



## PATIENT

Bella Robinson

## SPECIES

Canine

## BREED

French Bulldog

## SEX

FS

## AGE

4yr

## WEIGHT

22.4lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Lara Cabugawan

## HOSPITAL NAME

Union Vet Animal  
Hospital

## REFERRING VET

Dr. Lara Cabugawan

## INVOICE

22426

## DATE

04/08/2026

## PRESENTING CLINICAL SIGNS

Presented for multiple vomiting since last night and 1x today , inappetence .

Hx : hemilaminectomy sx last yr.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 4/5, mild tensed on abdominal palpation , rectal exam soft stool. UCS via cystocentesis- pending

## 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.

Both kidneys were mildly subnormal in size with asymmetrical margination. A 1:3 cortex/ medulla ratio was present with loss of corticomedullary border demarcation, most notable in the left kidney. Bilateral areas of mild medullary mineral were present. No evidence of pelvic dilation. The left kidney measured 3.0 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### 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 borderline to mildly subnormal size. 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 not definitively visualized, no evidence of gallbladder distention or post-hepatic stasis.

### Gastrointestinal

The stomach presented intact borderline thickened wall. The stomach lumen was empty with lumen gas. The gastric body wall measured 0.47 cm in width.



## PATIENT

Bella Robinson

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 mechanical/metabolic ileus, obstruction or foreign material.

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

## SPECIES

Canine

### *Pancreas*

The area of the pancreas was sonographically normal.

### *Free Abdomen*

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## BREED

French Bulldog

## ULTRASONOGRAPHIC FINDINGS

### Primary

## SEX

FS

- Bilateral subnormal kidneys exhibiting indistinct corticomedullary border demarcation and mild medullary mineral - more prominent in the left kidney
- Subjective borderline mild subnormal liver
- Intact borderline thickened stomach with generalized empty gastrointestinal tract
- Soft fecal matter in colon
- Normal area of pancreas
- Non-visualized adrenal glands

## AGE

4yr

## WEIGHT

22.4lb

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys suggest some degree of bilateral dysplasia in conjunction with patient age. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate and a resting cortisol is warranted. No evidence of mechanical gastrointestinal obstruction or foreign material. The borderline subnormal liver is non-specific with potential for patient variant. A bile acid assay is recommended despite evidence of adequate hepatic function, i.e. normal ALB, GLU, BUN, and CHOL levels.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Lara Cabugawan

## HOSPITAL NAME

Union Vet Animal  
Hospital

## REFERRING VET

Dr. Lara Cabugawan

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

## INVOICE

22426

## DATE

04/08/2026



**PATIENT**

Bella Robinson

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

FS

**AGE**

4yr

**WEIGHT**

22.4lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Lara Cabugawan

**HOSPITAL NAME**

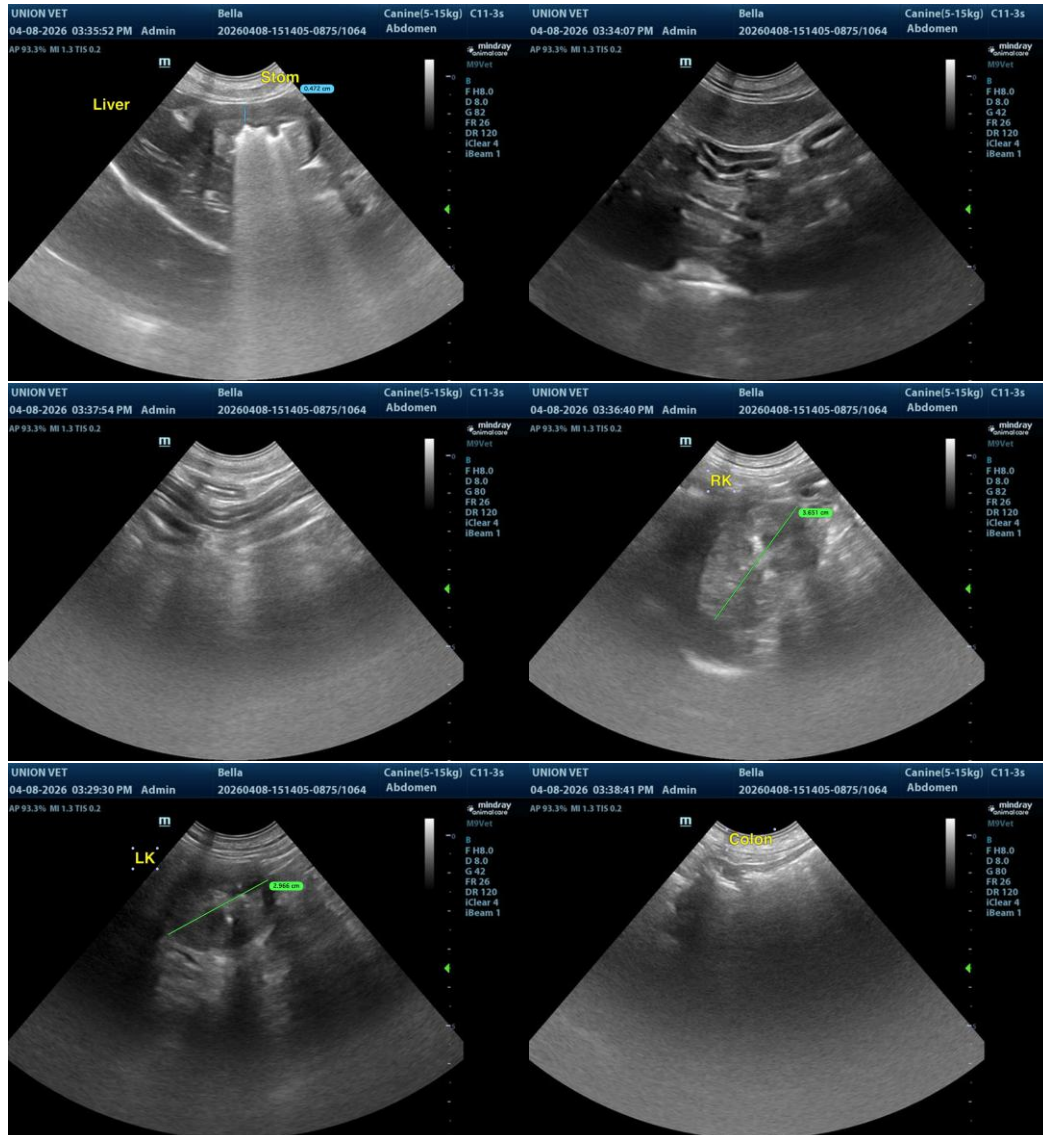
Union Vet Animal  
Hospital

**REFERRING VET**

Dr. Lara Cabugawan

**INVOICE**  
22426

**DATE**  
04/08/2026



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](mailto:info@sonopath.com)