



**PATIENT**

Aria Kennison

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Spayed Female

**AGE**

2 Years 7 Months

**WEIGHT**

20.3 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Couser

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Couser

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13338

**DATE**

1/10/22

**PRESENTING CLINICAL SIGNS**

History: Presented 1/9/22 for vomiting. EPOC = all wnl. Three-view abdominal rads - radiology report: FINDINGS: The stomach contains gas and a small amount of slightly heterogeneous soft tissue opacity material. The small intestines are all of normal size and shape. The larger loops identified are consistent with the cecum and colon. They contain gas and some heterogeneous material compatible with feces. Peritoneal and retroperitoneal serosal details are adequate for the limited amount of fat present. No lesion is identified in the liver, the spleen, the kidneys and the urinary bladder. No lesion is detected in what is included of the thorax. Multiple thoracic, sacral and caudal vertebrae are malformed, as commonly identified in this breed and likely of no current clinical significance. CONCLUSIONS: The material in the stomach is nonspecific. This could represent normal ingesta but a gastric foreign body can also have this appearance. These cannot be definitively differentiated based on a single set of survey radiographs. A nonspecific gastro-enteritis or pancreatitis should also be considered as differential diagnosis. RECOMMENDATIONS: At this stage, no radiographic lesion is identified to recommend surgical or endoscopic intervention. Therefore, if considered clinically adequate, the patient may be managed symptomatically/supportively and recheck fasted abdominal radiographs could be performed (in 6-12 hours or earlier if clinically indicated) in order to evaluate gastric emptying and exclude the development of a small intestinal obstructive pattern. Diagnostic alternatives would include upper gastro-intestinal contrast study (for a more sensitive evaluation of the stomach and small intestines) or abdominal ultrasonography (for a more sensitive evaluation of the small intestines, pancreas and other abdominal organs, with some limitations for the stomach, particularly for specification of its contents). Received cerenia, went home for the day, O returned at 6 pm for recheck fasted rads: ABDOMEN (January 9, 2022): Lateral and ventrodorsal radiographs are provided, a total of 4 views. Previous radiographs performed approximately 7 hours prior are available for comparison. FINDINGS: The stomach remains nondistended and contains mild gas and mild heterogenous soft tissue opacity content (which is subjectively mildly decreased in amount since prior evaluation). The small intestines contain fluid, gas, or mild similar heterogenous content as within the stomach without distention. The colon contains gas and mild feces. The abdominal serosal detail is good. The liver, spleen, visible renal margins, and urinary bladder are normal. No abnormalities are seen within the included portions of the thorax. A second thoracic hemivertebrae, the included vertebral column is normal. No other abnormalities are seen of the body wall or within the limited included portions of the pelvic limbs. CONCLUSIONS: This recheck study demonstrates partial emptying of the gastric content since prior evaluation. The residual heterogenous soft tissue content within the gastric lumen remains nonspecific and could still be normal ingesta (as complete gastric emptying can take up to 24 hours to occur if there is also ileus) but a small quantity of gastric soft tissue foreign material is also possible given the patient's history. The abdomen is otherwise normal without evidence of mechanical obstruction. RECOMMENDATIONS: As the patient is clinically improving, continue medical management with recheck fasted radiographs performed in an additional 12 hours may be justified to further assess if complete gastric emptying is able to occur without the need for more invasive intervention. If more immediate evaluation of the gastric content is needed, an upper GI series could be used for this purpose.

Abnormal PE/Chem/CBC/UA Results: Exam unremarkable.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**



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The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5 cm. The left kidney measured 5 cm.

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**Adrenal Glands**

**SEX**

Spayed Female

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 cm.

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The **right adrenal gland** was not visualized.

**Spleen**

**WEIGHT**

20.3 Lbs.

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. Cranial folding of the spleen was noted.

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Eric Lindquist, DMV  
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**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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**Gastrointestinal**

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Some minor shadowing material was noted in the **stomach**, measuring up to 2 cm in length, however, no obstructive pattern noted. No stasis prior to the structures were present. The small intestine appeared empty.

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**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Minor shadowing nonobstructive foreign material, may be medications

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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I recommended assessing oral medication history in this patient. Conservative therapy and recheck sonogram in 12-24 hours, if clinical signs persist. No obstructive pattern in the stomach or small intestine present at the time of the sonogram.

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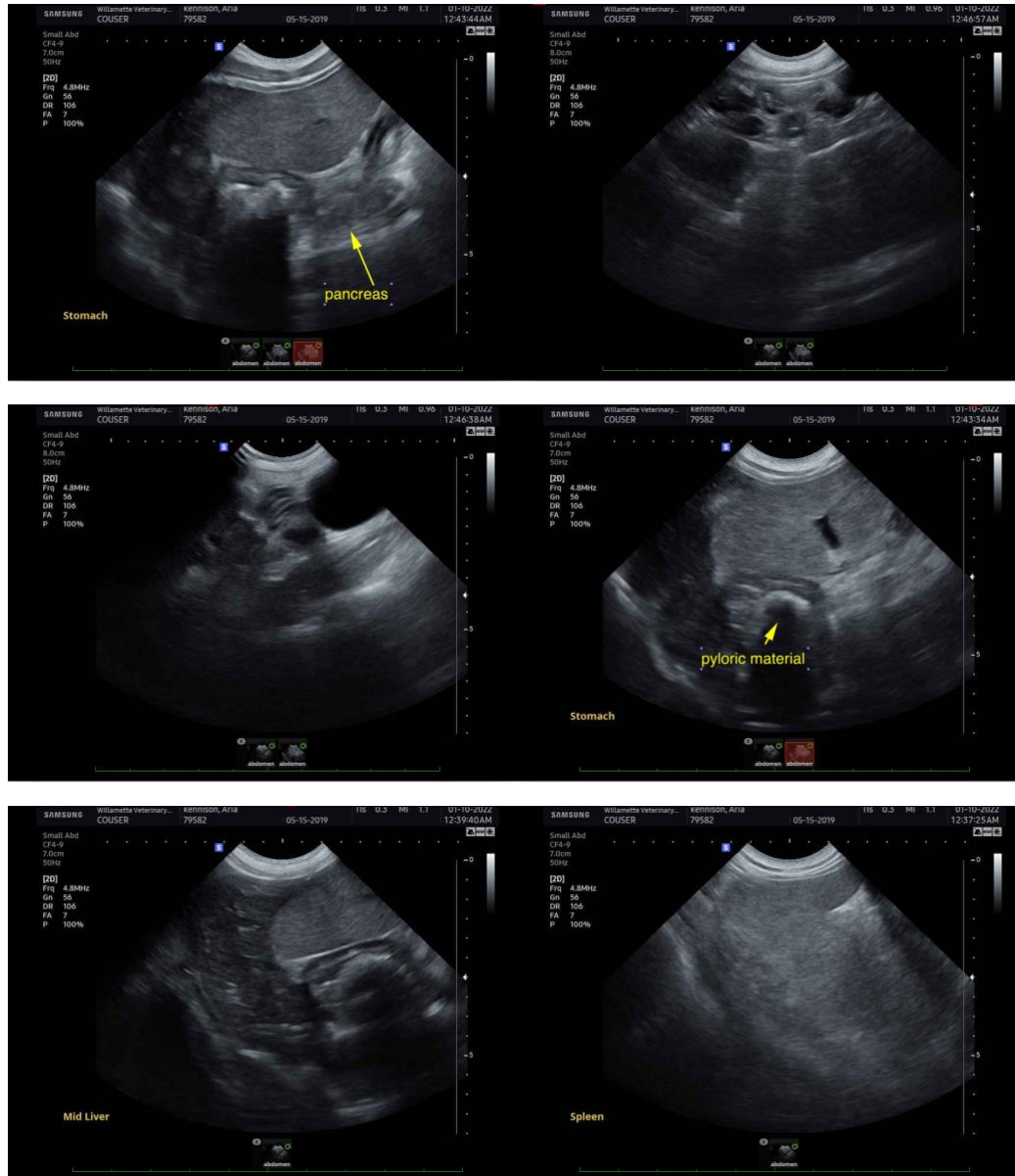
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com