



**PATIENT**

Monster Begg

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

38 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Town Center VA

**INVOICE**

18851

**DATE**

11/28/22

**PRESENTING CLINICAL SIGNS**

History: Dark tarry stool for past week. Vomiting blood starting yesterday.

Abnormal PE/Chem/CBC/UA Results: Anemia and thrombocytopenia. Attached abdominal rads.

**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 residual prostate measured 1.0 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. Minor pyelectasia was noted in the left kidney. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.25 cm. The left kidney measured 6.0 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 0.74 cm. The left adrenal gland measured 0.61 cm at the cranial pole and 0.67 cm at the caudal 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** itself was uniform with no evidence of pathology. The gallbladder revealed minor increased echogenicity.

**Gastrointestinal**

The **gastric** wall was particularly thickened up to 0.7 cm. The gastric fundus was particularly thickened with some loss of mural detail, measuring up to 1.9 cm. The gastric hypertrophy was primarily mucosal. Some minor mucosal hyperechoic penetrations were noted, suggestive for ulcerative disease. Regional lymph nodes were slightly enlarged, reactive. No evidence of foreign body. Minor hyperperistalsis was noted in the small intestine.

**Pancreas**



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The left limb of the **pancreas** revealed an echogenic focus or occupation consistent with debris. Vascular thrombus is also a potential. Some edematous portions of pancreas were also present in this region. This area should be monitored carefully.

## SPECIES

Canine

### Free Abdomen

An epigastric **lymph node** (0.6 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

## BREED

French Bulldog

## ULTRASONOGRAPHIC FINDINGS

## SEX

Neutered Male

- Gastritis pattern with regional lymphadenopathy- suspect ulcerative disease
- Left kidney pyelectasia
- Minor increased echogenicity in the gallbladder
- Echogenic focus or occupation in the pancreas- this area should be monitored carefully

## AGE

8 Years

No obvious neoplasia, however, some areas of early neoplastic criteria was present. Ideally, full thickness gastric and lymph node biopsies would be performed in this patient or endoscopy, however, the from a surgical perspective, lymph nodes could be investigated, as well as the area of the left pancreatic limb, which appears to have a potential vascular thrombus or pancreatic duct dilation. The exact origin of this tubular structure cannot be ascertained. The presumed thrombus may be a cause of local pain, as positive murphy sign was reported in this region. Some edematous portions of pancreas were also present in this region. I recommend recheck sonogram every 48-72 hours in this region with power doppler assessment and FDP evaluation to assess for hypercoagulable state. Prognosis is guarded. GI protectant protocol is warranted in the meantime. The radiopaque focus in the pyloric region could not be reproduced from a sonographic standpoint.

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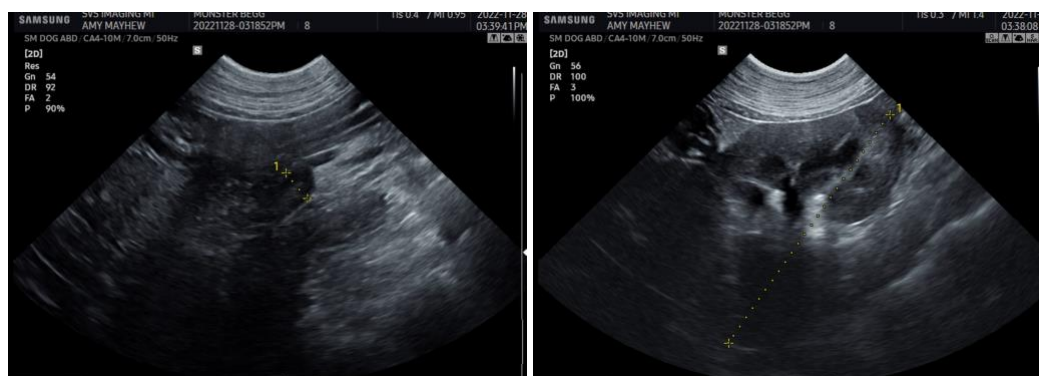
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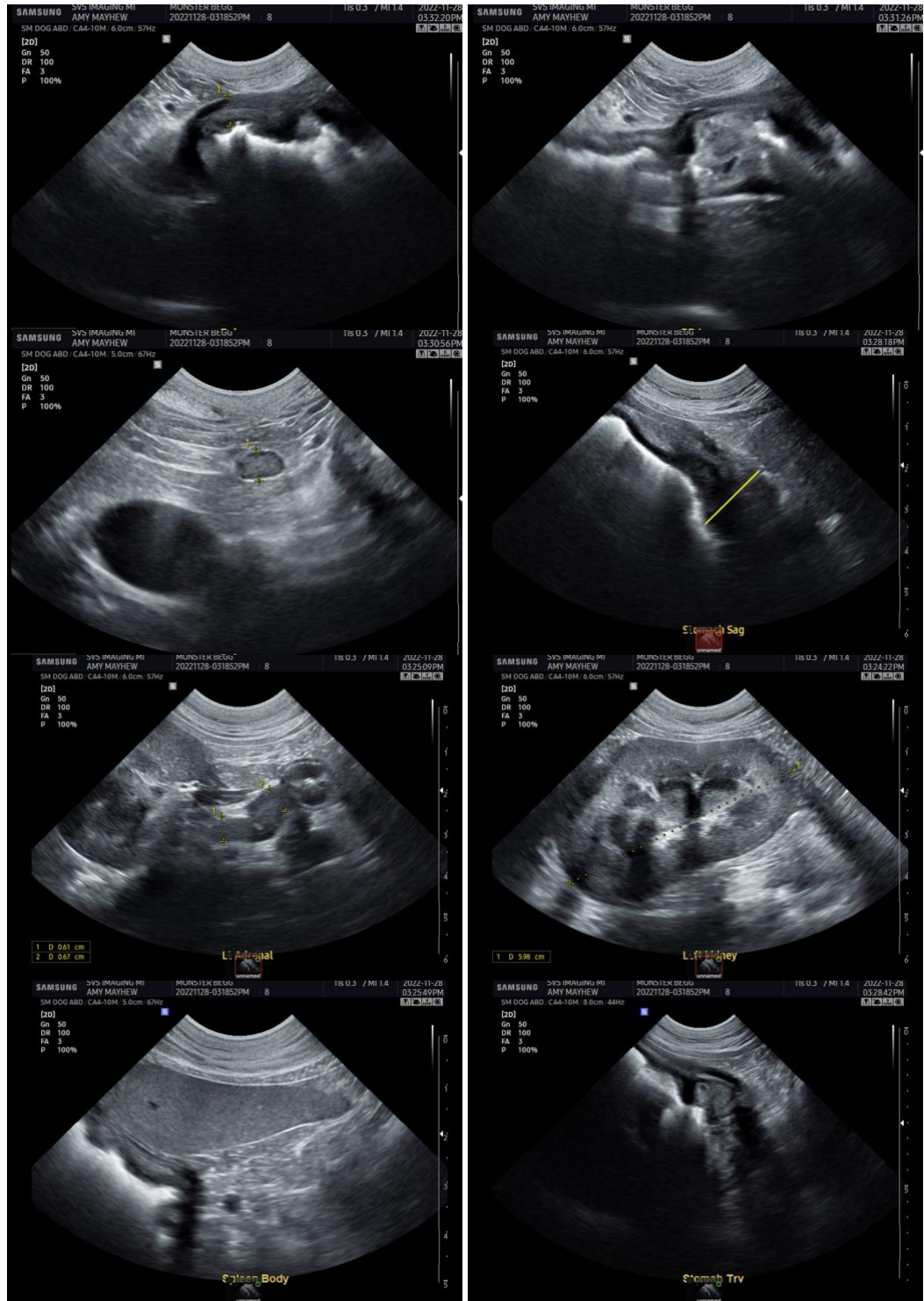
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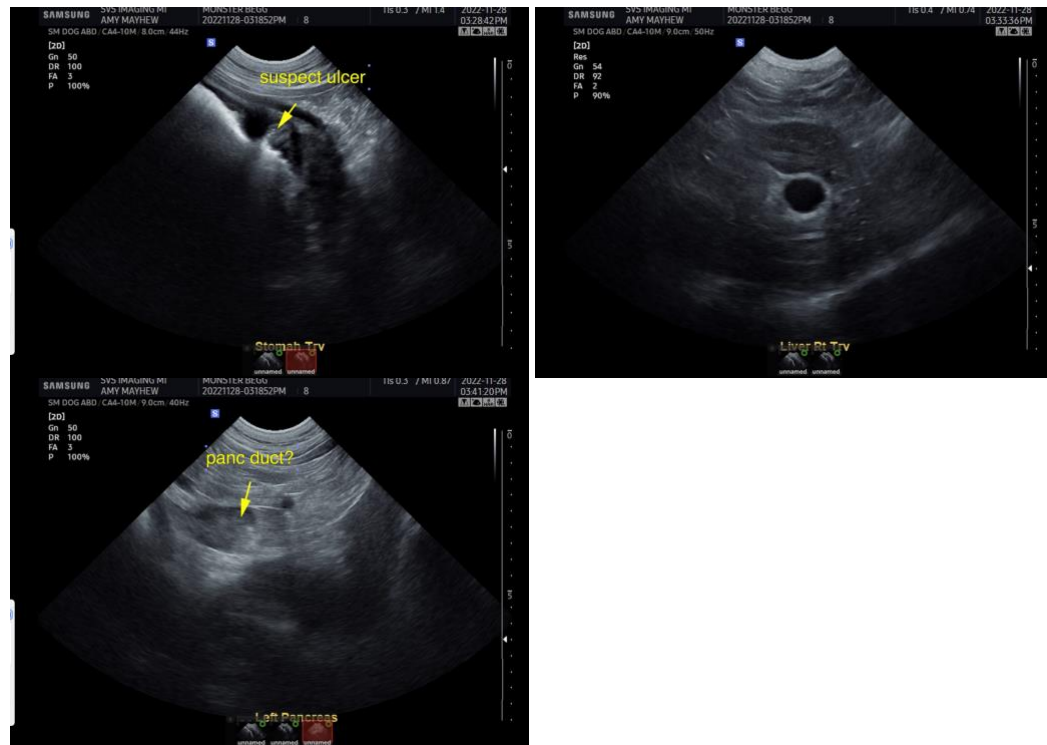
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com