



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Emerson Hankin  
**SPECIES** Canine  
**BREED** French Bulldog  
**SEX** MN  
**AGE** 2.5 yr  
**WEIGHT** 21.4 lb

**PRESENTING CLINICAL SIGNS**  
 History: Intermittent vomiting and GI pain, which improved when changed to GI microbiome, but now episodes are more frequent. Episodes resolve with SQ fluids and Cerenia. Had mild ALT elevation (126-166), but has resolved. Resting cortisol slightly low; ACTH stim WNL. TLI was elevated, but cPL was normal. \*Sedated with gabapentin, trazadone and butorphanol

Abnormal PE/Chem/CBC/UA Results:

**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 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.

Normal size and margination was 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 4.6 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was free of pathology measuring 0.58 cm in diameter.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.41 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 0.59 cm width at the cranial 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**

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. 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 with mild nondependent debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Anchor Animal Hospital

**REFERRING VET**

Dr. Pietsch

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**PATIENT**

Emerson Hankin

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 0.50 cm in width. The jejunum wall measured 0.30 cm in width.

**SPECIES**

Canine

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

**Pancreas**

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.

**BREED**

French Bulldog

**Free Abdomen**

**SEX**

MN

Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.27 cm in diameter.

**AGE**

2.5 yr

**ULTRASONOGRAPHIC FINDINGS**

- Intact yet subjective mildly prominent small bowel walls
- Focal benign/reactive mesenteric lymph node
- Sonographically unremarkable stomach/pancreas
- Mild gallbladder debris

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 DABVP (Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall no evidence of significant abdominal visceral pathology, specifically GI or pancreatic. The intestinal presentation may be normal patient variant yet is suggestive of underlying inflammatory process with potential for IBD. In patients with recurrent GI signs, low grade to mild pancreatitis which may present sonographically normal, dietary intolerance, IBD or occult parasitism could be possible. Some degree of pancreatic micro inflammation which may occur along with inflammatory intestinal disease is suspected. Empirically as needed GI support, potential novel protein or hydrolyzed diet rotation and broad spectrum deworming i.e. Panacur 50 mg/kg PO SID x 5 consecutive days even if fecal testing is negative may prove beneficial. Endoscopic intestinal biopsies may be considered if persistent vomiting despite dietary and conservative therapy.

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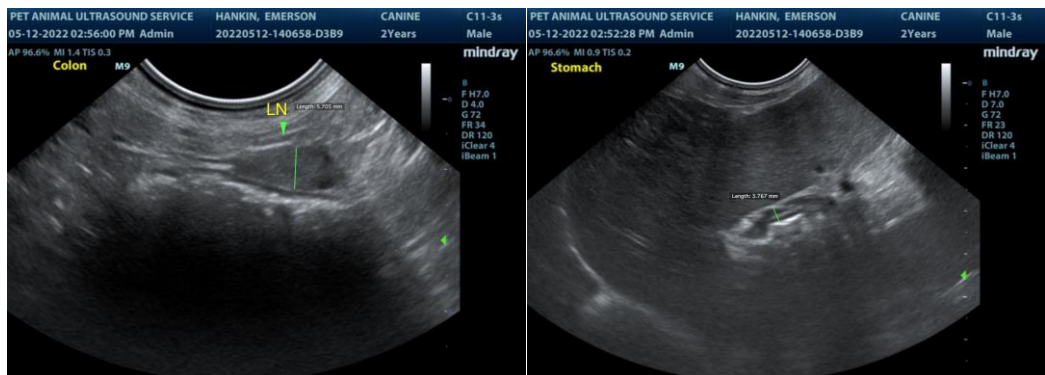
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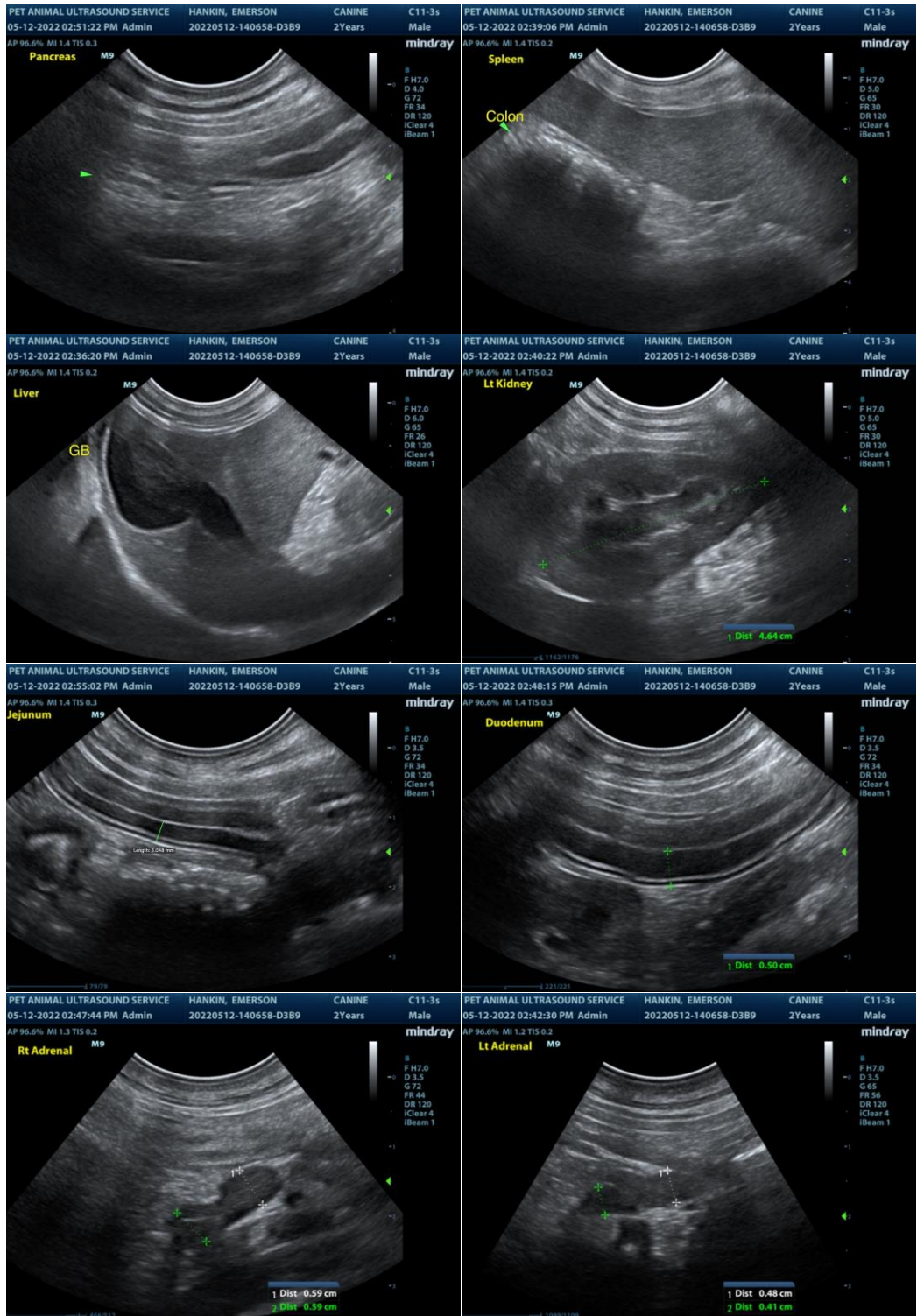
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The information and recommendations provided are based on the images presented by the referring



**PATIENT**

Emerson Hankin

veterinarian. 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.

**SPECIES**

Canine

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info@SonoPath.com

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