



PATIENT

Louise Gliebe

SPECIES

Canine

BREED

Bulldog

SEX

Spayed Female

AGE

1 Year 2 Months

WEIGHT

50 pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Louise Mandeville

HOSPITAL NAME

Bettervet

REFERRING VET

Dr. Louise Mandeville

INVOICE

13829

DATE

10/17/21

PRESENTING CLINICAL SIGNS

History: New case, owner moved from California. Hx from prev vets: Chronic diarrhea since pup. On hydrolyzed protein diet: no improvement yet: (8 weeks in). Mildly responsive to previous treatment with prednisolone and Metronidazole (28 days). Fecal negative.

Abnormal PE/Chem/CBC/UA Results: negative allergies tests. Awaiting GI panel. No significant findings on Biochem/Hematology.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Both kidneys measured 5.0 cm each.

Adrenal Glands

The regions of the **adrenal glands** were imaged and revealed no evident pathology.

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.

Gastrointestinal

The **stomach** was filled with ingesta obscuring some visibility. At least two shadowing structures were present in the midst of ingesta type material. Oral medication history should be evaluated. The small intestine and colon were unremarkable.

Pancreas



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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

- Full stomach with some shadowing material
- Structurally unremarkable abdomen in the visible planes

BREED

Bulldog

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Oral medication and feeding history prior to the ultrasound should be examined. If the patient has been fed or given oral medications, I recommend 24-hour NPO and recheck sonogram of the upper gastrointestinal tract to assess for persistence of the shadowing foreign matter. No obvious reproductive pathology noted. Screening for Addison's warranted given the breed predisposition and the lack of evident adrenal glands. The prednisolone may be suppressing a more significant presentation.

AGE

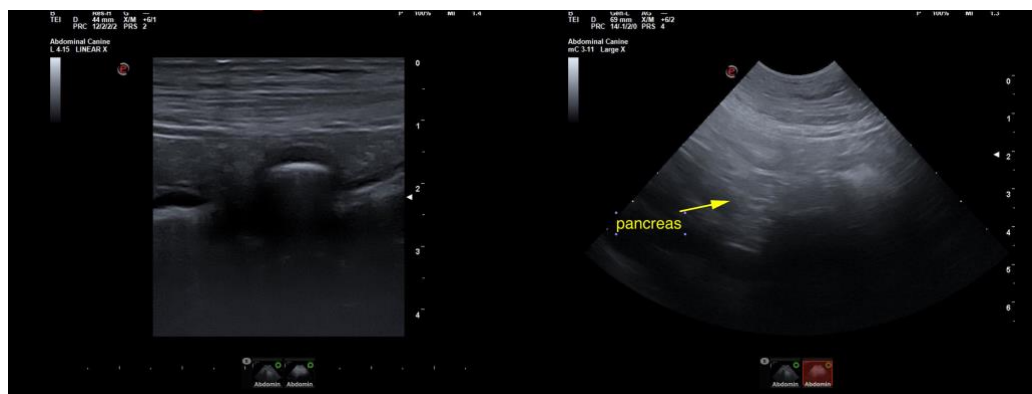
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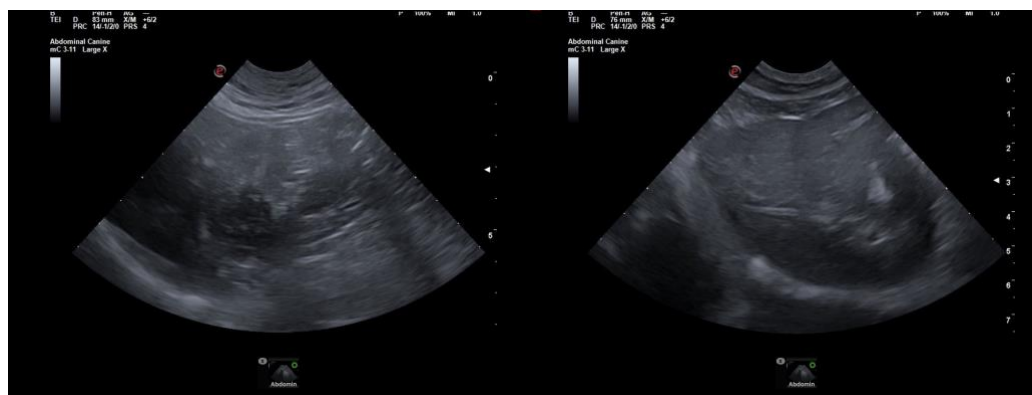


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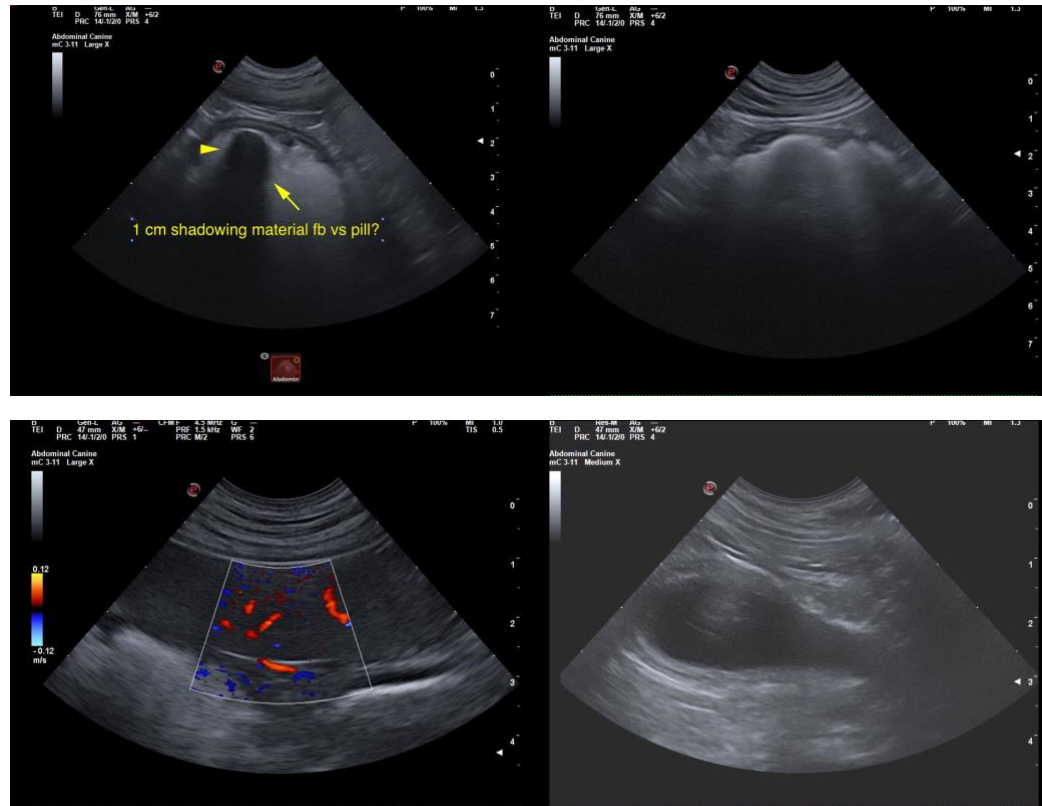
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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