



PATIENT

Poppee Thornton

SPECIES

Canine

BREED

French Bulldog

SEX

FS

AGE

2 years

WEIGHT

22 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Mack

INVOICE

10762

DATE

4/2/26

PRESENTING CLINICAL SIGNS

History:

- chronic vomiting, Possible regurgitation, on z/d diet
- Metoclopramide 10mg helps

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 4.3 cm in length. The right kidney measured 4.5 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 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 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.

Gastrointestinal

The stomach presented borderline prominent to thickened wall, most notable in the pylorus, with intact pylorus and gastric body wall and mild indistinct pylorus wall layer detail. The pylorus wall width measured 0.69 cm in width. The gastric body wall width measured 0.56 cm. The stomach was empty with mild lumen gas and retained fluid.



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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 0.45 cm width. The jejunum wall measured 0.30 cm width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

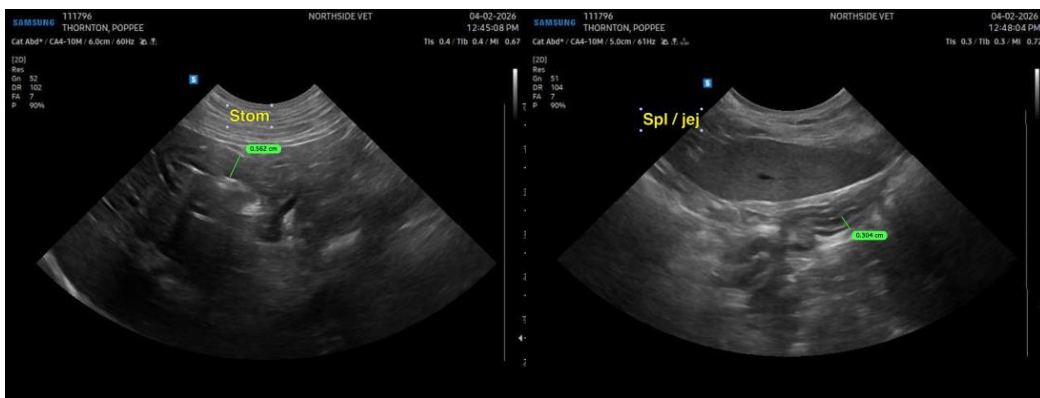
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Empty stomach with borderline to mild thickened wall most notable in the pylorus
- Normal empty small intestine
- Normal area of pancreas
- Normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of the mildly thickened stomach wall is suggestive of gastritis criteria without overt evidence of obstruction to pyloric outflow, polyps, or masses. Minor potential for emerging to occult gastric neoplasia is thought less likely. Gastric endoscopy with biopsies would be ideal for further clarification. Continued hydrolyzed diet, as-needed gastroprotectant Omeprazole 1.0 mg/kg SID, +/- empirical coverage for helicobacter with clinical and sonographic monitoring over the next 10-14 days may prove beneficial. Although thought less likely, screening cortisol level to rule out occult Addison's Disease is recommended.





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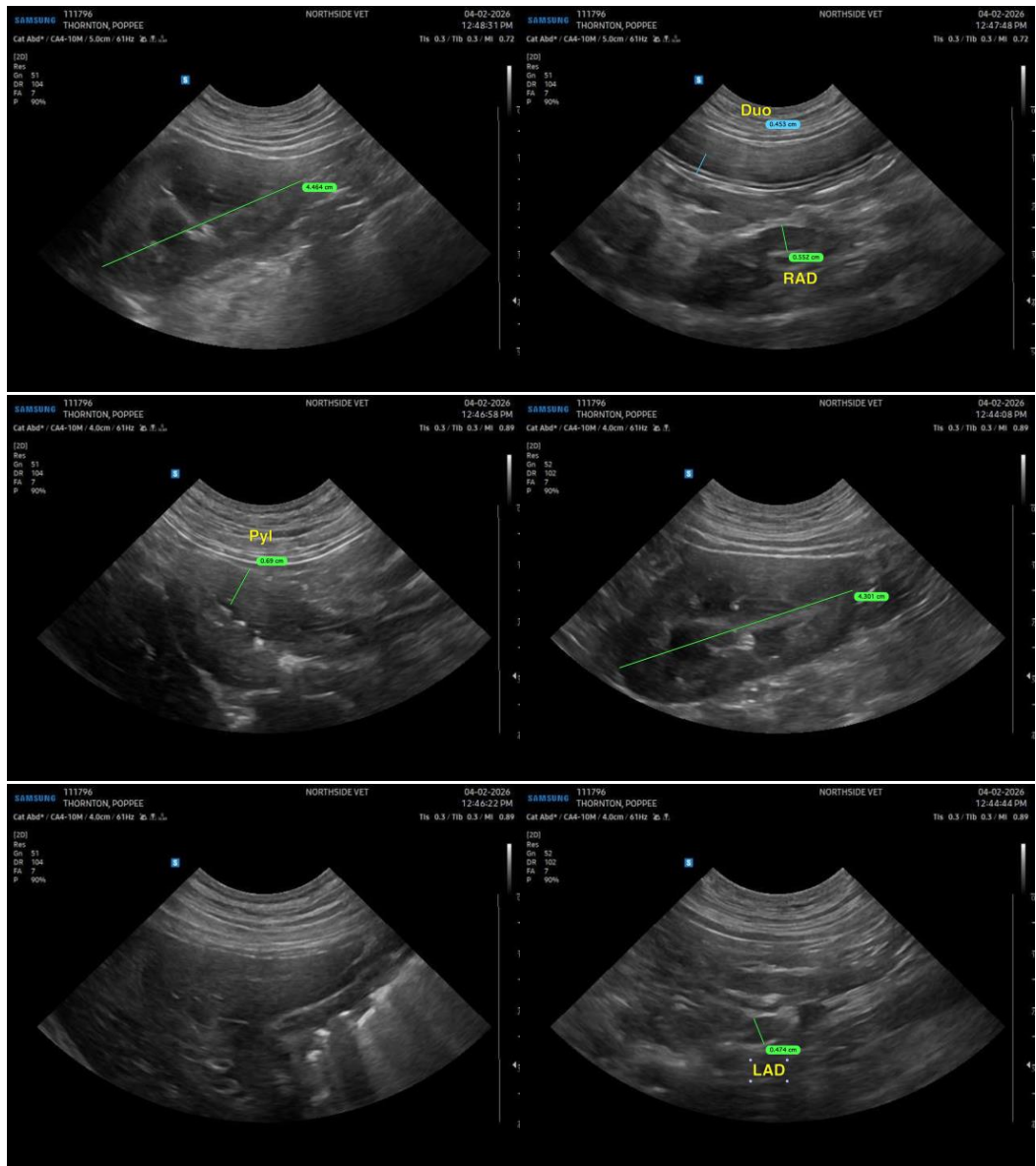
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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