



PATIENT

Franklin Rienzi

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

10

WEIGHT

25.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet
Clinic

REFERRING VET

Dr. Reyes

INVOICE

72222

DATE

12/1/25

PRESENTING CLINICAL SIGNS

Pet presented for vomiting, off/on for a few months now. Pet was recently diagnosed with via echo: Severe pulmonary hypertension (high pressure in lungs) Rule out secondary to chronic airway disease vs. pulmonary thromboembolism (blood clot to the lungs) vs. other Severe tricuspid regurgitation Moderate right atrial dilation and Severe right ventricular dilation Small heart base tumor; Suspect chemodectoma, No pericardial effusion Mild mitral valve regurgitation with mild secondary left heart enlargement Pet was started on Vetmedin and Sildenafil and vomited got worse. Owner reported two events were pet had a syncope after vomiting. Cardiologist recommended to discontinue the Vetmedin until vomiting resolves. Pet is breathing better at home on Sildenafil TID. Stools are soft also and pet is on I/D low fat

Abnormal PE/Chem/CBC/UA Results: Pending today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The area of the iliac trifurcation was free of pathology.

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. Left kidney measured 4.4 cm. Right kidney measured 5.1 cm.

Adrenal Glands

The adrenal glands were not definitively visualized.

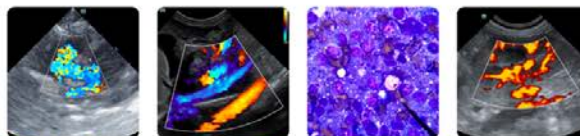
Spleen

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

The liver presented subjectively mildly enlarged in size with symmetrical yet swollen contour. The parenchyma was homogeneous. The hepatic vasculature was mildly prominent in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis.

The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, hypoalbuminemia, right sided heart failure and anaphylaxis. Mild non-organized debris noted in the gallbladder. The common bile duct was not visualized, without post-hepatic obstruction.

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Gastrointestinal

The stomach presented mildly thickened, hypoechoic wall with indistinct mural detail. The stomach was non-distended with luminal gas present. No overt obstruction to pyloric outflow. Gastric body wall measured 0.72 cm in width. Pylorus wall measured 0.65 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenojejunal mucosal speckling noted. Duodenum wall measures 0.50 cm. Jejunum wall measures 0.38 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The colon was mildly thickened (0.33 cm wall width) containing luminal gas and semiformal fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Mild to moderate volume peritoneal effusion noted and primarily homogeneous hyperechoic omentum.

No visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with evidence of mild hepatic congestion.
- Mild edematous gallbladder with non-organized bile debris (non-mucocele).
- Thickened stomach exhibiting hypoechoic to edematous wall.
- Empty small intestine with mildly thickened colon containing semiformal fecal matter.
- Sonographically unremarkable area of pancreas.
- Peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the current albumin level, the peritoneal effusion may coincide with right-sided heart disease/pulmonary hypertension in conjunction with mild congestive liver/gallbladder. Multifactorial component to the peritoneal effusion such as non-specific inflammation, non-obvious pancreatitis, or neoplasia not definitively excluded. Correlation with effusion analysis, cytology +/- culture and sensitivity, if clinically indicated, is recommended. Gastrointestinal support, empirical therapy for non-obvious or mild pancreatitis including gastroprotectants, continued dietary therapy, and clinical monitoring would be reasonable. Sonographic reassessment indicated if progressive gastrointestinal signs or weight loss pending effusion analysis.



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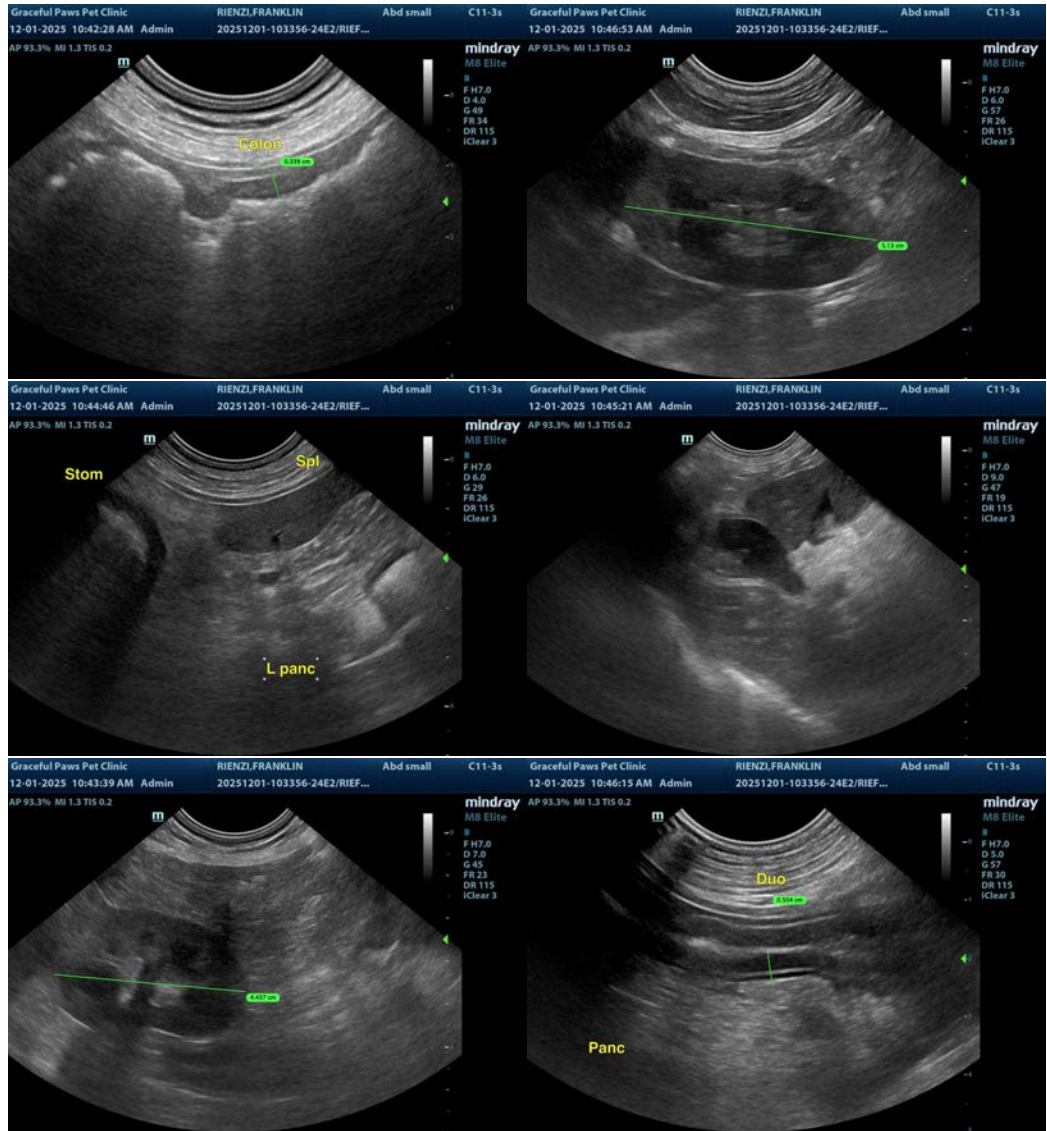
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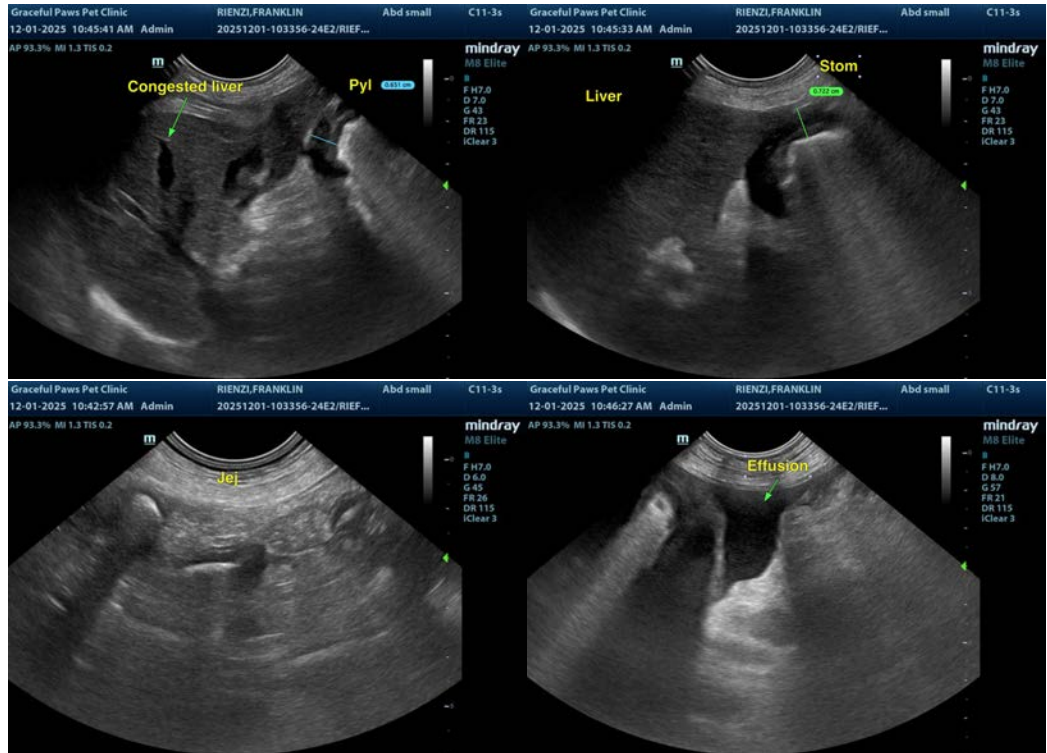
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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