



DATE PRESENTING CLINICAL SIGNS

11/11/25

Patient History: Stevie Rose Watters presents for acute onset of vomiting, bloody diarrhea, and inappetence since this morning. Patient History: - Normal until last night. - Client observed patient near a fallen Eucalyptus branch last night and intervened but is unsure if any was ingested. - Onset of signs this morning: - Vomiting bile - Inappetence - Diarrhea, which progressed to hematochezia. - No trembling observed.

PATIENT

Stevie Rose Watters

Breathing appears normal to client. - Environment: Lives in an area with many spiders; client is concerned about a possible spider bite. - Diet: Known to be indiscriminate in eating habits. - No history of GI issues. - No other known major medical issues. - Dental history: Has a broken front tooth that was scheduled for a veterinary evaluation for possible extraction. - No recent coughing or sneezing. - No known history of heart, kidney, or liver disease. - Medications/Supplements: - Receives an unnamed hip supplement. - Receives a monthly preventative, possibly NexGard, for flea and tick control.

SPECIES

Canine

BREED

French Bulldog

Current Medications: Provable, Cerenia, Ondansetron.

Labwork Results: Labwork attached.

Date of Previous IntraPet Ultrasound: No previous.

SEX

Spayed Female

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Rachel Brillhart, RDMS.

AGE

11/10/15

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was overdistended with anechoic urine. No evidence of structural disease.

WEIGHT

26.3 lbs

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.94 cm. The left kidney measured 5.13 cm.

INTERPRETED BY

Eric Lindquist, DMV,
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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 left adrenal gland measured 1.88 cm x 0.81 cm at the caudal pole and 0.69 cm at the cranial pole. The right adrenal gland measured 2.06 cm x 0.80 cm at the cranial pole and 0.71 cm at the caudal pole.

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Reynolds

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.

INVOICE

71716

Liver

The **liver** was subnormal in size. Parenchyma was uniform. The gallbladder was unremarkable. Portal vein to vena cava ratio was 1:1.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

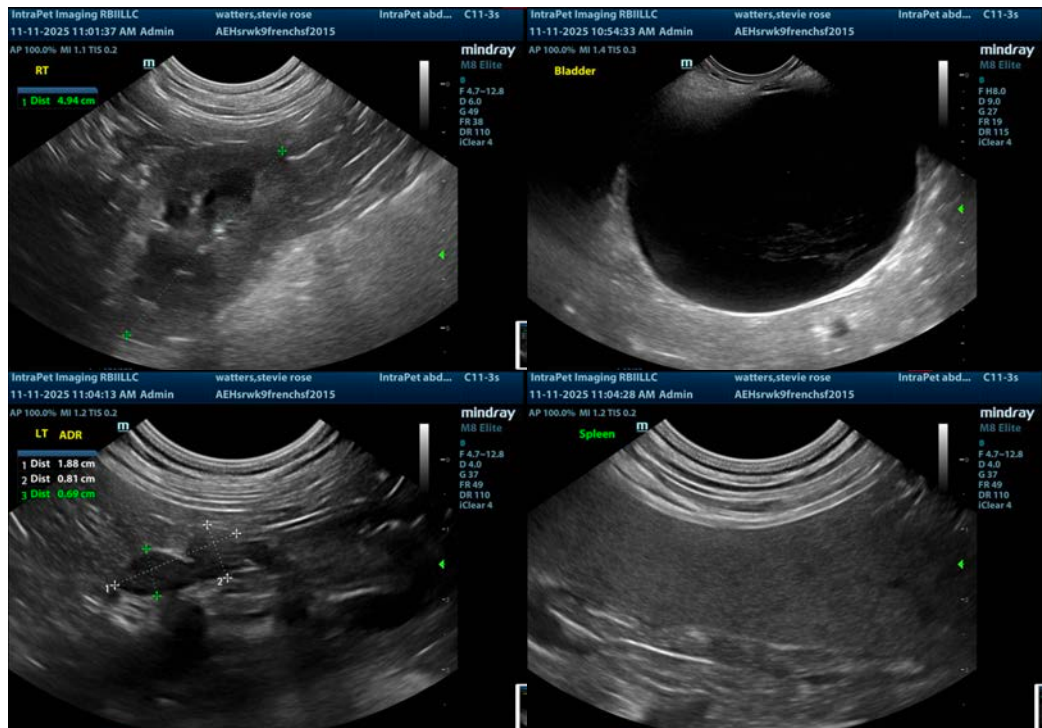
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Mild microhepatica without gross evidence of portosystemic shunting.
- Pancreatic remodeling.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CBC path review +/- bone marrow aspirate indicated. If any evidence of reverse PDA present, then echocardiogram would be indicated.





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.

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