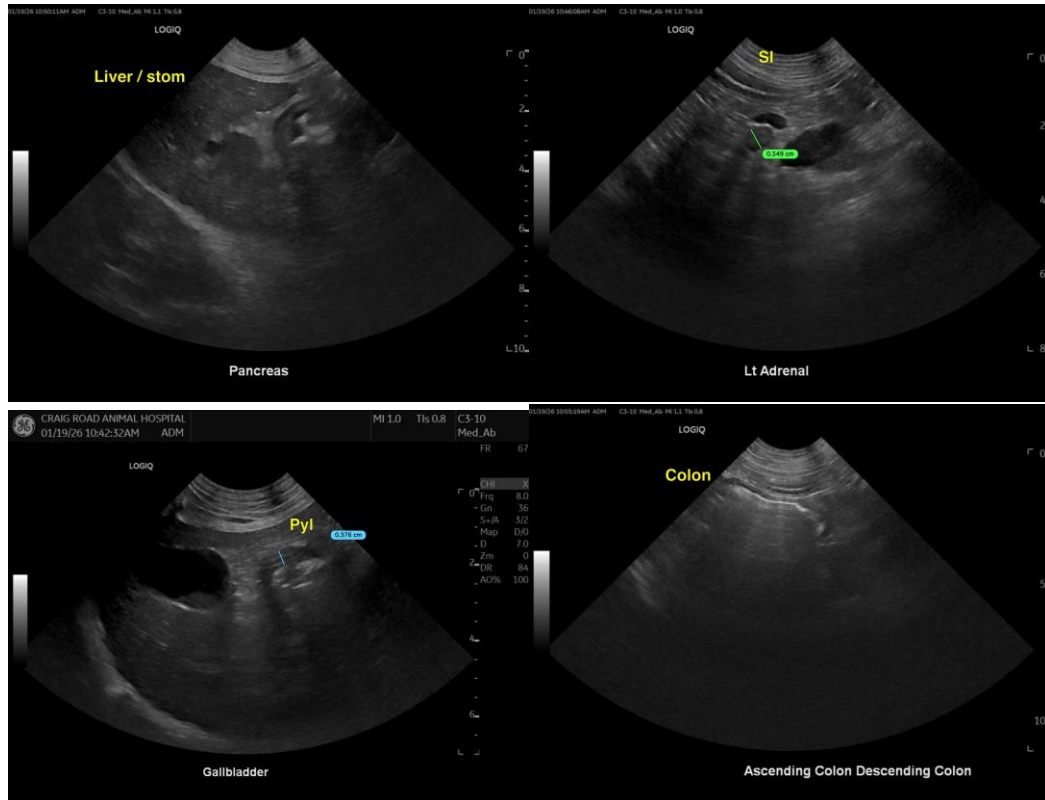
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

info@sonopath.com