



PATIENT

Dougie Laing

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

4y

WEIGHT

19.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson VC

REFERRING VET

Farzaneh Azizi

INVOICE

10754

DATE

4/2/26

PRESENTING CLINICAL SIGNS

History:

- History of vomiting episode, eating table food sometimes. Hunched posture - back pain?
- Ddx: pancreatitis, gastritis, FB, dietary indiscretion.

Abnormal PE/Chem/CBC/UA Results: Discomfort in cranial abdomen palpation. cPL slightly elevated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 residual prostate appeared normal and free of pathology

No evidence of pathology in the area of the aortic trifurcation.

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 5.2 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 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. Normal hepatic vascular volume was present. 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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas without evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.43 cm.

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, no evidence of mechanical/metabolic ileus to the level of the colon. The duodenum wall measured 0.38 cm width. The jejunum wall measured 0.35 cm width.

Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

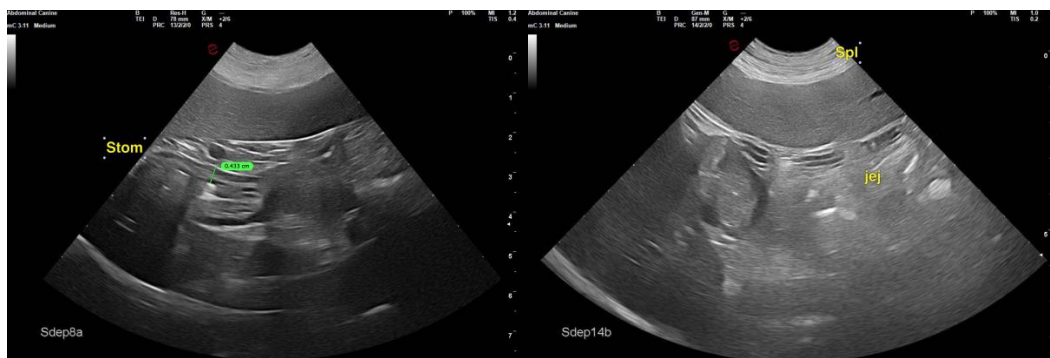
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable empty gastrointestinal tract
- Normal area of pancreas
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no visualized evidence of gastrointestinal mural pathology. There is no evidence of mechanical gastrointestinal obstruction or foreign material. Nonstructural gastrointestinal disease or mild pancreatitis may present as sonographically normal, with potential mild pancreatitis possibly suspected if cranial abdomen / subxiphoid discomfort is noted on palpation.

Gastrointestinal support which may include novel protein or hydrolyzed diet trial, as needed gastroprotectants, and supportive care for possible mild pancreatitis is recommended with clinical monitoring. Recheck sonogram if progressive gastrointestinal signs are present.





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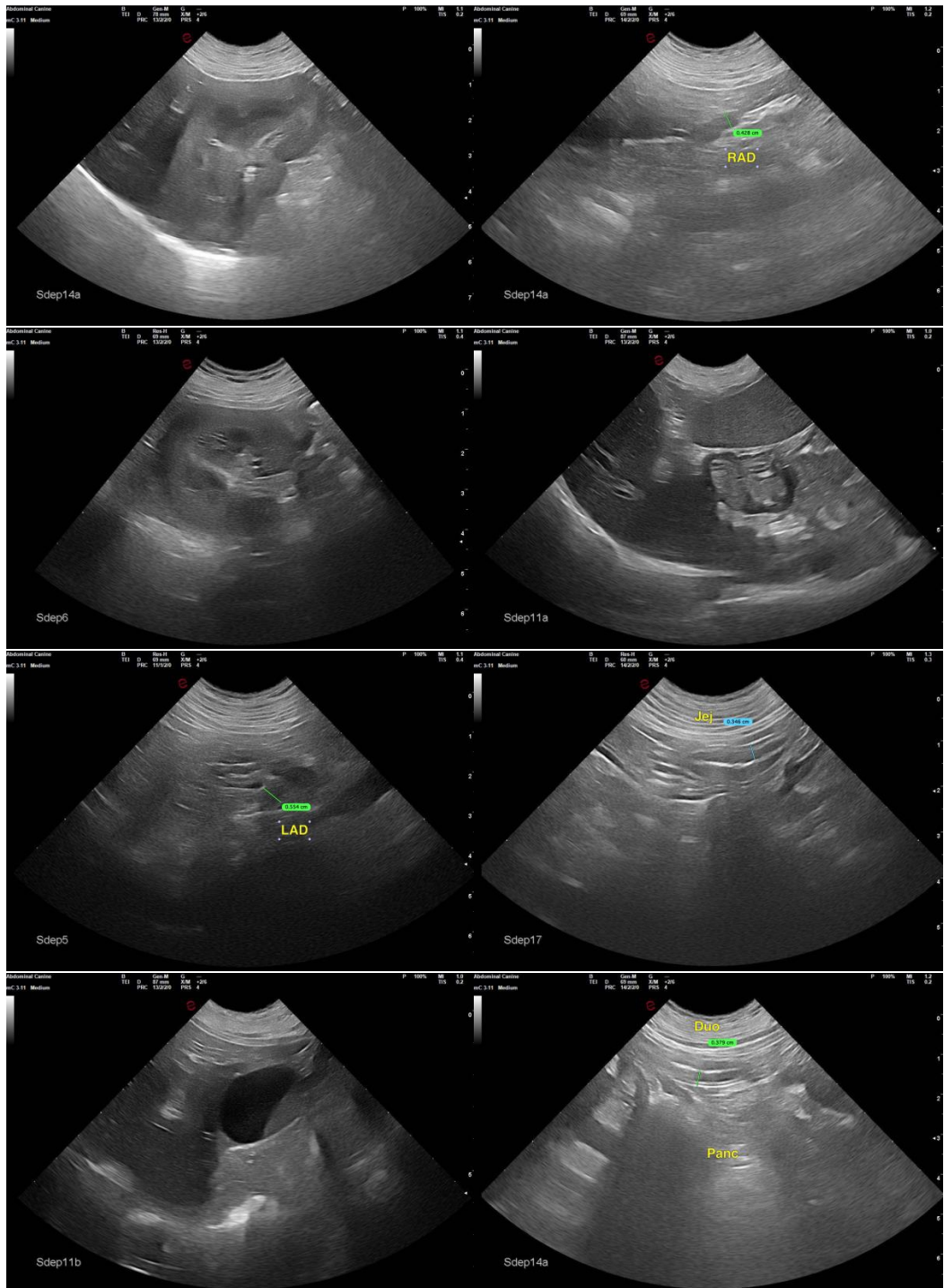
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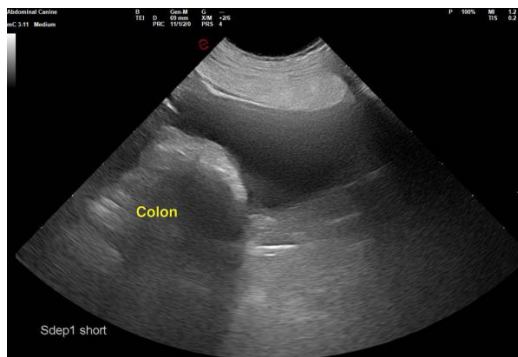
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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