



PATIENT

Olive Thibodeau-Hayes

SPECIES

Canine

BREED

French Bulldog

SEX

Female

AGE

20 Weeks 3 Days

WEIGHT

5.42

INTERPRETED BY

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

IMAGING PERFORMED BY

Mariusz Chmielinski,
DVM

HOSPITAL NAME

Apex Veterinary
Services, Ltd.

REFERRING VET

Alpine 24/7 ER

INVOICE

72478

DATE

1/25/26

PRESENTING CLINICAL SIGNS

Hospitalized on Jan 23 -24 - on IV fluids and supportive care. NG tube placed overnight; no feedings and no gastric contents aspirated.. Patient remained BAR, bright, playful, and comfortable throughout hospitalization. Patient was discharged home returned today for a recheck still vomiting with blood no energy - did eat breakfast

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:38.0, Heart Rate/min (HR):122, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 26, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, tacky / CRT< 2 sec ,Mentation: QAR ,Hydration: ~6% DeH2O , BCS (scale 1 to 5): 3.5/5,

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. Right kidney measured 4.34 cm. Left kidney measured 4.36 cm.

Adrenal Glands

Both **adrenal glands** were 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. Right measured 0.43 cm. Left measured 0.36 cm.

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.

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. No evidence of portosystemic shunting.



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Gastrointestinal

The **gastric** wall was thickened (1.4 cm), with hypertrophied muscularis and empty lumen. Some loss of mural detail noted in the gastric fundus. The small intestine was unremarkable. Soft stool noted in the colon.

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.

Free Abdomen

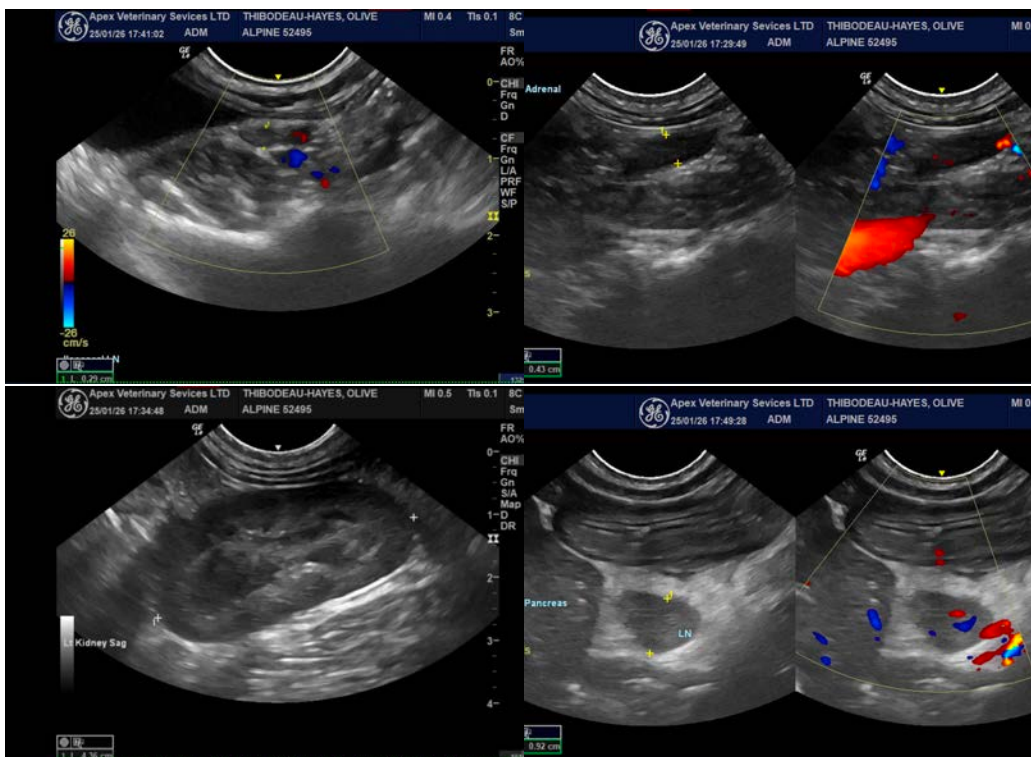
Cranial abdominal lymph nodes were enlarged, hypoechoic and mildly irregular, measuring up to 0.92 cm x 1.0 cm. Reactive mesentery noted around the lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Non-specific gastroenteritis with reactive lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Even though the patient is extremely young, I cannot rule out an emerging gastric neoplasia. The loss of mural detail in the gastric fundus with the rounded lymph nodes are a concern. Ultrasound guided FNA of the accessible cranial abdominal lymph nodes +/- gastric wall would be indicated, or endoscopy. Management for gastroenteritis, parasite assessment and management indicated.





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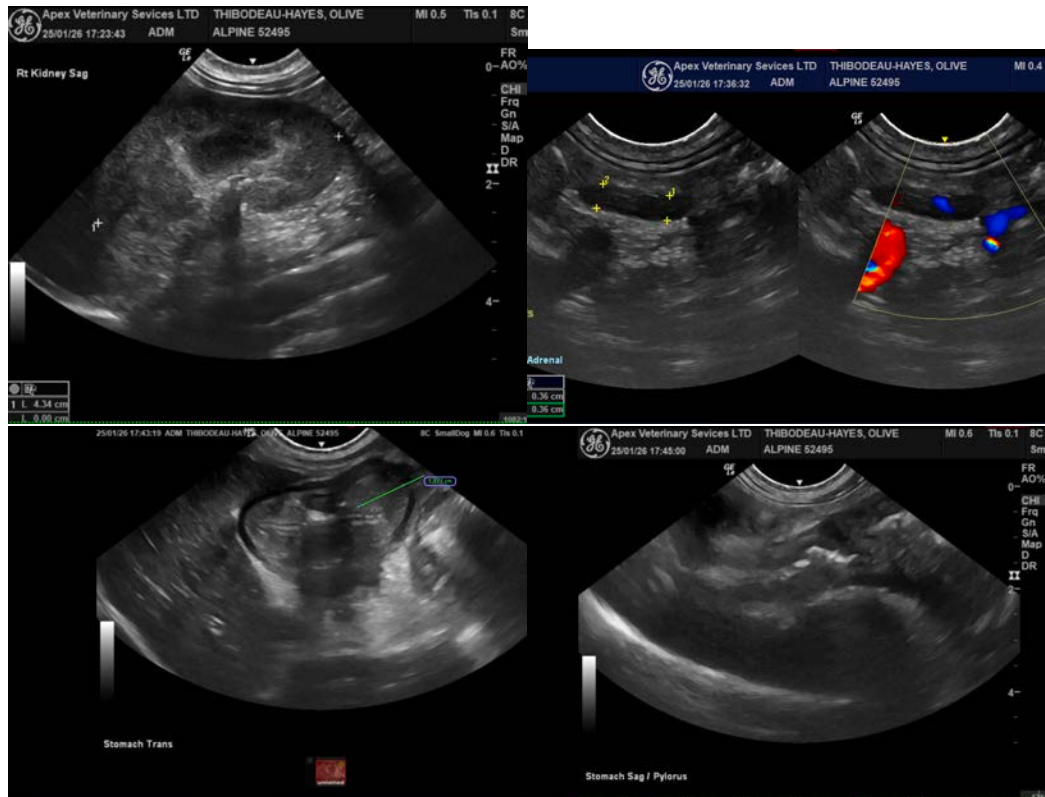
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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