

PATIENT

LouLou Arett

SPECIES

Canine

BREED

English Bulldog

SEX

Intact Female

AGE

3 Years

WEIGHT

57 pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Cassie Quillen
DVM

HOSPITAL NAME

Zumbrota Veterinary
Clinic

REFERRING VET

Dr. Cassie Quillen
DVM

INVOICE

12733

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History of vomiting and diarrhea since 12/5/25. Treated with IV fluids, lidocaine, methadone, Cerenia, pantoprazole, ondansetron, metronidazole, Unasyn, gabapentin at emergency clinic with no improvement Cerenia, metronidazole, probiotics, mirtazapine, gabapentin, ondansetron, and Clavamox were dispensed. Patient continued to vomit despite Cerenia

Abnormal PE/Chem/CBC/UA Results: 12/6-12/7 PE: QAR, fractious, abdomen soft, nonpainful, increased borborygmus, otherwise unremarkable CBC: slight low lymphocytes 0.74 (1.05-5.1), low eos 0.04 (0.06-1.23), otherwise wnl Chem: slight low chloride 106 (109-122), rest wnl Pancreatic lipase: high 414 (0-200) 12/17 PE: QAR, abdomen mildly distended and tense, gut sounds absent, rest wnl Radiographs: Generalized distended small intestinal loops, no obvious foreign material seen, but concerned for obstructive pattern or generalized ileus

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 **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 left kidney measured 5.57 cm in length. The right kidney measured 5.17 cm in length.

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 0.53 cm width. The right adrenal gland measured 0.34 cm width.

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.



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Gastrointestinal

Fluid filled **colon** was noted in this patient. Majority of the upper gastrointestinal tract appeared to be fairly normal with minor transit of chyme. The dilated bowel was presumed to be colon, however, cannot completely be differentiated from small intestinal dilation. A large amount of intestinal gas was obscuring complete visualization of areas of the intestine. Some gastrointestinal ingesta was noted, however, portions of small intestine were empty.

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

- Fluid filled colon with GI ingesta/chyme.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend medical management and recheck sonogram in 18-24 hours after NPO status and fluid support. If the dilated bowel is persistently present then, exploratory surgery is indicated.





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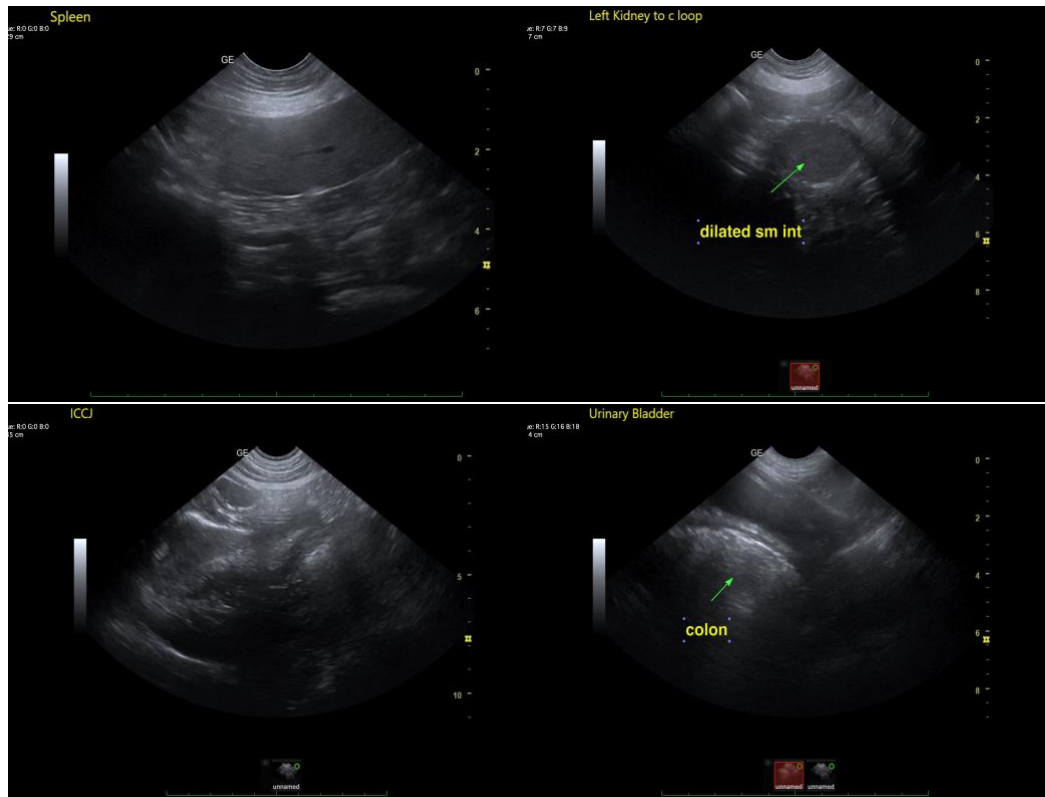
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

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