



PATIENT

Lucy Bignell

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

12 Years

WEIGHT

24 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Celine Ward

HOSPITAL NAME

Kenora Veterinary
Clinic

REFERRING VET

Dr. Celine Ward

INVOICE

13992

DATE

02/27/26

PRESENTING CLINICAL SIGNS

- Chronic diarrhea, lethargy, inappetence during 2 weeks, worsening over last couple days. Has lost 2kg in 2 days.
- On exam, tachypneic with mucous nasal d/c. Painful abdominal palpation (cranially)
- Bloodwork NSF aside from mildly elevated CPL
- Radiographs - markedly bloated stomach, concern re: loss of detail along hepatic borders
- Chest rads - concern for area of increased opacity L cranial lung lobe
- No improvement on Metronidazole PO BID x 2 days

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 change were noted.

No visualized medial iliac or sublumbar lymphadenopathy or masses.

Normal size and asymmetrical margination was present in the kidneys with variable areas of hyperechoic cortical parenchyma consistent with cortical infarcts. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney measured 6.2 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen presented with asymmetrical contour and variable nonhomogenous hypoechoic parenchyma. A mildly expansive nonhomogenous hypoechoic cranial splenic mass was present measuring 2.5 cm in diameter.

Liver & Gallbladder

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. 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 overtly normal intact visible wall. The stomach was mild to moderately distended with gas and retained nonshadowing chyme/fluid.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild segmental ileus pattern is present without obstruction or foreign material. Segmental ill-defined to indistinct intestinal wall layering to the level of the colon.

The visualized discernable colon was empty exhibiting thickened wall. Regional peri-ileocolic hyperechoic omentum and minor pockets of peritoneal effusion were present.

Pancreas

The right pancreas exhibited mild prominent size, capsule asymmetry and mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Intermittent mildly enlarged hyperechoic to swollen mesenteric lymph nodes were present. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Asymmetrical nonhomogenous hypoechoic spleen with cranial splenic mass- consistent with neoplastic criteria.
- Hypoechoic liver- nonspecific hepatitis, noncardiogenic congestion, occult neoplasia or other.
- Retained gastric fluid/gas.
- Diffuse enterocolonopathy exhibiting segmental ill-defined/indistinct intestinal mural detail, thickened colon and segmental intestinal ileus.
- Peri-enterocolic hyperechoic omentum/possible peritonitis.
- Mildly prominent nonhomogenous hypoechoic right pancreas- inflammation versus edema.
- Intermittent mildly enlarged hypoechoic mesenteric lymph nodes- hyperplasia, lymphadenitis, metastatic lymphadenopathy.

Secondary Findings

- Chronic renal changes exhibiting cortical infarcts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given splenic neoplastic criteria, multicentric neoplasia, i.e. lymphoma or other involving the liver, gastrointestinal tract and lymph nodes is of primary concern. Splenic neoplasia combined with acute or acute on chronic gastroenterocolonopathy, non-specific hepatitis, pancreatitis and mesenteric lymphadenitis is possible yet thought less likely.

No definitive evidence of mechanical gastrointestinal obstruction, although given indistinct to ill-defined segmental intestinal wall layer detail, potential for emerging obstruction secondary to mural pathology or less likely non-obvious intestinal foreign body is not definitively excluded.

Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology could be considered for further clarification with 24-hour hospitalization, including gastrointestinal support and sonographic reassessment of the gastrointestinal tract. Very guarded prognosis.



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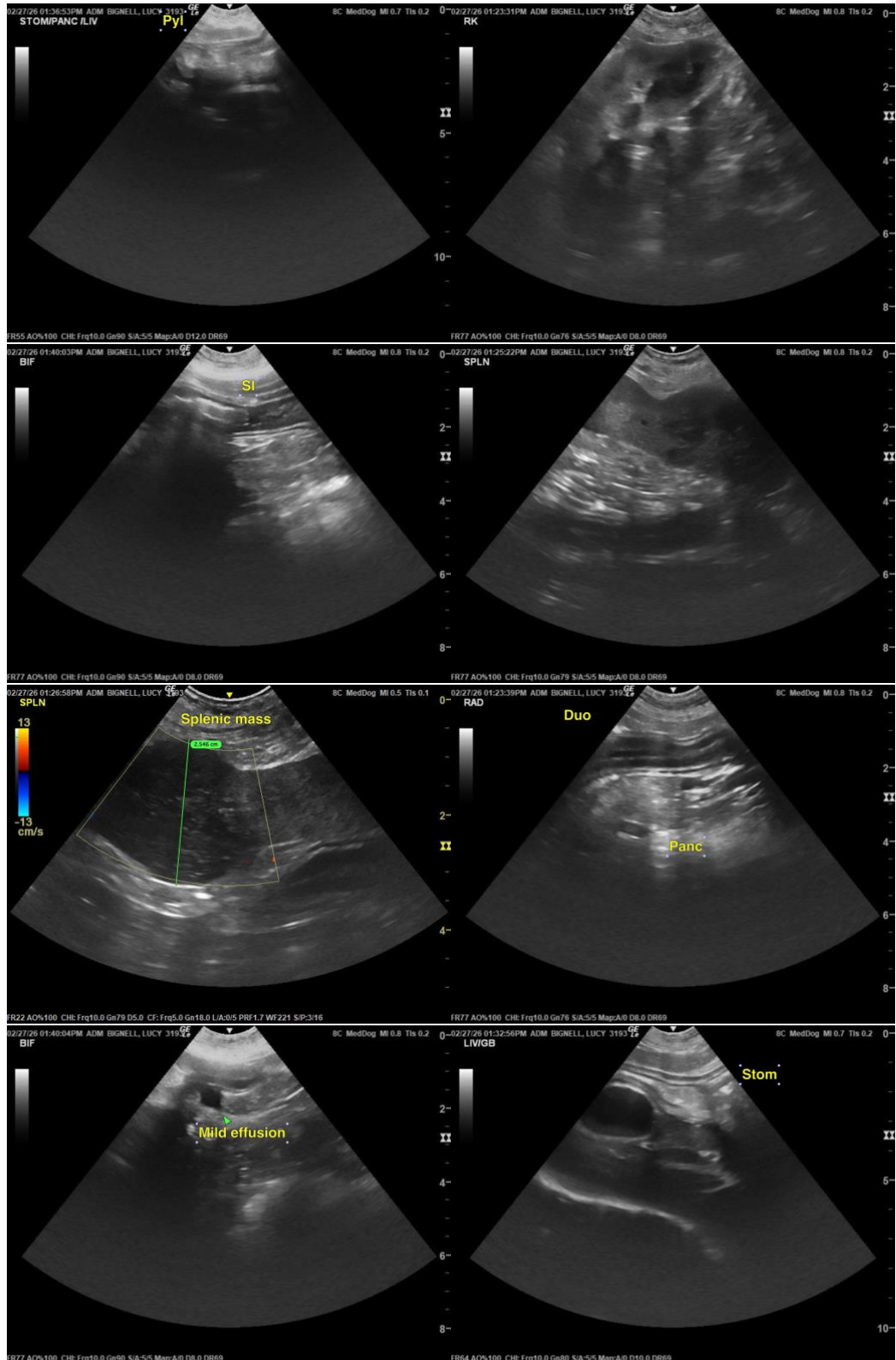
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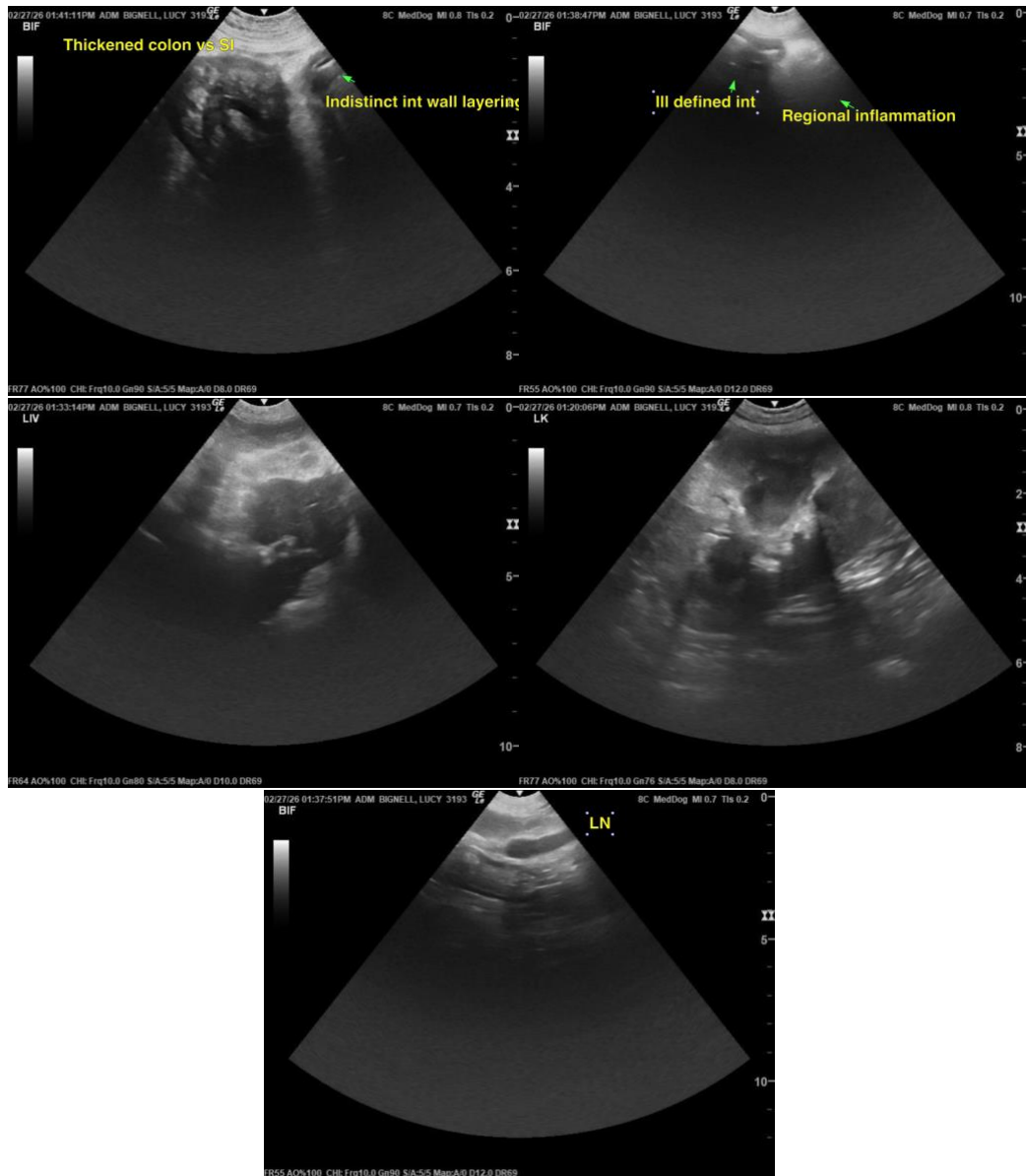
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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