



PATIENT

Tempo Popowich

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

3 years

WEIGHT

12.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Britannia Kingsland
Vet Clinic

REFERRING VET

Dr. Hamill

INVOICE

14847

DATE

9/13/22

PRESENTING CLINICAL SIGNS

Presented Aug 27th for hematochezia and vomiting. Had possibly ingested carpet. Resolved with metronidazole. Represented Sept 9th intermittent inappetance, abdominal discomfort. 3 views rads NSF on GI but showed hemivertebrae and vertebral OA. Labs WNL.

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 was noted.

The area of the residual prostate was free of pathology.

The area of the aortic trifurcation 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 4.9 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The area of the left adrenal gland was free of overt pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 0.6 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/ 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild, nondependent yet nonorganized gallbladder debris primarily in the caudal lumen. The gallbladder debris is likely incidental assuming no evidence of cholestasis. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach contained mild, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of



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ileus, obstruction or foreign material. The gastric body wall width measured 0.41 cm. The pylorus wall width measured 0.49 cm.

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The small intestine presented intact wall layering exhibiting segmental to generalized propensity for mildly prominent mucosa layer. No evidence of mechanical / metabolic small intestinal ileus or foreign material was noted. The duodenum wall measured 0.53 cm width. The jejunum wall measured 0.44 cm width.

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The colon exhibited intact yet subjective mild prominent descending colon wall. The colon appeared to contain semi-formed fecal matter. The descending colon wall width measured up to 0.24 cm.

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

- Intact, mildly prominent gastric walls with mild retained nonshadowing ingesta / chyme
- Intact yet generalized prominent small intestinal walls
- Possible low-grade to mild descending colitis
- Sonographically unremarkable pancreas

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract and colon exhibited mild mural changes, which although potential for patient variant, may suggest some underlying inflammatory gastroenterocolonopathy, i.e., IBD. In patients with recurrent gastrointestinal signs, general considerations may include; IBD, dietary intolerance / food allergy, and low-grade to chronic pancreatitis, which may present as sonographically normal. No evidence of significant gastroenterocolic structural pathology, mechanical / metabolic ileus, foreign material, or neoplastic criteria was noted.

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Continued gastrointestinal supportive care, possible hydrolyzed diet trial with potential for long-term dietary therapy, prophylactic deworming if clinically indicated, high colony count probiotics such as Provable if recurrent diarrhea, and assessment of clinical response, are warranted. Although considered unlikely, resting cortisol level to rule out occult Addison's Disease, could be considered. Sonographic reassessment or endoscopy with potential for biopsies may be indicated if recurrent GI signs nonresponsive to conservative therapy are noted and pending additional diagnostics.

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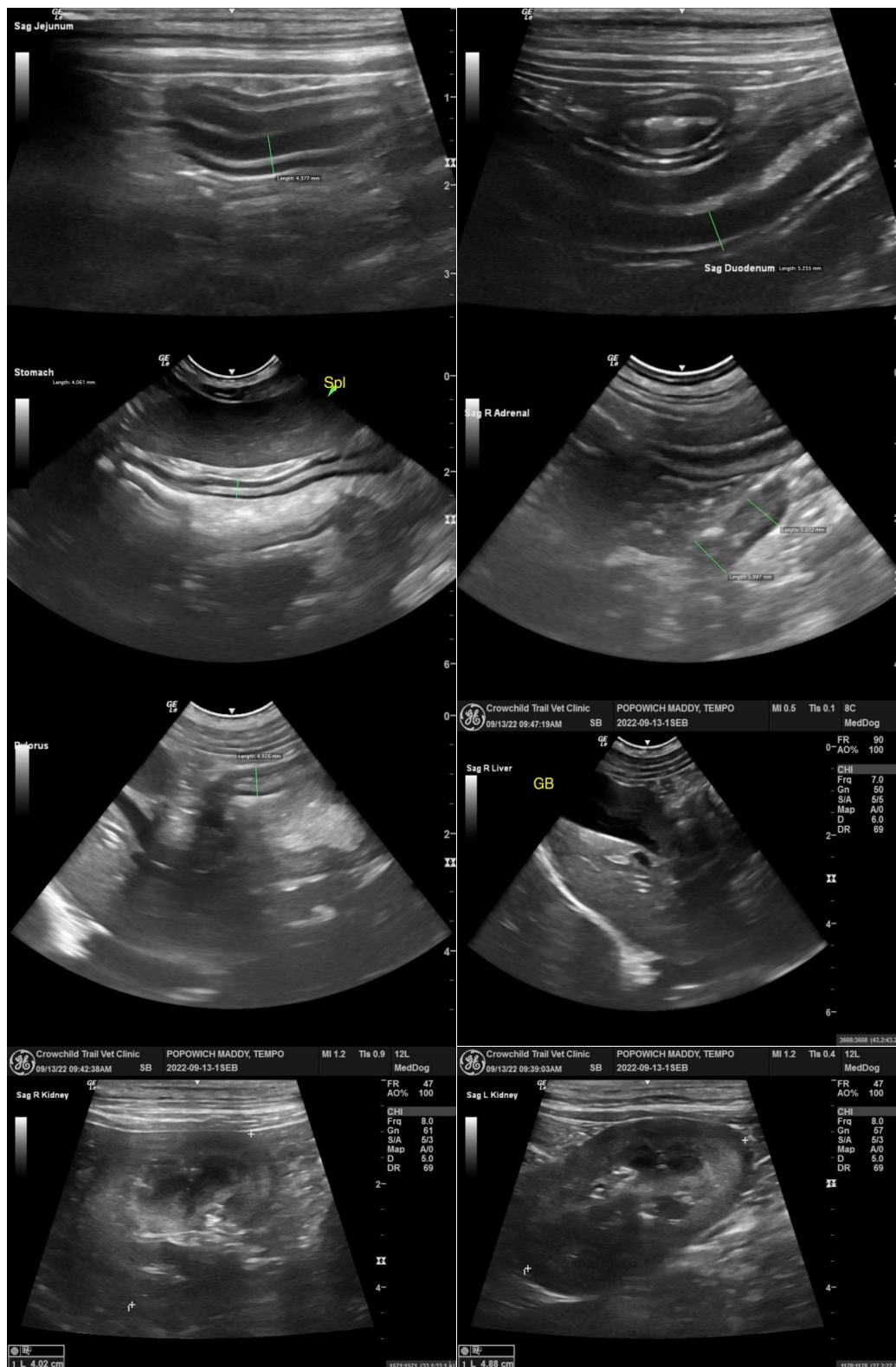
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Crowchild Trail Vet Clinic	POPOWICH MADDY, TEMPO	Mi 0.5	Tis 0.1	8C
09/13/22 09:47:19AM	SB 2022-09-13-1SEB			
				MedDog
				FR 90
				AO% 100
				- CHI
				Frq 7.0
				Gn 50
				S/A 5/6
				Map A/0
				D 6.0
				DR 69

Crowchild Trail Vet Clinic	POPOWICH MADDY, TEMPO	Mi 1.2	Tis 0.9	12L
09/13/22 09:42:38AM	SB 2022-09-13-1SEB			
				MedDog
				FR 47
				AO% 100
				- CHI
				Frq 8.0
				Gn 61
				S/A 5/3
				Map A/0
				D 5.0
				DR 69

Crowchild Trail Vet Clinic	POPOWICH MADDY, TEMPO	Mi 1.2	Tis 0.4	12L
09/13/22 09:39:03AM	SB 2022-09-13-1SEB			
				MedDog
				FR 47
				AO% 100
				- CHI
				Frq 8.0
				Gn 57
				S/A 5/3
				Map A/0
				D 5.0
				DR 69



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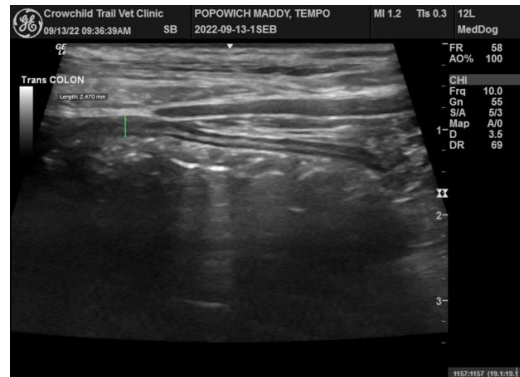
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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