



PATIENT

Serena Santos

SPECIES

Canine

BREED

French Bulldog

SEX

FI

AGE

5yr

WEIGHT

15lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Jose Arturo Diaz

INVOICE 24376

DATE
04/02/2026

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to inappetence and drastic weight loss
- Px lost around 15lbs since March 15
- rDVM prescribed Cerenia and Rimadyl, but after Px finished Mx the vomiting began once again
- Once the vomiting persisted, Px visited rDVM and a radiograph was performed, showing a suspected foreign body
- Px excreted mop strings last night and afterwards seems to be more appetent

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The visualized uterus and area of the bilateral ovaries was free of pathology.

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 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 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 0.42 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. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and minor non-organized debris. 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 no signs of ileus, obstruction or foreign material.

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Segmental mid-abdomen thickened jejunum exhibiting intact to altered wall layer ratio owing to propensity for segmentally thickened jejunal muscularis layer. Associated segmental jejunal corrugation to potential indistinct plication and peri-jejunal hyperechoic omentum. Potential hyperechoic jejunal mural lesion within the area of thickened, corrugated to indistinctly plicated jejunum, which may indicate ulceration or potential trauma was present. Intact, borderline thickened duodenum wall with generalized empty small intestine lumen without mechanical / metabolic ileus to the level of the colon. The duodenum wall measured 0.59 cm wall width. Segmentally thickened jejunum measured 0.57 cm wall width.

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Mildly thickened intact colon wall. The transverse descending colon wall measured 0.47 cm in width. The colon was non-distended containing semi-formed to soft fecal matter.

Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

WEIGHT

15lb

No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.2 cm x 0.71 cm.

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Mid abdomen peri jejunal hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal empty stomach
- Segmental thickened jejunum exhibiting altered intact wall layering, concurrent jejunal corrugation to potential indistinct plication and suspect jejunal mural lesion
- Peri jejunal mildly hyperechoic reactive to possible inflamed mesentery
- Intermittent mild mesenteric lymphadenopathy - suggestive of reactive hyperplasia or lymphadenitis
- Colitis pattern with semi-formed to soft fecal matter

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient history of defecating foreign material, the segmental small intestine may indicate associated or secondary inflammatory changes or potential trauma, which may include possible ulceration, while potential for mild residual indistinct linear segmental jejunal foreign material is not excluded. Primary jejunal disease, which may include inflammation or less likely neoplasia is also possible. No current evidence of gastrointestinal obstructive pattern. Exploratory laparotomy with gross inspection of the gastrointestinal tract, biopsy or resection anastomosis of pathological jejunum

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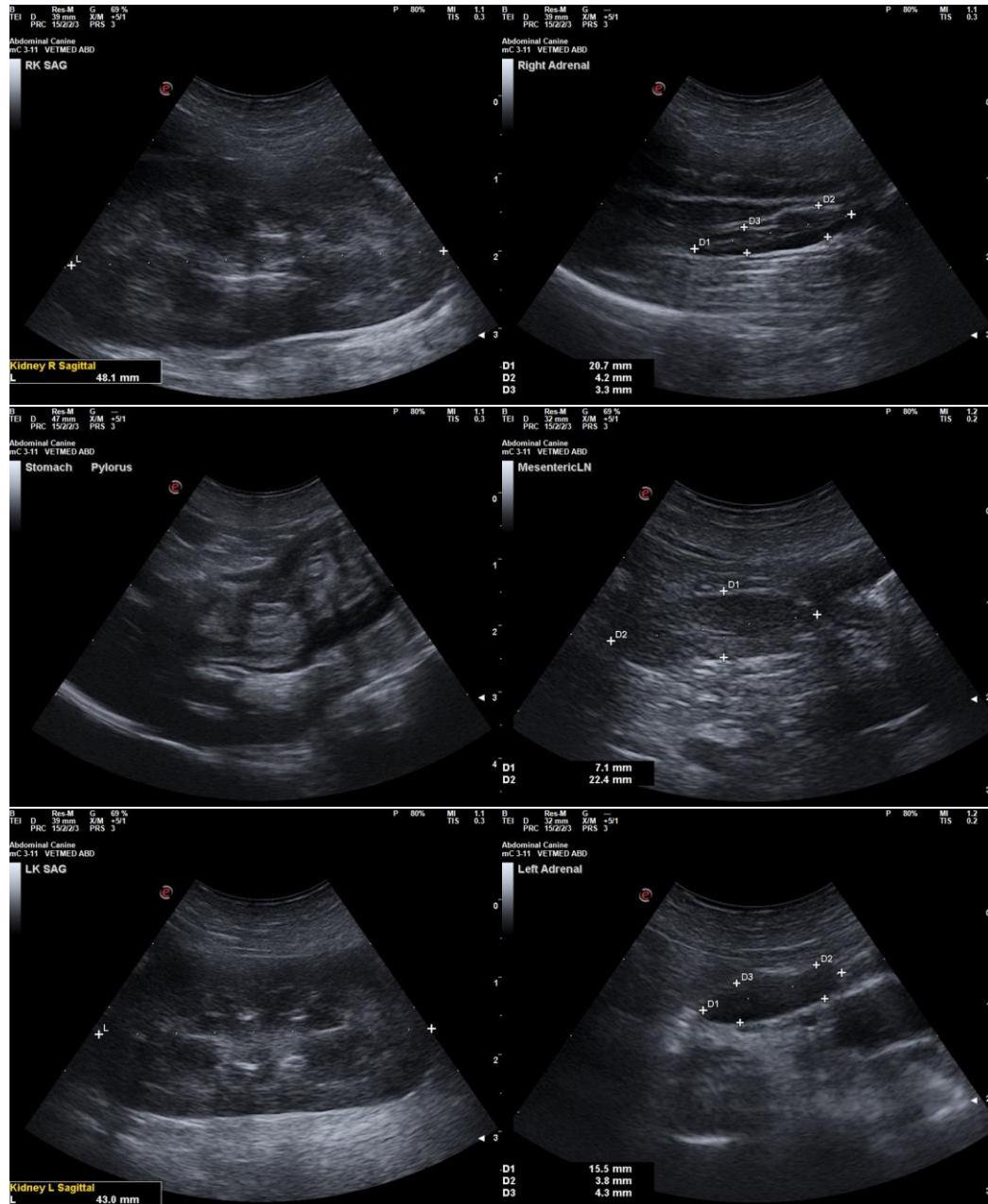
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with concurrent intestinal biopsies should be considered.

If improvement in clinical signs, gastrointestinal support with serial sonographic monitoring of the pathological intestine for evidence of resolution or progression would be a more conservative approach. A GI panel to include PLI/TLI/Cobalamin/Folate, and resting cortisol is warranted.



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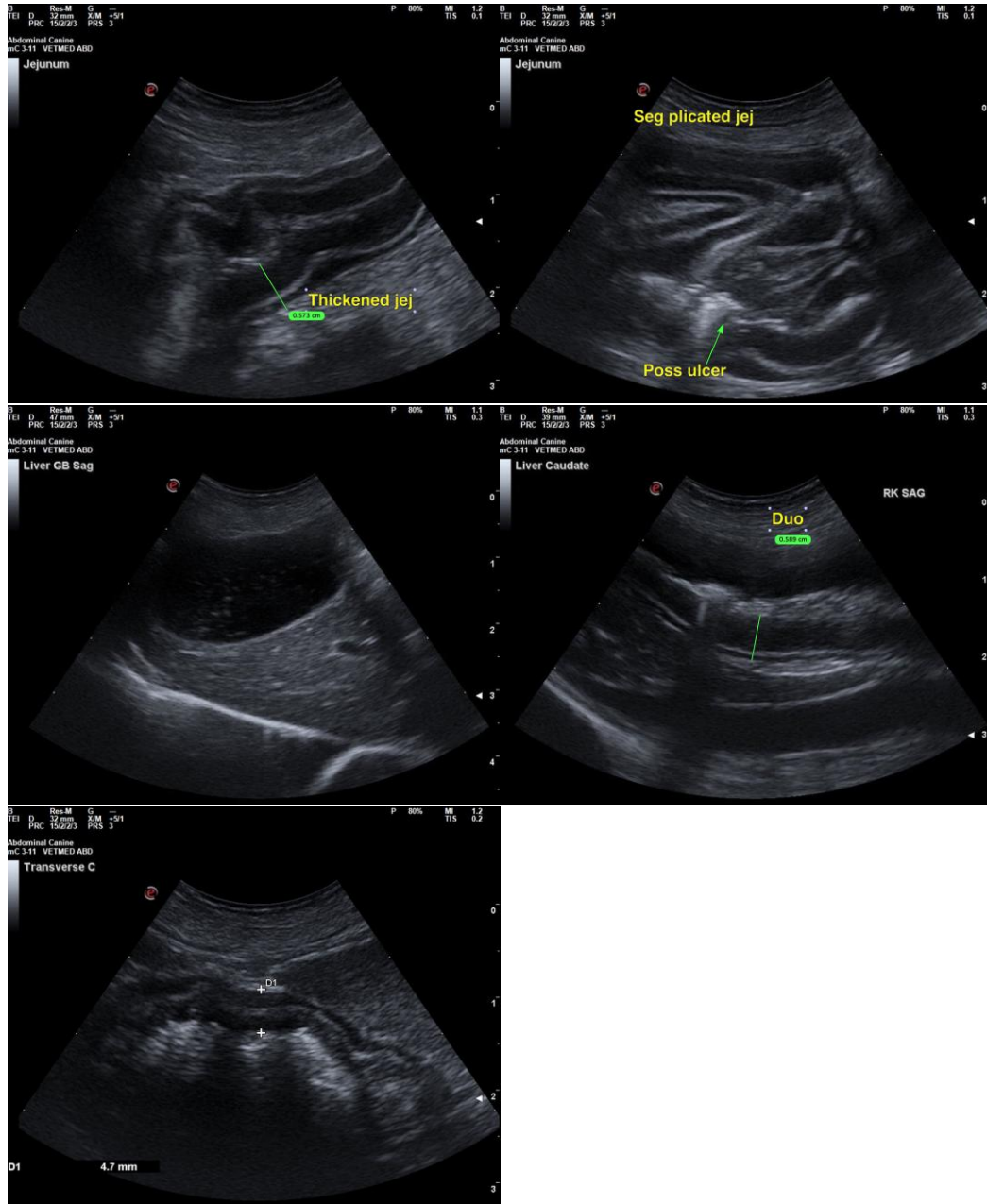
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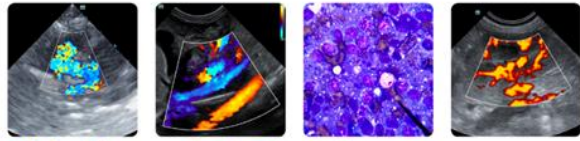
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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