



**PATIENT**

Lola Harris

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

16.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Lane

**INVOICE**

26743

**DATE**

10/29/21

**PRESENTING CLINICAL SIGNS**

Weight loss of 6 lbs since July, and recently diarrhea. Started with recurrent UTIs in July. Urine C&S showed E. Coli, sensitive to Baytril. Symptoms clear on Baytril, but recur after. Recommended urine culture q 2 wks until no growth, but owners did not pursue. Recent onset diarrhea. Other history: in 2019, had vaginal prolapse (colon into vagina). Had OVH and Colopexy at E. Clinic. Had consult w/neurologist for seizure like episodes/possible back spasms, concern for spina bifida or spinal dysraphism from Rads. MRI recommended, but improved on medical management, so was not pursued. Abnormal PE/Chem/CBC/UA Results: PE: BCS 2/9, mod-severe muscle wasting in rear legs esp. and mild ataxia in rear legs. Saliva staining all 4 paws. RADS (from 11/2020) spinal abnormalities, esp at L-S junction. WBC ct 9.4 k, Eos 18%. ALT 967, Alb 2.6. Fecal Antigen testing: NEG for Giardia, RW, HW, WW.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented slight mucosal thickening.

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 4.6 cm. The left kidney measured 4.52 cm.

A reactive iliac lymph node was noted, measuring 2.43 cm x 0.99 cm.

The caudal aorta and vena cava at the iliac trifurcation were adequately imaged. No overt thrombosis noted. Distal thrombosis could not be completely ruled out.

**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 0.86 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measured 0.64 cm at the caudal pole and 0.52 cm at the cranial pole.

**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** was subnormal in size. However, intrahepatic vascular volume appeared normal. No evidence of shunts. The gallbladder was unremarkable. The portal vein was normal size and volume.

**Gastrointestinal**

The **stomach** was filled with ingesta, part of which was shadowing, most consistent with a post-prandial presentation. Transit of chyme into the small intestine was occurring, yet hyperperistalsis was evident. There were areas of empty, mildly dilated small intestine. Mucosal fogging was noted in portions of the small intestine.



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**Pancreas**

Lola Harris

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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Canine

**Free Abdomen**

A mild amount of free fluid was noted.

**BREED**

French Bulldog

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Slight urinary bladder thickening
- Reactive medial iliac lymph nodes
- Subnormal liver size
- Retention of ingesta in the stomach
- Hyperperistaltic small intestine with mucosal fogging noted

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

3 Years

Dysfunctional bowel is suspected. Malassimilation of nutrients and lymphangiectasia suspected given the patient history. Albumin levels should be monitored carefully, as I am suspicious of protein losing enteropathy. Mucosal fogging was noted throughout areas of the small intestine. Supportive care warranted. Recheck sonogram at complete 18-24 hour NPO. The free fluid is concerning, especially given that the albumin levels are normal. Lymphatic obstruction may be causing a hydrostatic issue. Assessment of the vaginal vestibule for predisposing issues such as recessed vulva and urine pooling recommended as contributories to the recurrent UTIs. Bile acid profile warranted given the mild microhepatica, even though no portosystemic shunt was evident. Maldigestion panel indicated.

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Lateral and VD radiographs revealed microhepatica and poor contrast.

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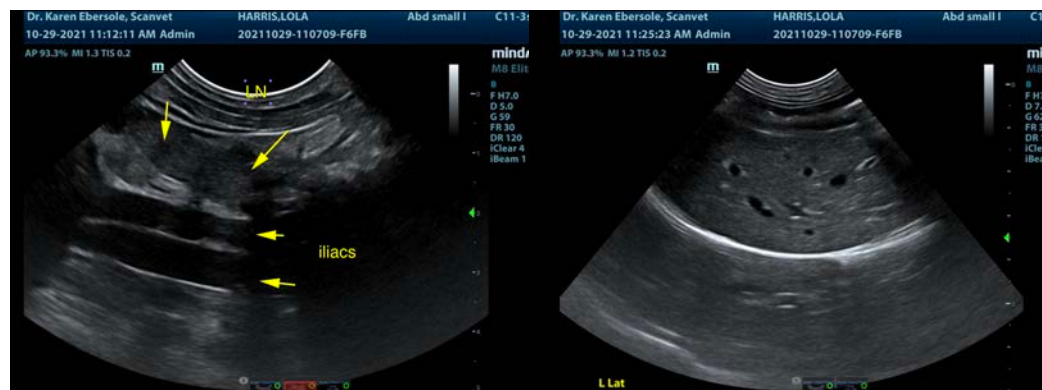
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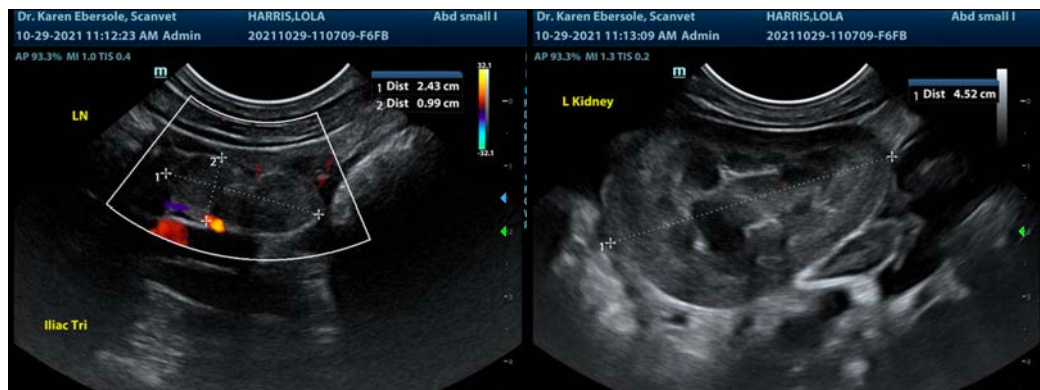
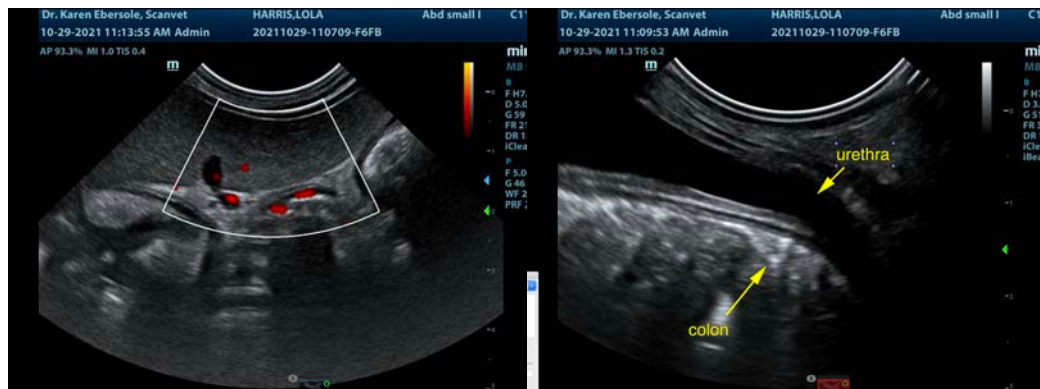
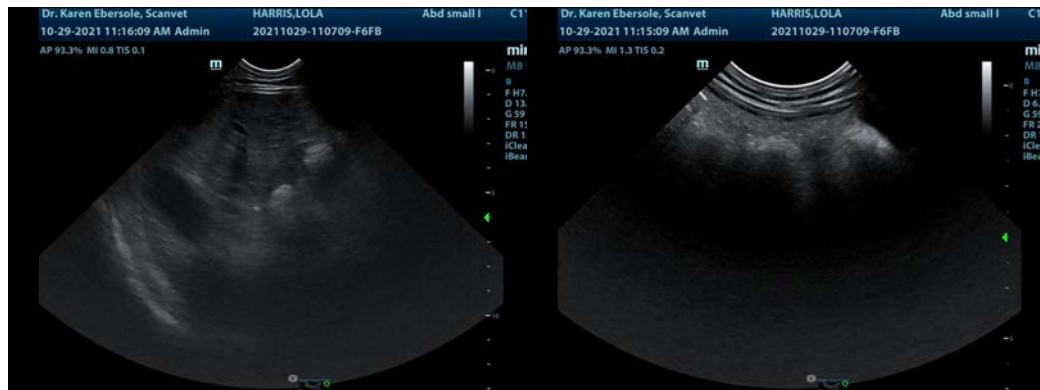
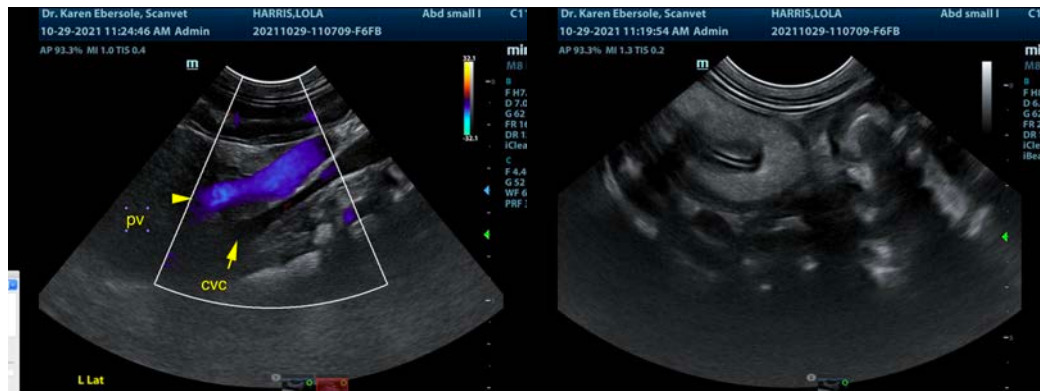
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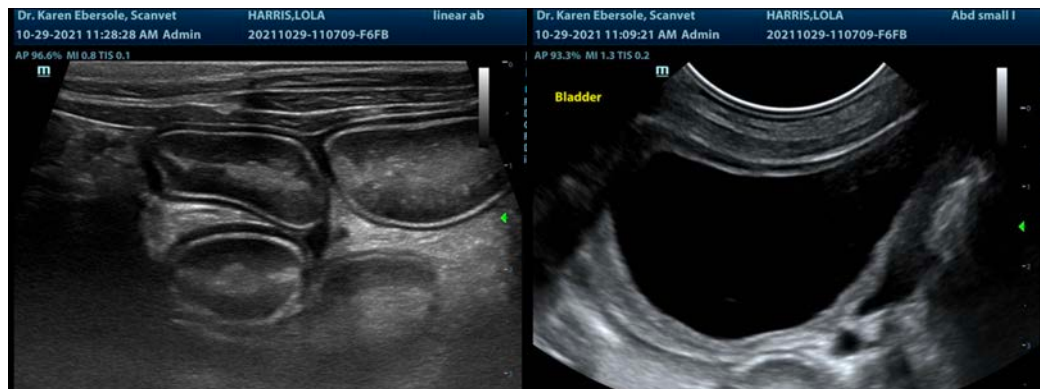
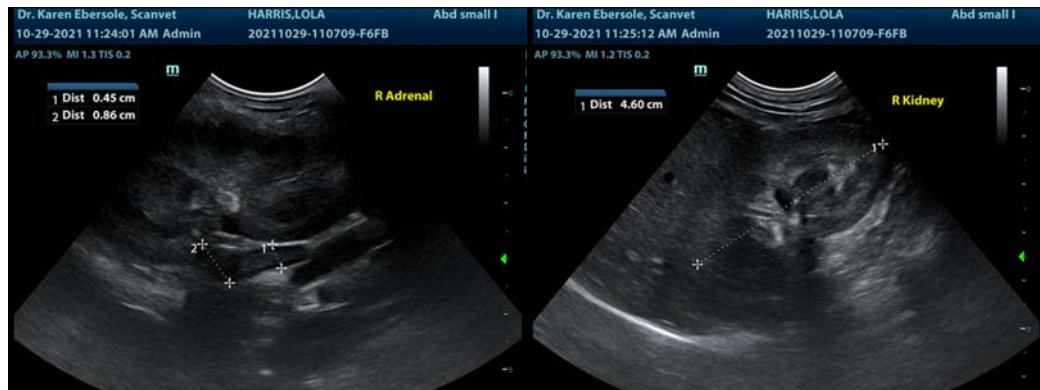
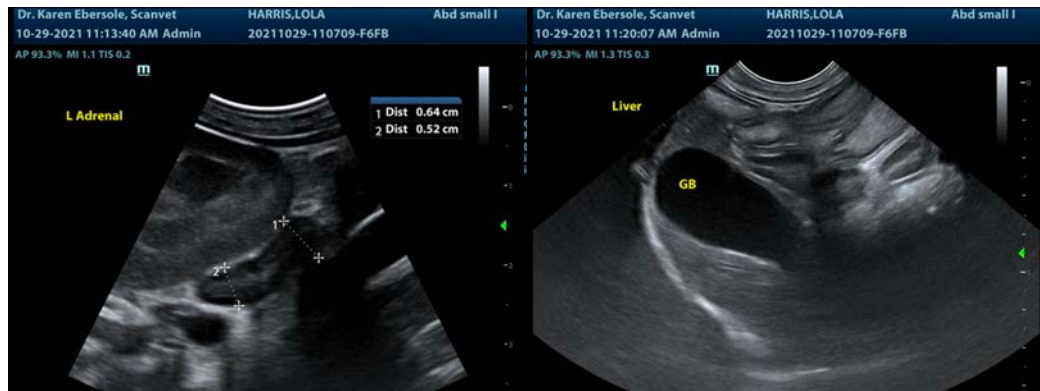
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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