



PATIENT

Tilly Hollister

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

2 Years

WEIGHT

13 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Bailey

INVOICE

42296

DATE

10/23/22

PRESENTING CLINICAL SIGNS

Pt chewed up ball 2d ago and was seen on ER for vomiting, treated with supportive outpatient care and rechecked yesterday morning (10/22); most images are from late yesterday afternoon, dog had been fasted but still had a lot of fluid and kibble in stomach, had been regurgitating frequently. Admitted for IVF and support overnight, doing well, rechecked ultrasound, she is definitely still tender in the abdomen but the distension is gone. Any evidence for foreign body concern based on these?

Abnormal PE/Chem/CBC/UA Results: Healthy young dog with normal labs and no history of health problems

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 3.0 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. The right kidney measured 5.5 cm. The left kidney measured 5.5 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. The right adrenal gland measured 0.84 cm. The left adrenal gland measured 0.58 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.

Gastrointestinal

Original image set revealed **gastric** stasis with kibble or similar with a 4.0 cm shadowing structure in the pyloric outflow. Minor edematous and spastic small intestine.



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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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Brief Follow Up Recheck of the Gastrointestinal Tract

French Bulldog

The stomach was empty. Areas of minor spastic small intestine noted. Slightly prominent ileocecal junction with some luminal artifact. No obstructive pattern.

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Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Resolving gastroenteritis

AGE

2 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend a fresh fecal smear and fecal floatation analysis. 24-hour NPO, plasma expanders, GI protectants all indicated. Diet change warranted if dietary indiscretion is not an issue.

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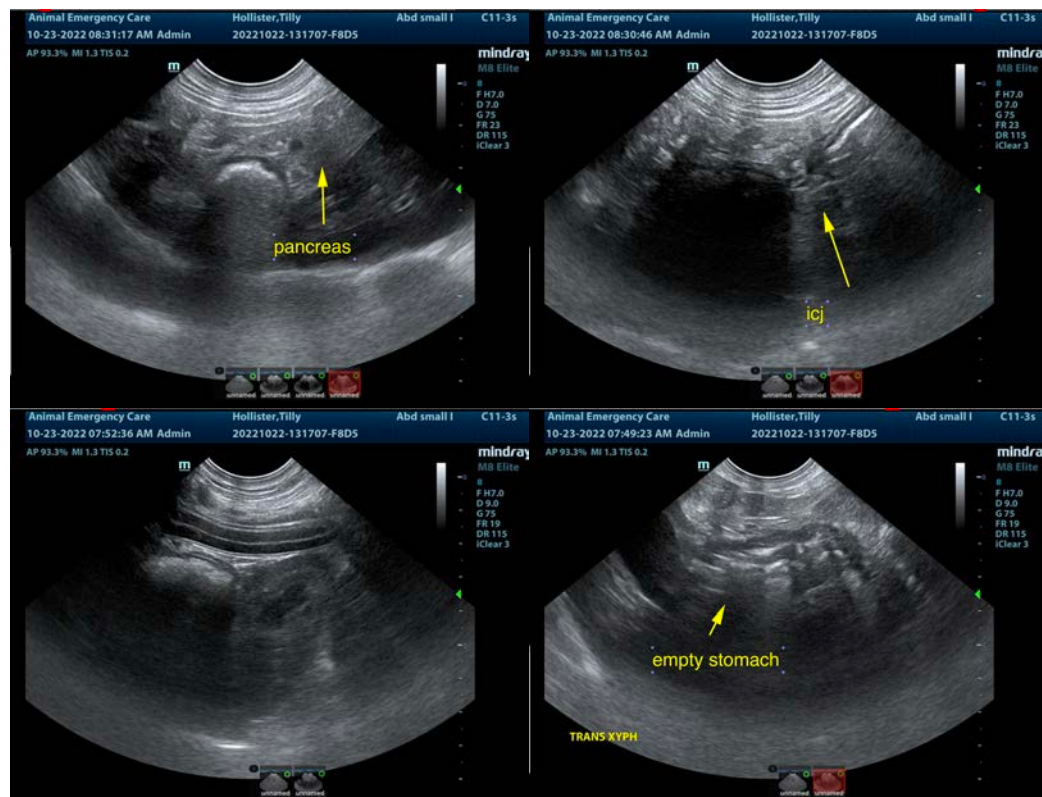
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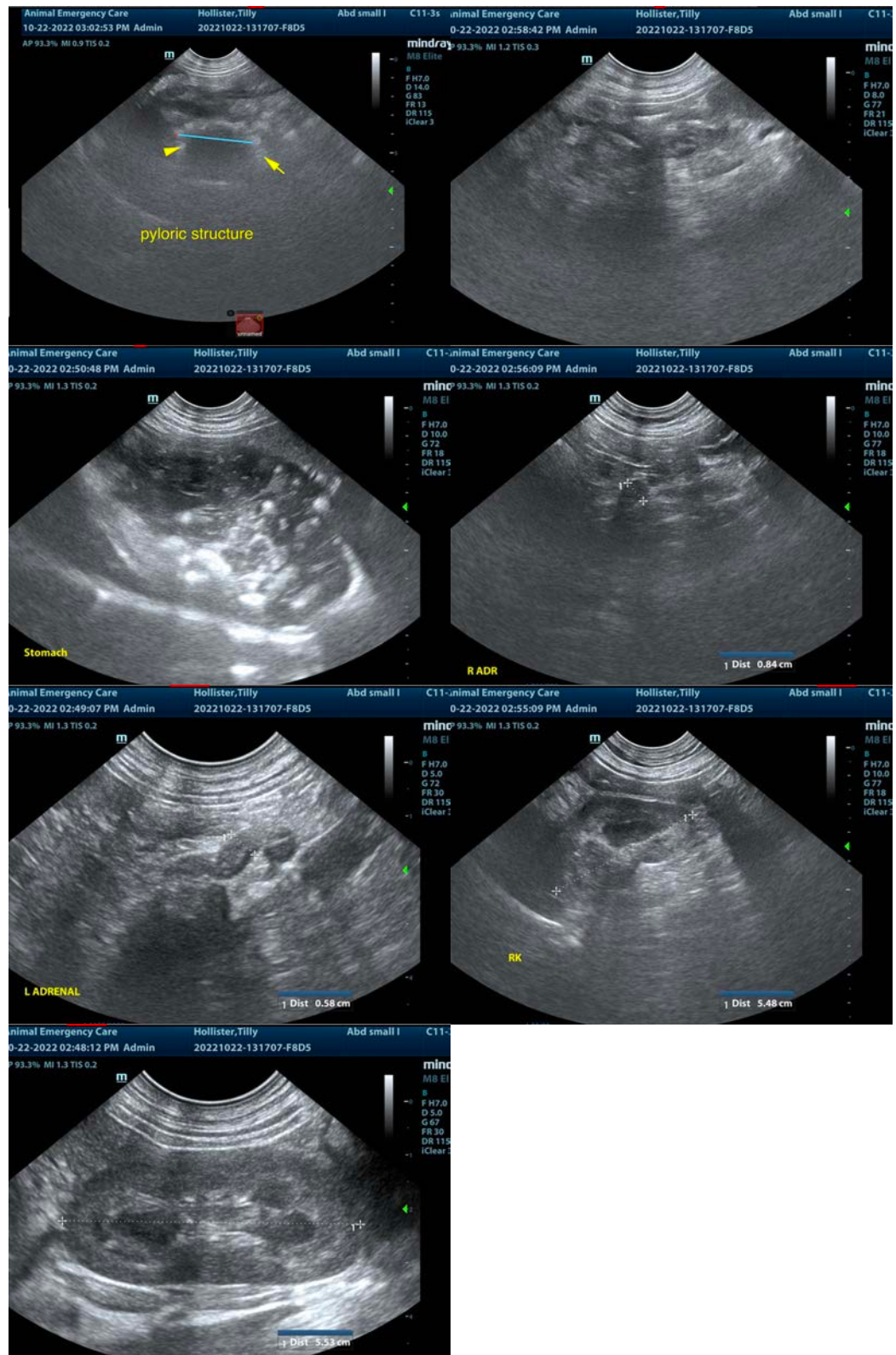
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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