

**PATIENT**

Jack Byrne

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

3yr

WEIGHT

15.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Gira

HOSPITAL NAME

Petzoic VH

REFERRING VET

Dr Poffenroth

INVOICE

23729

DATE

01/30/2026

PRESENTING CLINICAL SIGNS

Chronic diarrhea and vomiting for about a year

Abnormal PE/Chem/CBC/UA Results: NA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 5.1 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.73 cm width at the caudal pole. The right adrenal gland measured 0.84 cm width at the caudal pole.

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.

Liver/Gallbladder

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with lumen gas and no signs of ileus, obstruction or foreign material.



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The small intestine presented primarily intact, thickened wall layering with propensity for thickened duodenojejunal mucosa. The ileum exhibited thickened wall with indistinct altered mural detail, primarily secondary to irregular thickened ileum submucosa layer. Generalized empty intestinal lumen without mechanical/ metabolic ileus to the level of the colon.

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The duodenum wall measured 0.7 cm width. The jejunum wall measured 0.5 cm width. The ileocolic wall measured 0.87 cm width. The thickened ileum wall measured 1.1 cm in width.

Normal visible colon wall layers were present with semi formed to soft feces and lumen gas.

BREED

Pancreas

French Bulldog

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

SEX

Free Abdomen

MN

Mild peri-ileocolic hyperechoic omentum.

No visualized significant omental lymphadenopathy.

AGE

3yr

Minor volume lateral abdomen peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal empty stomach
- Generalized thickened small intestine accentuated in the ileum with altered to indistinct ileal mural detail
- Heterogeneous pancreas
- Minor lateral abdomen peritoneal effusion

Secondary

- Non-organized gallbladder debris (non-mucocele)
- Non-specific bilateral adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflammatory, infectious, granulomatous or neoplastic enteropathies accentuated in the ileum all potentials. Concern for emerging ileal neoplastic process warranted given mural changes although not definitive. A GI panel to include PLI/TLI/Cobalamin/Folate and a diarrhea PCR panel are warranted. Intestinal biopsies strongly recommended for a definitive diagnosis and further guidance of therapy given patient age.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support

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with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy. Serial sonographic monitoring indicated if empirical therapy is selected.

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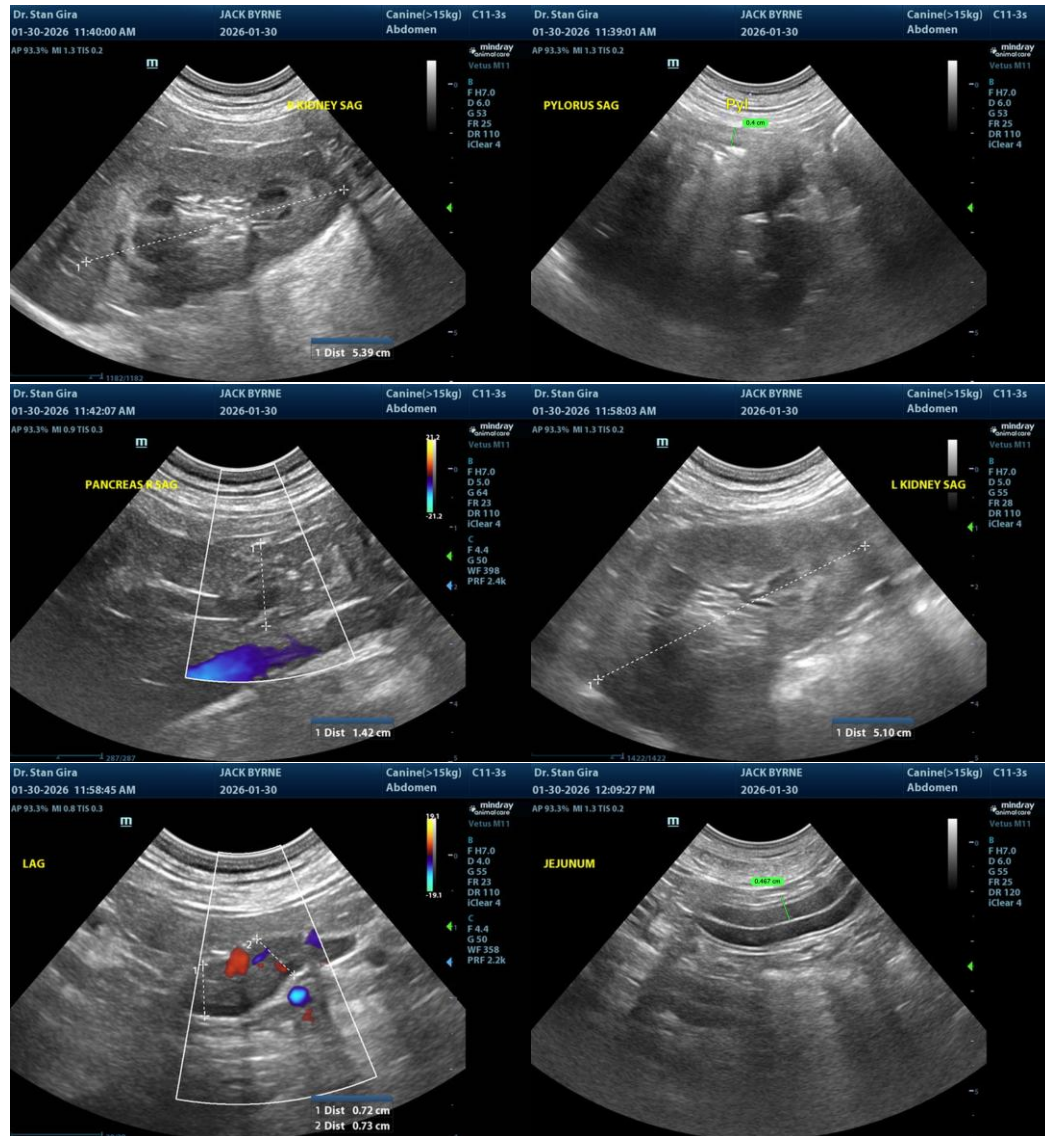
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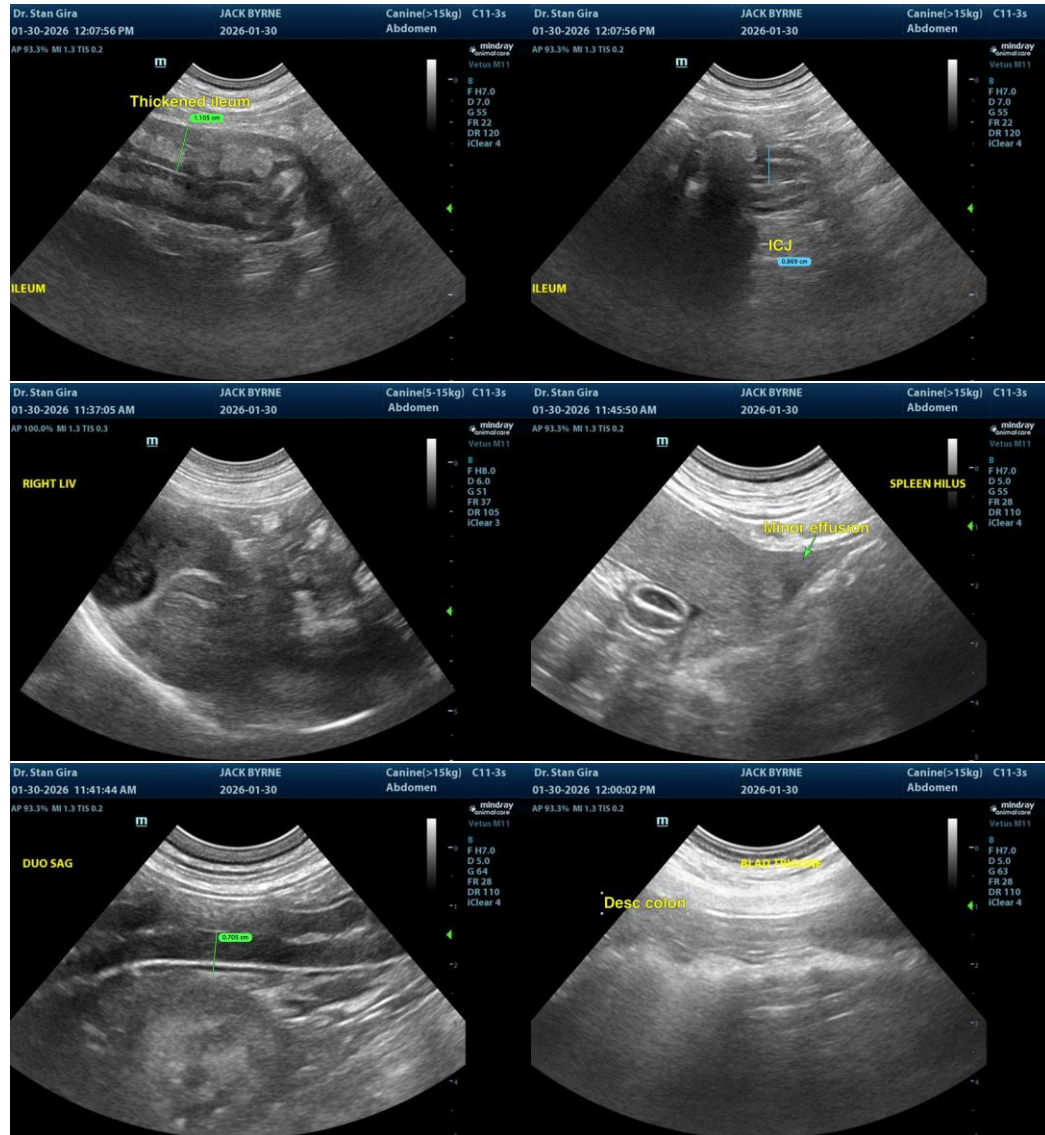
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com