



**PATIENT**

Lucas Torres

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Male

**AGE**

5 Months 4 Weeks

**WEIGHT**

10.5 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Rivera

**HOSPITAL NAME**

DPC Veterinary H

**REFERRING VET**

Dr. Rivera

**INVOICE**

16347

**DATE**

6/27/22

**PRESENTING CLINICAL SIGNS**

History: Pet is here for on and off diarrhea and vomiting for 3 months. owner states currently pet is eating and not vomiting or having diarrhea since Saturday. pet is currently under treatment for giardia

Abnormal PE/Chem/CBC/UA Results: PE WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal is size (4.0 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (4.6 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

Left adrenal gland area is examined without evident pathology.

Right adrenal gland is normal in size (0.54 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is markedly distended with fluid, kibble and other echogenic debris/chyme/normal ingesta.

The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted.



**PATIENT**

Lucas Torres The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

**SPECIES**

***Pancreas***

Canine

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**BREED**

***Free Abdomen***

French Bulldog

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Male

- An over distended stomach filled with what appears to be normal ingesta, as well as fluid and chyme. Given the patients improvement since management of Giardia, as well as the reported normal appetite without vomiting currently, this finding is believed likely secondary to a postprandial abdomen, however, partial gastric outflow obstruction cannot be definitively ruled out.

**AGE**

5 Months 4 Weeks

- Gastroenteritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other.

**WEIGHT**

10.5 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Given the recent diagnosis of Giardia and improvement in clinical signs since managing the Giardia, include either continued treatment of Giardia followed only by more intervention if clinical signs return versus an immediate more advanced work up for other possible parasitic and/or infectious disease with fecal exam, A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. In the meantime, additional empirical therapy includes empirical deworming with a 5-day course of Panacur.

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If clinical signs return, recheck of the GI tract, paying close attention to the pylorus with a fasted stomach is recommended.

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**Beth Johnson, DVM DACVIM**

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