


DATE PRESENTING CLINICAL SIGNS

11/14/25

PATIENT

Niko Lori

SPECIES

Canine

BREED

French Bulldog

SEX

Intact Male

AGE

10/3/24

WEIGHT

30.2 lbs

INTERPRETED BYEric Lindquist, DMV,
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Reynolds

INVOICE

71817

Patient History: Niko Lori presents for acute onset of vomiting with hematemesis. Patient History: - Client returned from work at 4 pm to find the patient had vomited his morning meal in his kennel. - After being let out, he vomited approximately 12 more times. - Client observed a small amount of blood in two of the initial piles of vomit. - At 9 pm, the patient vomited a significant amount of bright red blood. He has also vomited in the hospital lobby. - Vomiting episodes are preceded by heaving and seem to occur when he gets up from a resting position. - Appetite this morning is unknown as the client's husband fed him. - No current medications - Lives with three other French Bulldogs who are currently asymptomatic. - No diarrhea, coughing, or sneezing reported. - No known ingestion of foreign objects, toxins, or plants. No human medications in the house. - The patient is reported to be generally healthy with no significant prior medical history. - Diet consists of Purina Pro Plan for French Bulldogs. No treats, freeze-dried, or raw snacks are given. - Client notes a pre-existing mass on his abdomen, described as looking like a cyst, for which he had an upcoming veterinary appointment.

Current Medications: Ondansetron, Sucralfate, Buprenorphine, Protonix, Omeprazole, Gabapentin, Metoclopramide, Cerenia.

Labwork Results: Labwork attached. Xray Whole Body 2 view- No evidence of aspiration pneumonia several small intestinal loops in caudal half of abdomen with gas but no significant dilation; no distinct FB or obstructive gas pattern. Enlarged prostate. Xray- Stomach mildly larger than previous xray, uniform SI, no SI dilation, gas in colon

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Rachel Brilhart, RDMS.

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 prostate was uniform at 2.2 cm.

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 4.5 cm. The left kidney measured 5.2 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 left adrenal gland measured 2.2 cm x 0.72 cm at the caudal pole and 0.63 cm at the cranial pole. The right adrenal gland measured 2.2 cm x 0.75 cm at the caudal pole and 0.56 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** 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 **gastric** wall was thickened in this patient up to 1.14 cm, with hyperechoic mucosal inclusions. Potential ulcerative disease. Fluid and gas filled lumen noted. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** presented slight heterogeneous changes yet no evidence of primary disease.

Other

The testicles were imaged and uniform, no evident pathology.

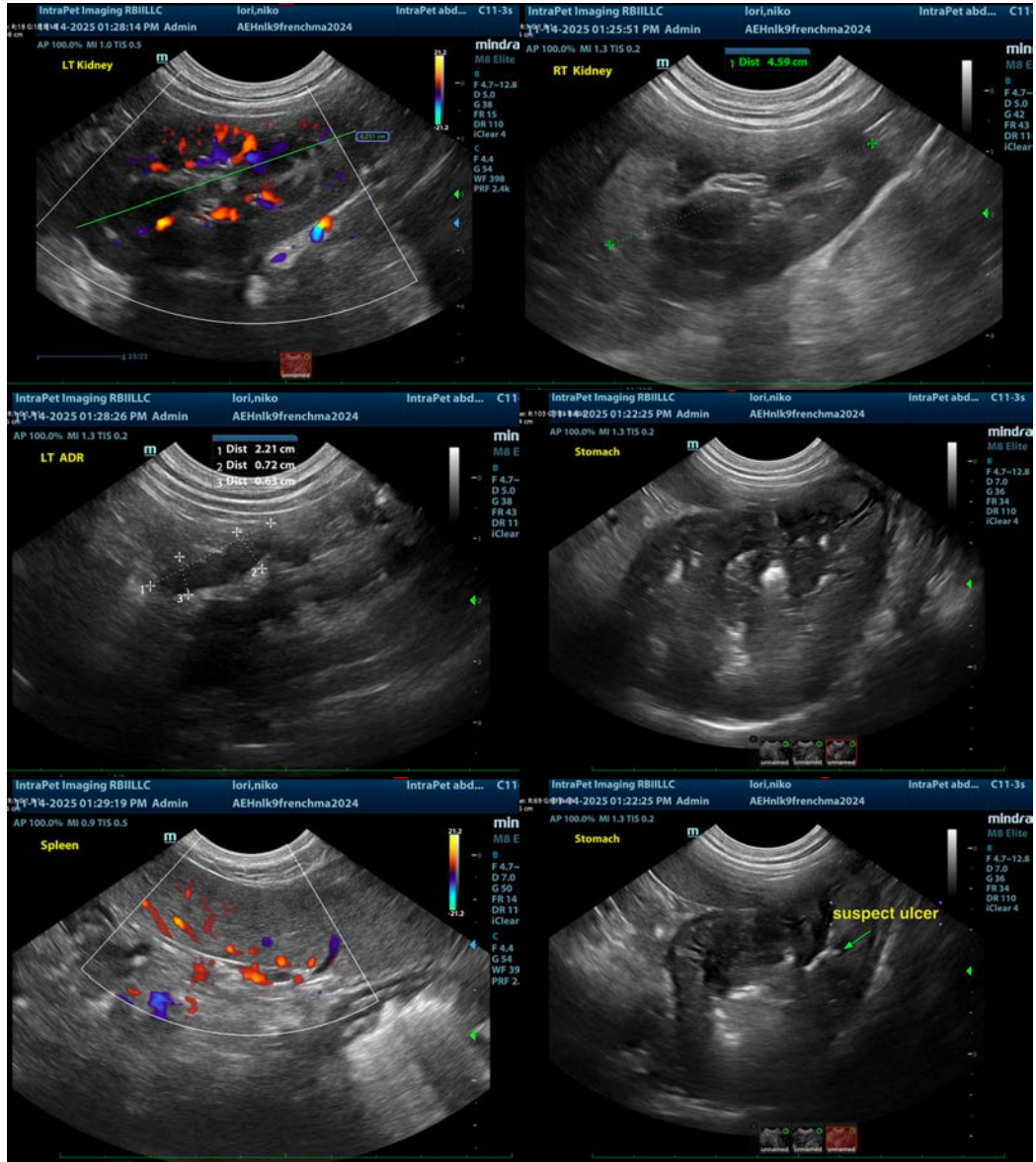
ULTRASONOGRAPHIC FINDINGS

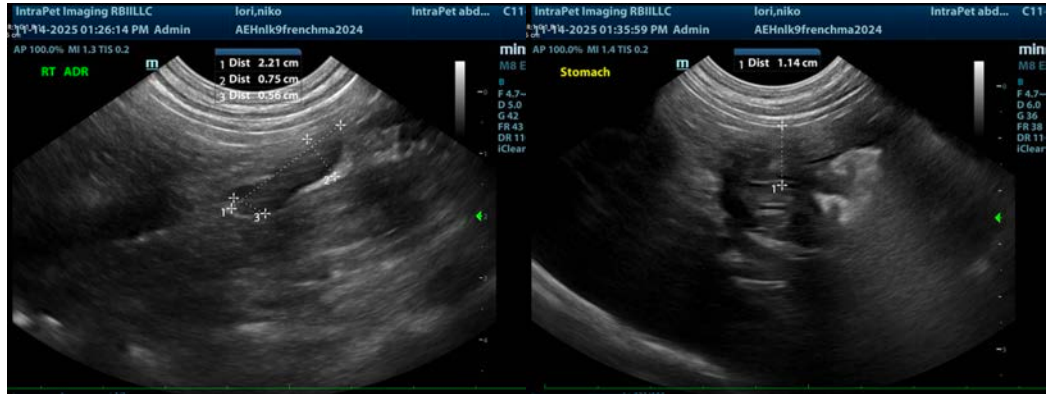
- Ulcerative gastritis pattern.
- Concurrent inflammatory hepatopathy without structural disease.
- Slight heterogeneous pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy would be ideal. GI protectant protocol recommended. Recheck sonogram in 5-7 days.







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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