



PATIENT

Hashtag Benelli

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered male

AGE

7 years

WEIGHT

28.7 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Ertunc

HOSPITAL NAME

Humboldt Veterinary
Medical Group

REFERRING VET

Dr. Ertunc

INVOICE

71034

DATE

1/28/26

PRESENTING CLINICAL SIGNS

- Seen with other Dr. on 1/7 for bloody diarrhea; owner says blood in stool is a chronic problem; started prednisone; recheck with another Dr. on 1/20, no improvement, started amoxicillin and omeprazole, continued prednisone. Currently receiving all 3, clinically doing very well.
- Abnormal PE: pale MM *Abnormal CBC/Chem/UA/rads (& date obtained): 1/7 -- Hct=12.8%, retics=192; rads unremarkable, chem WNL 1/20 -- Hct=13.4%, retics=275, WBC=34,940, PMN=28,780, monos=2,890

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.7 cm, right measured 5.2 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 1.6 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.58 cm in length x 0.63 cm and 0.61 cm in width. The right adrenal gland measured 0.53 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.0 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Fecal material was present in the colon.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A small amount of acellular ascites is present in cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the presenting clinical sign of hematochezia.

Although the colon appears ultrasonographically normal, with the presenting clinical signs and breed of dog, important considerations would be parasitic colitis, granulomatous disease and possibly low grade lymphoma.

Although the ascites is most likely an incidental finding it may represent transudate, modified transudate or an exudate.

Further assessment would be fecal analysis, rectal cytobrush cytology, analysis of the ascitic fluid (if it can be aspirated) and possibly colonoscopy with biopsies.

Further specific therapy would be dependent on an etiological diagnosis.



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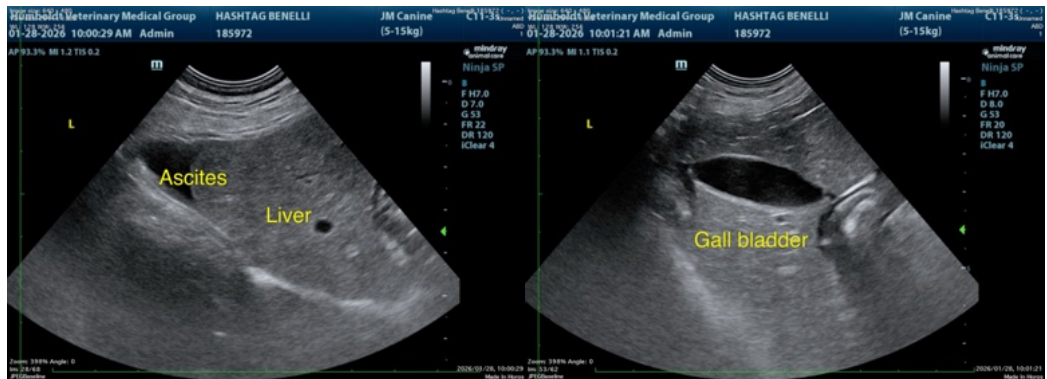
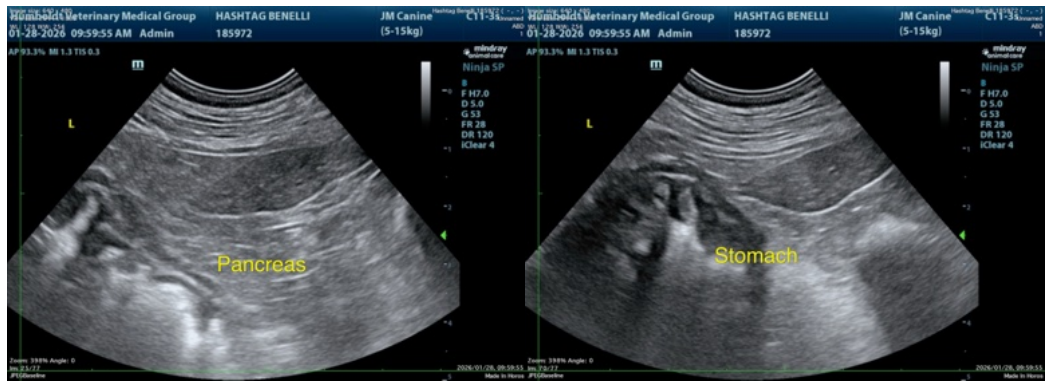
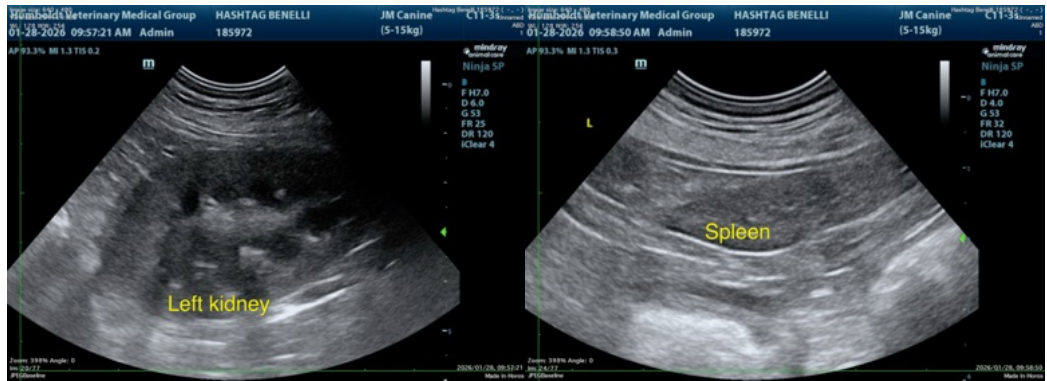
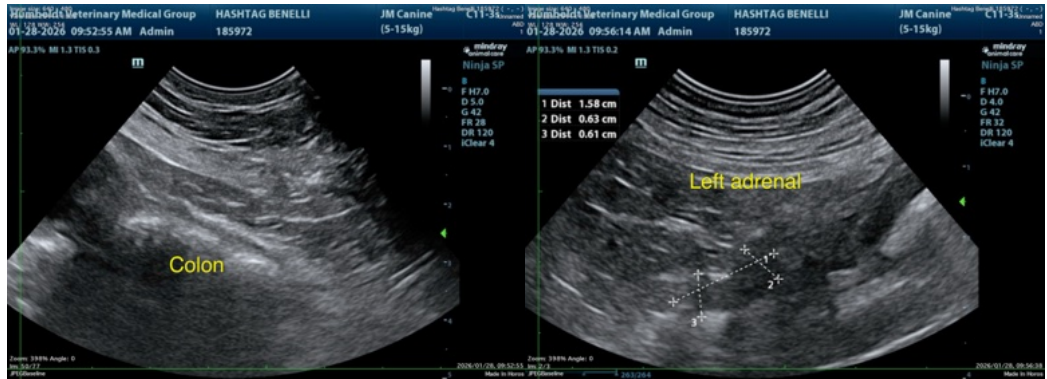
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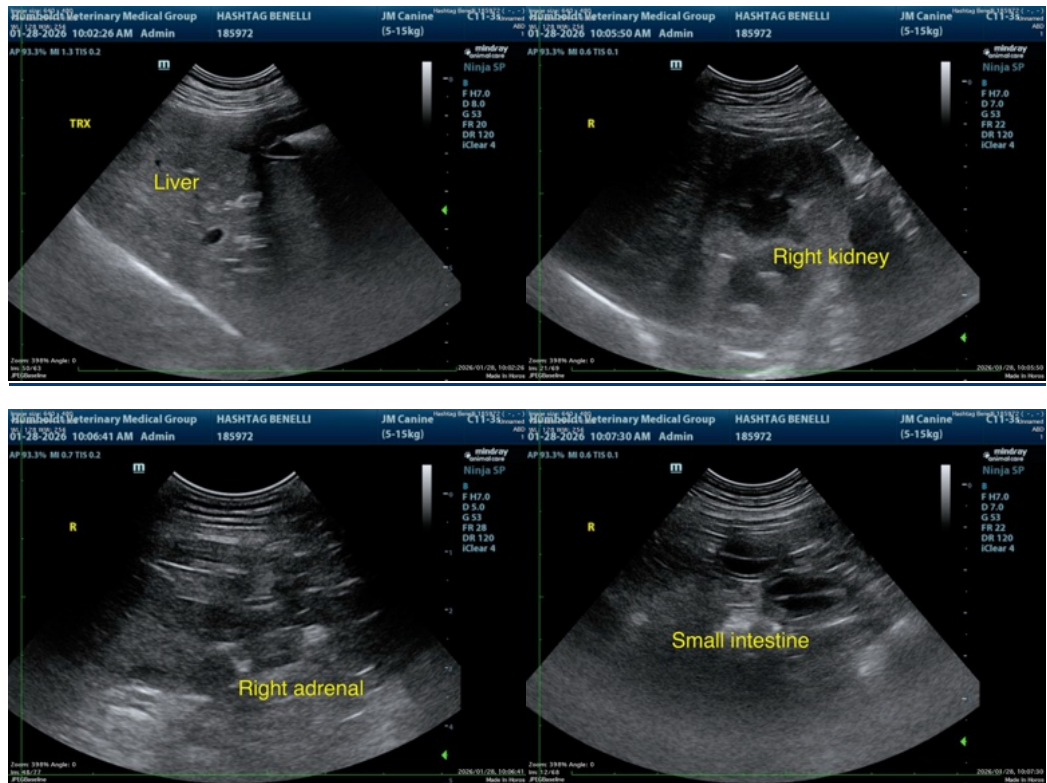
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com