



PATIENT

Henry Claussing

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered male

AGE

11 years

WEIGHT

16 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane AC

REFERRING VET

Dr. Corbeil

INVOICE

72311

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- STAFF PET (RVT) - Presented for abd ultrasound to Sonopath for eating things he shouldn't (pica?) and increased drinking. No vomiting or diarrhea.
- Fast scan Sept 2025 for dietary indiscretion (ate a bag of treats) and vomiting showed gall bladder stones, distended biliary ducts/possible biliary obstruction. Abd rads calcification in area of cranial abdomen/gall bladder. Bloodwork not performed.
- Medications: librela, cyclosporine eye drops
- Last lab work July 2025 (before dental anesthesia): normal CBC chem. UA - Specific Gravity 1.030, pH 5, inactive sediment, suspect casts. CBC chem normal T4 2024 normal - 22.8 nmol/L rr 13- 53

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 5.6 cm, right measured 5.4 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.

The prostate is small and hypoechogenic measuring 1.0 cm in width.

Adrenal Glands

The adrenal glands are plump in size with a slightly rounded shape, but maintained a normal echogenic appearance, position and appearance of the visible periadrenal vasculature. The left adrenal gland measured 0.73 cm and 0.68 cm in width. The right adrenal gland measured 0.67 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 2.2 cm in width.



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Liver

The visible sections of the liver are normal in size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature. Mild, intrahepatic bile duct calcification was noted.

Gallbladder

The gallbladder is small containing normal anechoic bile and two small choleliths that measured 0.9 cm in size. Gallbladder was normal in 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. A large amount of ingesta is present in the stomach as well as a small foreign body, but with no obvious pyloric obstruction evident. A large amount of chyme was present in the proximal duodenum.

Pancreas

Normal size and echogenic appearance with a regular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the left lobe of the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly.
- Gastric foreign body.
- Choleliths.
- Intrahepatic bile duct calcification.
- Hyperechogenic region surrounding the left pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the adrenal glands would be incidental age related reactive hyperplasia, disease, stress and possible emerging pituitary dependent Cushing's disease.



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The hyperechogenic region surrounding the left pancreas is most likely secondary to a previous episode of pancreatitis.

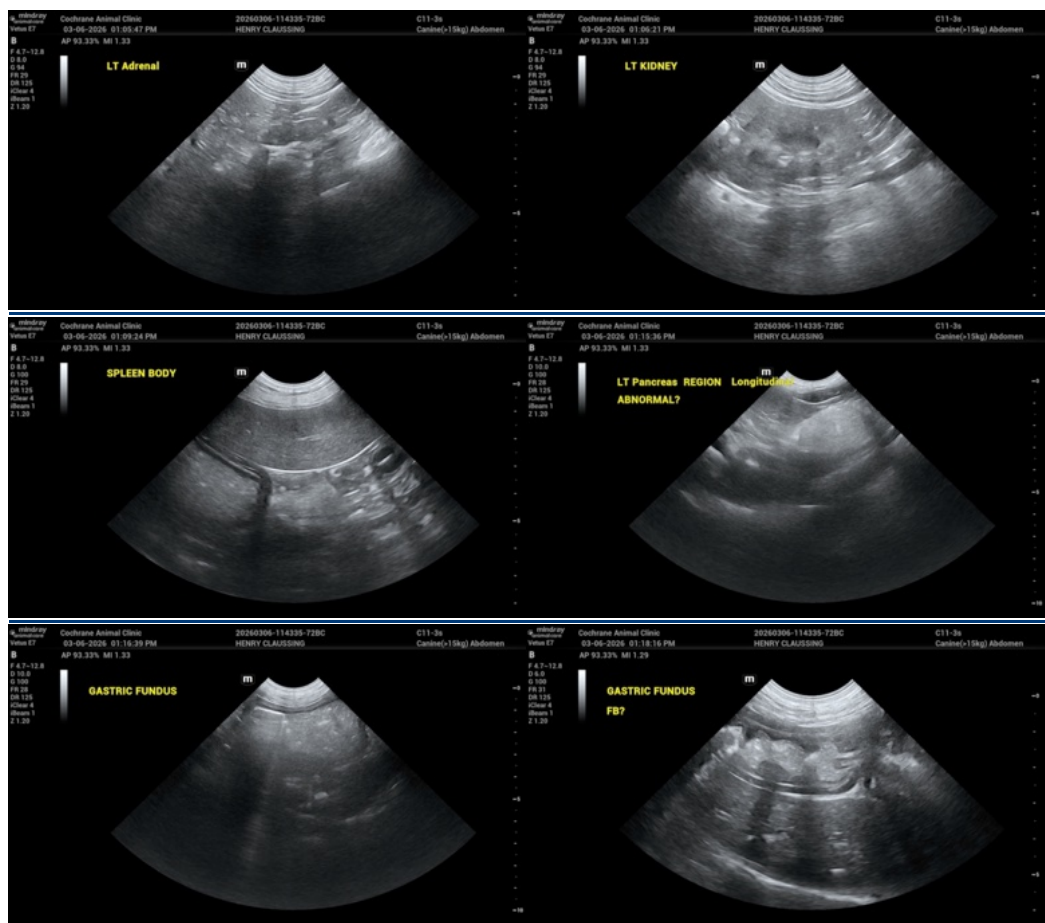
The choleliths at this point can be considered incidental findings as no obstruction is evident. The intrahepatic bile duct calcification can be considered an incidental finding.

Although the small gastric foreign body may be an incidental finding, monitoring for the development of an obstruction would be recommended.

Further assessment would be urine specific gravity and a urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

Medical management of the choleliths is Ursodiol, cholecystectomy can be considered if obstruction of the bile duct occurs.

Further specific therapy would be dependent on an etiological diagnosis.





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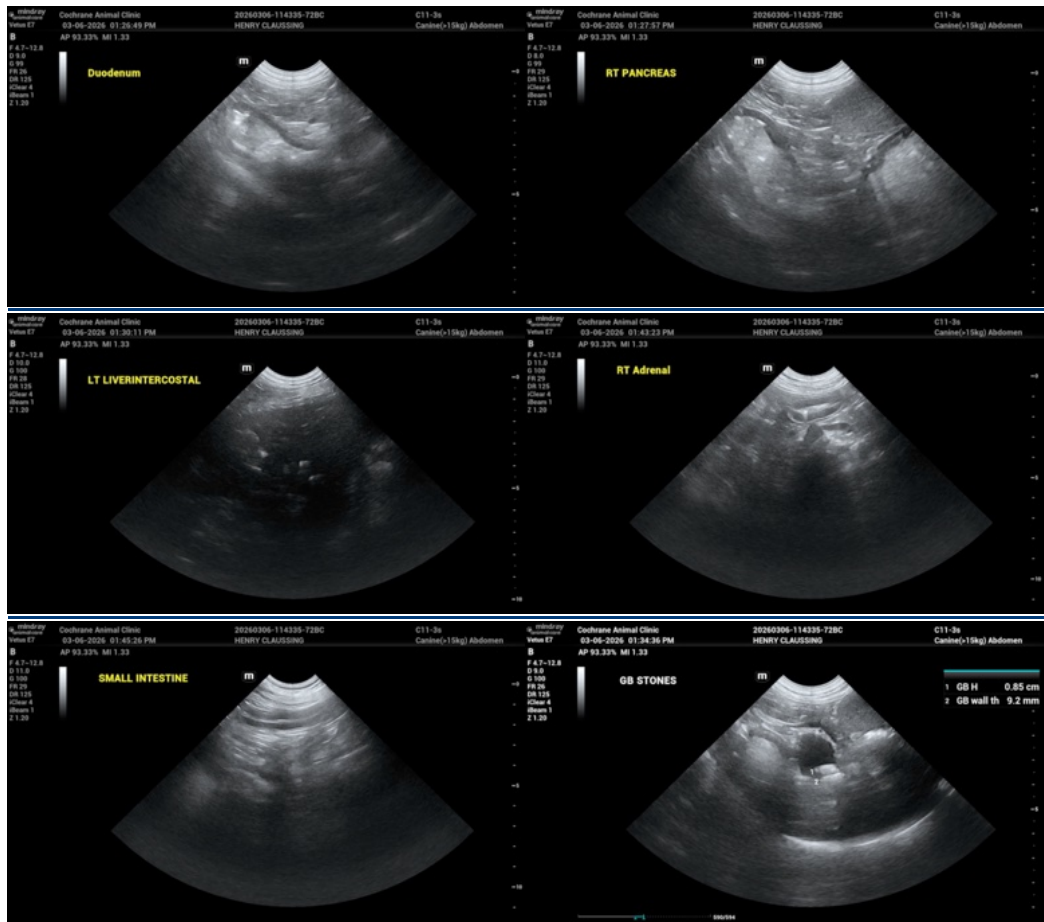
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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