

**PATIENT**

Heffy Crawford

**SPECIES**

Canine

**BREED**

French Bulldog X

**SEX**

MN

**AGE**

13 years

**WEIGHT**

7.2 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Sara Barthelemy

**HOSPITAL NAME**

Aspen AH

**REFERRING VET**

Dr. Sekhon

**INVOICE**

16128

**DATE**

2/10/23

**PRESENTING CLINICAL SIGNS**

Presented for vomiting, lethargy and inappetance.

Abnormal PE/Chem/CBC/UA Results: Spec CPL elevated. Mild increase in renal values.

**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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.6 cm in length. Pinpoint medullary mineral was noted.

**Adrenal Glands**

The bilateral adrenal glands were mildly prominent in size based on caudal pole width measurement in light of body weight with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.58 cm width at the cranial pole. The right adrenal gland measured 0.61 cm width at the caudal pole and 0.67 cm width at the cranial pole.

**Spleen**

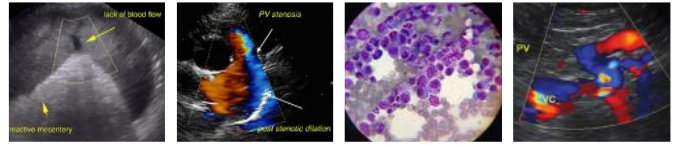
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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. 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 prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with minor luminal gas. No evidence of retained ingesta, fluid, or foreign material. The ventral gastric body wall width measured up to 0.7 cm.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.30 cm width.

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The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The colon was mildly empty with luminal gas and mild subjective semi-formed fecal matter. The descending colon wall width measured 0.30 cm.

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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.

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***Free Abdomen***

Intermittent mesenteric lymph nodes were present. The lymph nodes exhibited isoechoic echogenicity compared to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No omental masses or effusion were noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Gastritis / gastroenteritis pattern with possible emerging concurrent colitis
- Intermittent minor benign / reactive mesenteric lymph nodes
- Heterogeneous pancreas
- Mild chronic renal changes
- Bilateral prominent adrenal glands - nonspecific

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gastroenterocolic presentation was sonographically suggestive of inflammatory criteria. Potential for early infiltrative neoplasia is thought less likely. Low-grade to chronic pancreatitis as a contributing factor is possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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The bilateral prominent adrenal glands were not consistent with neoplastic criteria with potential for stress or benign hyperplasia. Primary adrenal disease is considered less likely given the patient's current clinical signs but may be considered if PU/PD, polyphagia, or elevated liver enzymes going forward are noted.

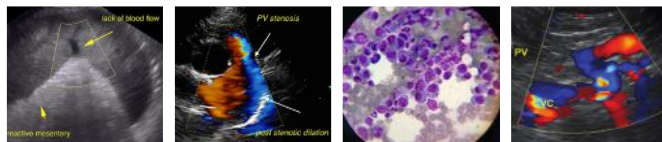
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Empirical gastrointestinal support which may include dietary therapy, gastroprotectants, empirical deworming, and monitoring of gastrointestinal signs and clinical response going forward is recommended. Sonographic reassessment is suggested if persistent or progressive gastrointestinal signs or evidence of weight loss.



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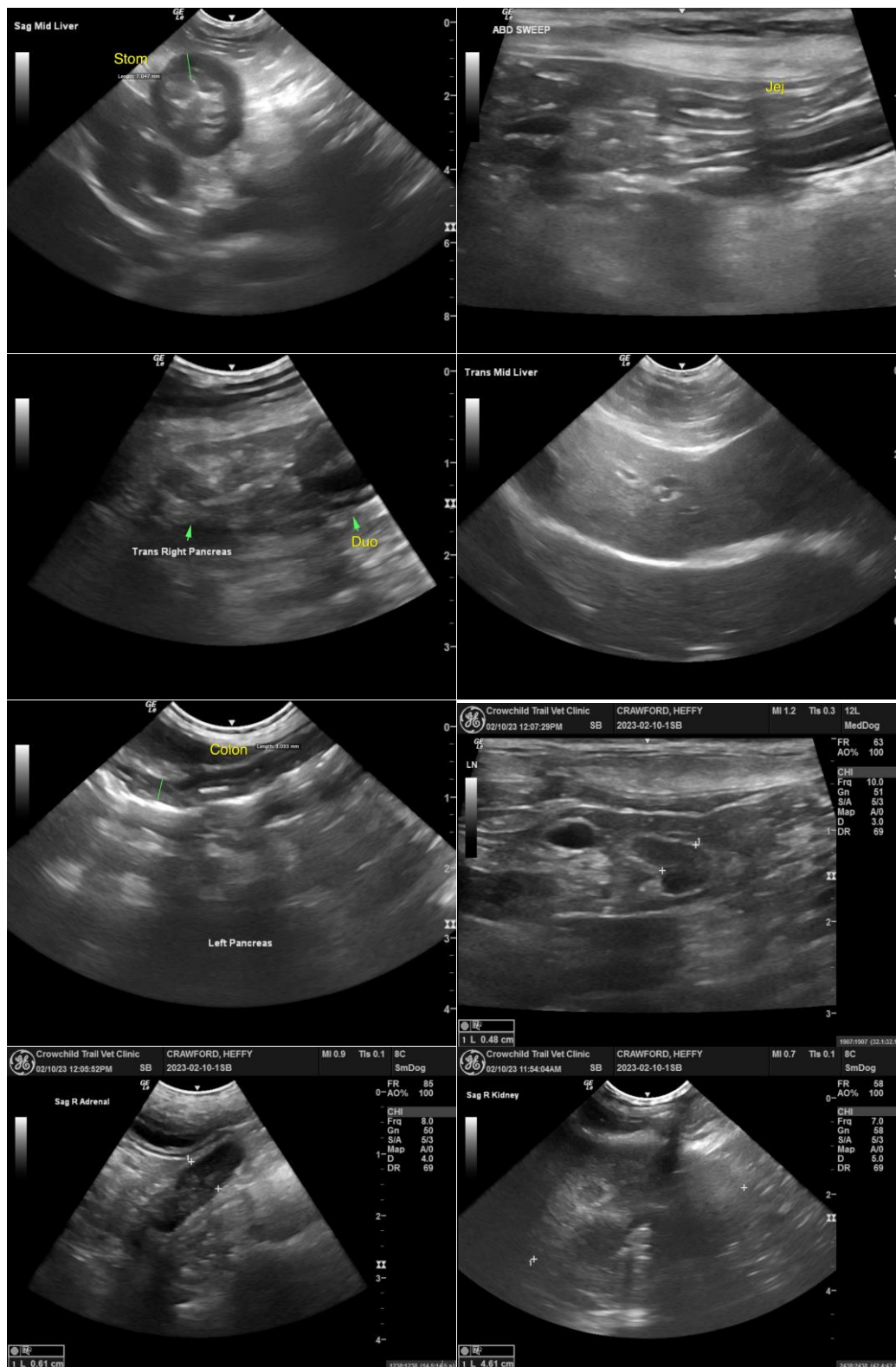
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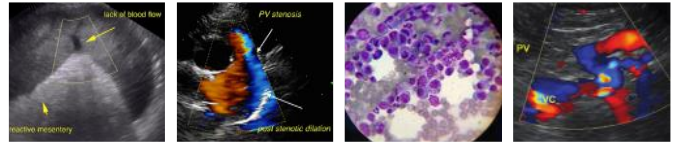
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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