



## PATIENT

Gotham Anser

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Male

## AGE

1 year

## WEIGHT

12.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Vincent Ravancho, CVT

## HOSPITAL NAME

Bondvet Edgewater

## REFERRING VET

Dr. Ordonez

## INVOICE

73498

## DATE

3/17/26

## PRESENTING CLINICAL SIGNS

- Hx of V+, unresolved with supportive management
- Concern w/ sliding hiatus hernia

## 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 4.5 cm, right measured 5.3 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.

Normal size and appearance of the prostate measuring 1.8 x 1.9 cm in size. Normal size and appearance of both testicles. The left testicle measured 3.1 cm in length. The right testicle measured 2.9 cm in length.

### *Adrenal Glands*

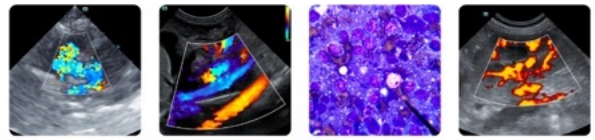
The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal gland measured 2.14 cm in length x 0.41 cm and 0.61 cm in width. The right adrenal gland was not visualized.

### *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 1.1 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. A moderate amount of gas is present within the stomach.

## *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.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

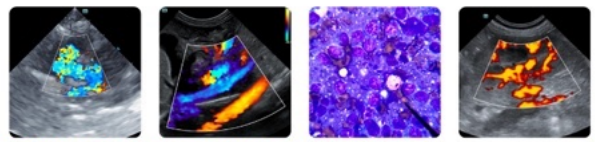
On this ultrasound there is no obvious etiology for the presenting clinical signs.

With the presenting clinical signs etiologies that should be considered would be a hiatal hernia, gastric reflux, dietary hypersensitivity, Helicobacter gastritis and possibly emerging inflammatory bowel disease.

Further assessment would be endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered (if not already done) would be feeding small, frequent meals of a novel protein/hypoallergenic diet and gastric protectants (Sucralfate, Omeprazole). Triple therapy for Helicobacter gastritis could also be considered.



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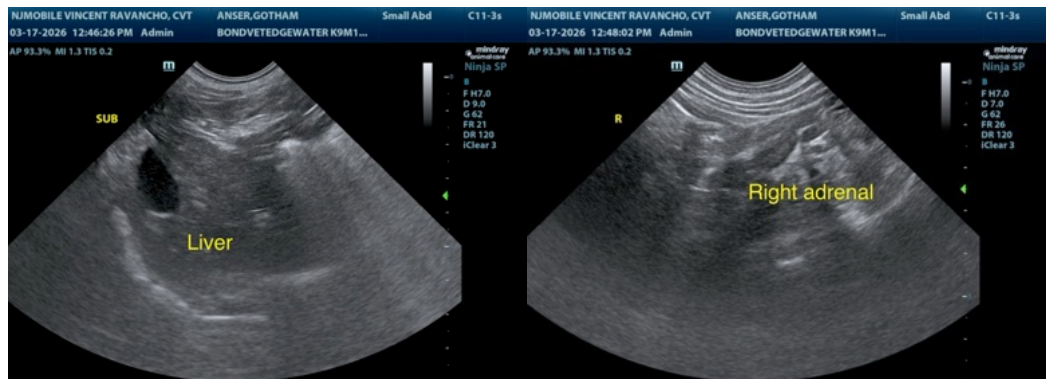
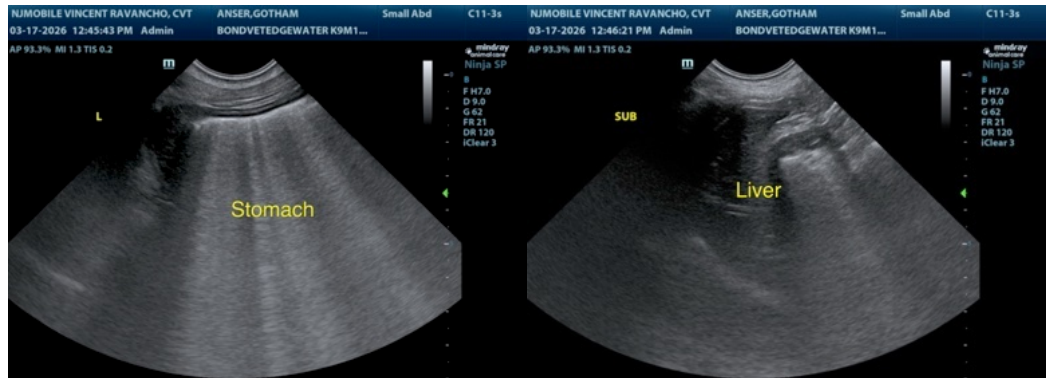
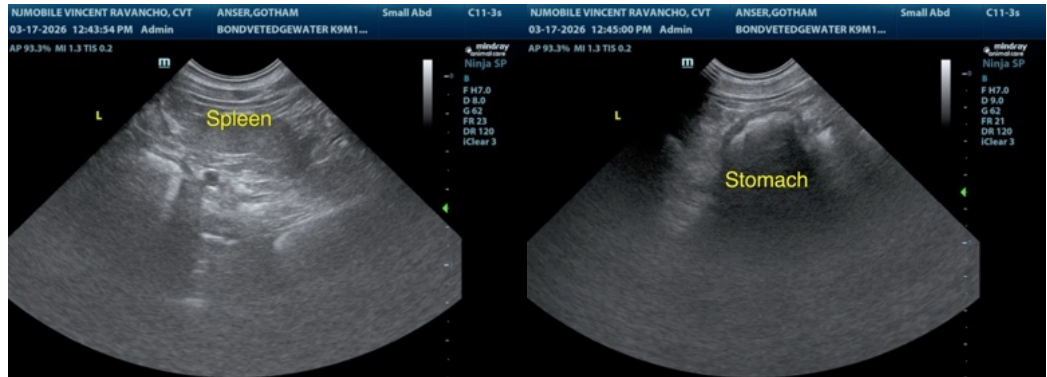
Dr. Ordonez

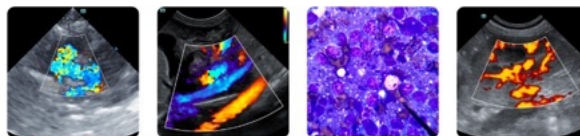
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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