

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Bailey Zaiban  
**SPECIES** Canine  
**BREED** French Bulldog  
**SEX** MN  
**AGE** 1 yr  
**WEIGHT** 10.4 kg

**History:** April started with anorexia and vomiting with some swelling at back of throat/soft palate. Cerenia was dispensed. Xrays of neck and chest performed with no abnormal findings. Bloodwork done was NAF as well. Treated with Fenbendazole. No vomiting or diarrhea when on Cerenia and Omeprazole and Fortiflora.

**Abnormal PE/Chem/CBC/UA Results:** Biochem, snap CPLi, CBC normal other than EOS high and BASO high. 4DX negative. ACTH stim normal.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 3.7 cm in length. The right kidney measured 4.5 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 0.7 cm width at the caudal pole and 2.1 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width at the caudal pole and 1.9 cm length.

**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 minor primarily dependent nonorganized luminal debris. The cystic and common bile ducts were normal.

**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. The gastric body wall measured 0.44 cm in length.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Oxford County Vet  
Clinic

**REFERRING VET**

Dr. Andratis

**INVOICE**

11071ag

**DATE**

07/08/2022



**PATIENT**

Bailey Zaiban

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 small intestine wall measured 0.34 cm in width.

**SPECIES**

Canine

Normal visible colon wall layers were present with apparent 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**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal GI tract
- Mild gallbladder debris-incident, potentially secondary to fasting

**AGE**

1 yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of significant abdominal visceral pathology was observed on today's study as an obvious cause of the patient's anorexia and vomiting. Given previous diagnostic, dietary intolerance/food hypersensitivity may be a primary concern. Nonspecific gastroenteropathy could also be possible. A hydrolyzed diet trial with continued as needed GI support would be reasonable. A recheck sonogram for reassessment of the GI tract could be considered if persistent/progressive GI signs despite dietary trial. Prophylactic repeat Panacur protocol could be considered.

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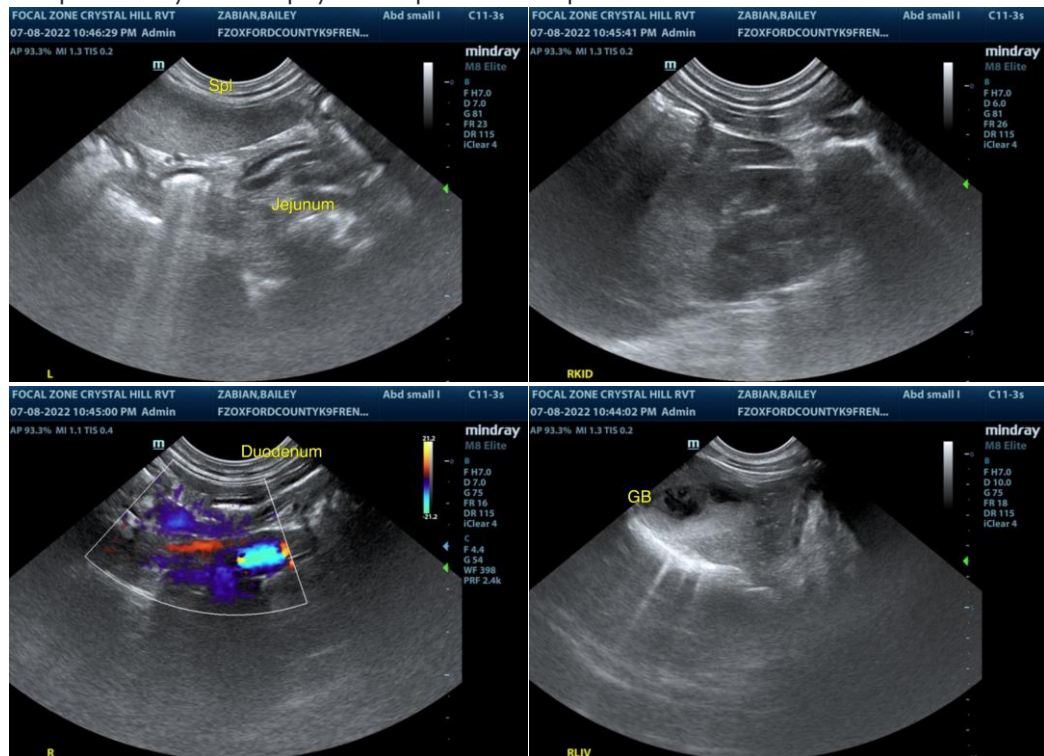
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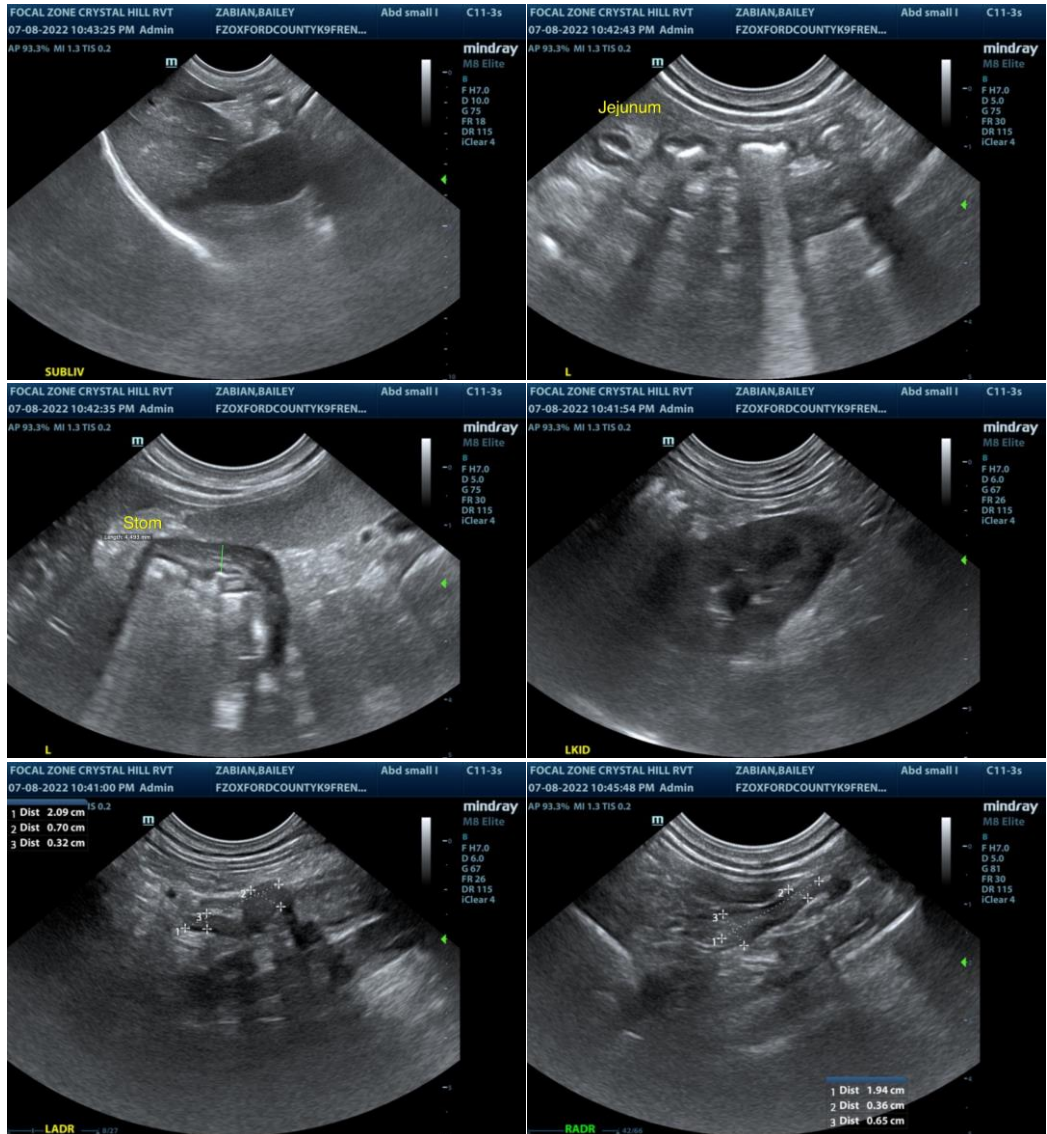
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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