

PATIENT

Nova Saunders

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

11 Months

WEIGHT

19.3 pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Tiffany Boomer

HOSPITAL NAME

Moyock Animal
Hospital

REFERRING VET

Dr. Tracy Eure

INVOICE

13101

DATE

01/12/26

PRESENTING CLINICAL SIGNS

1/6/26- O CALLED STATING THAT P WAS VOMITING (NO DIARRHEA) BUT BAR...O DECLINED BW, RADS (DID END UP AUTH ONE LAT ONLY) AND U/S SINCE P WAS ACTING WELL OTHERWISE. LAT AB RAD WAS OK...NO OBVIOUS FB BUT SHOWED SOFT STOOL WITH WHAT LOOK LIKE TINY BONY FRAGS IN IT... DID CERENIA INJ AND SENT HOME WITH CERNIA TABS FOR 4 DAYS. PET DID WELL ON THE MEDS BUT STARTED VOMITING +++ (AND NOW DIARRHEA) AS SOON AS MEDS STOPPED...AND NOW NOT WANTING TO EAT AT ALL. OBTAINED MORE RADS TODAY ALONG WITH THIS U/S AND BLOODWORK.

CHEM - SLIGHTLY LOW TP & ALB AND CPL ELEVATED. CBC NORMAL. LYTES NORMAL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 **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 left kidney measured 4.0 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The **right adrenal gland** presented with subnormal size measuring 0.40 cm with normal contour.

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

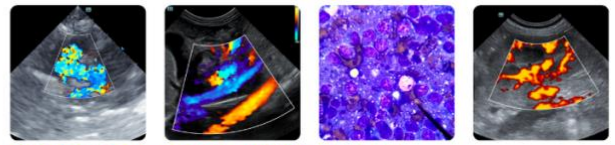
Spleen

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. The spleen was folded upon itself cranially.

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.

Gastrointestinal



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Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of foreign bodies. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was fluid filled. Pyloric hypertrophy was noted. Wall thickness measured up to 1.0 cm.

Pancreas

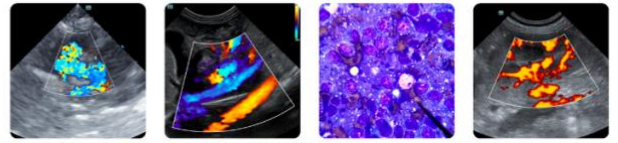
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Folded spleen.
- Nonspecific gastroenteritis pattern with fluid filled colon.
- Subnormal right adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Given the low albumin level, occult Addison's disease should be considered or protein losing enteropathy. GI protective protocol, parasite management, continued monitoring of albumin levels, baseline cortisol and ACTH stimulation test are all indicated.



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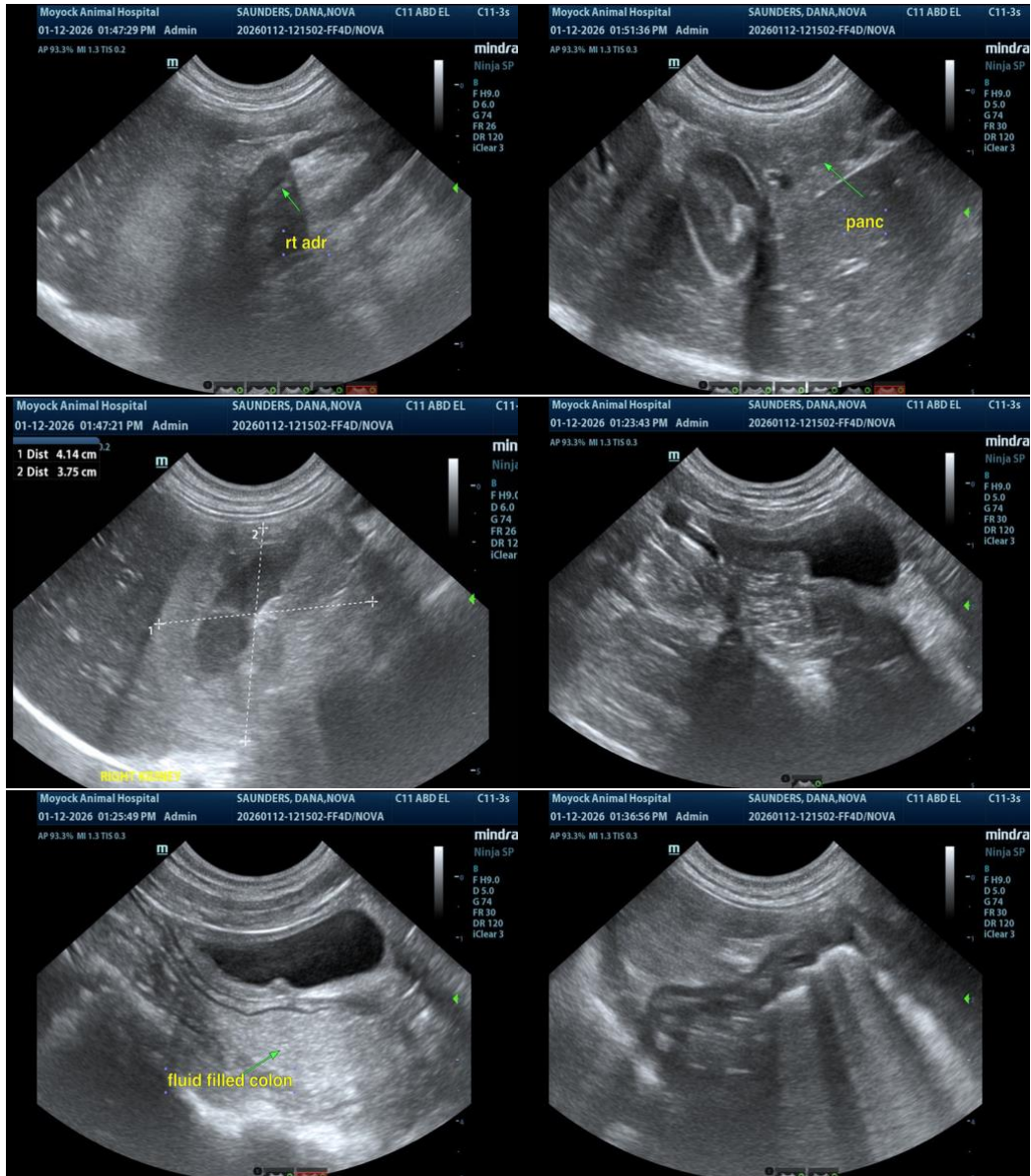
Dr. Tracy Eure

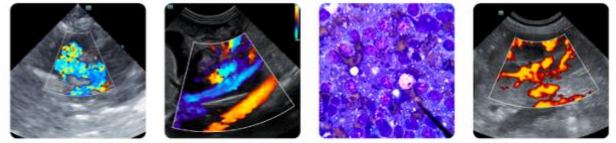
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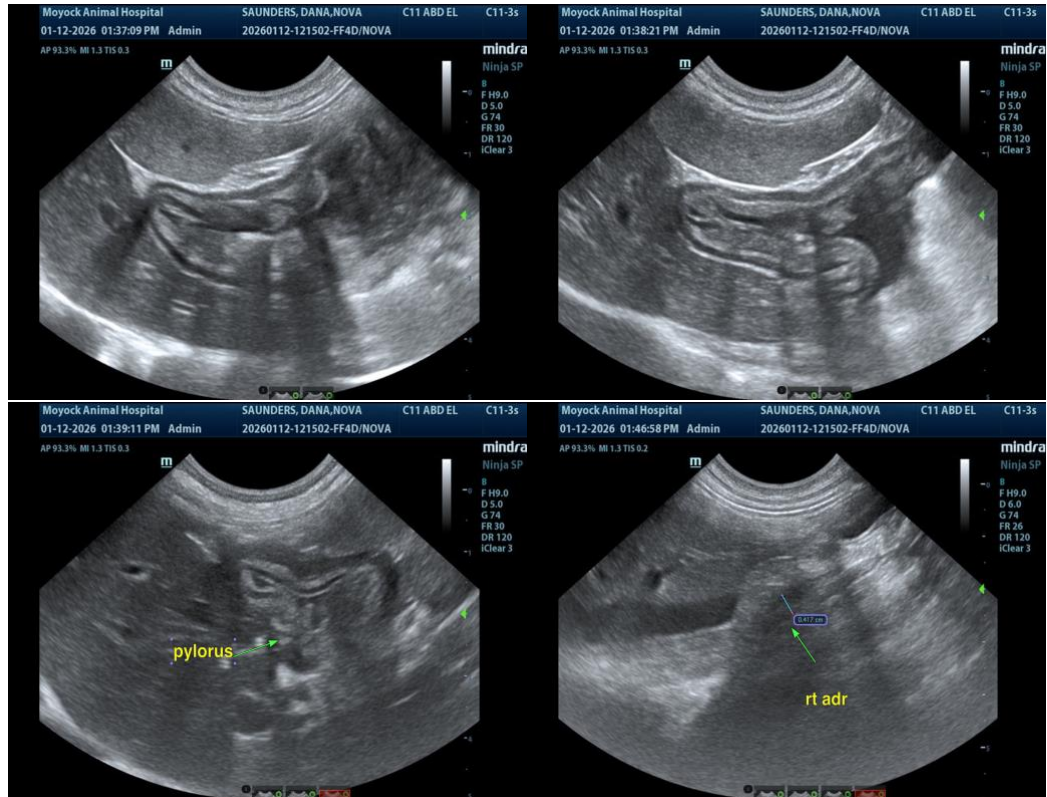
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com