



PATIENT

Elli (Cricket) Harley's Haven

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed female

AGE

9 months

WEIGHT

19.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Mehaffey

INVOICE

42923

DATE

2/22/23

PRESENTING CLINICAL SIGNS

History: Signalment: 9 mo FS French Bulldog 19.6# Rescue patient from breeder d/t rectal prolapse and diarrhea. Rectal prolapse severe and recurrent despite rdvm placement of purse string. Patient was admitted into our hospital rescue and an OHE and colopexy was performed on 1/6/23. Patient was dewormed with drontal. B/w - TP low 5.2 (alb 2.9, glob 2.3), cholesterol low at 130. 4dx neg x4 . Fecal + giardia. Tx with metro and panacur. Radiographs - NSF. Ongoing severe colitis/diarrhea despite deworming and metronidazole. Started on HP diet and tylan trial with no response. GI panel is still pending. AUS performed.

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 was 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 4.0 cm. The right kidney measured 3.0 cm.

Adrenal Glands

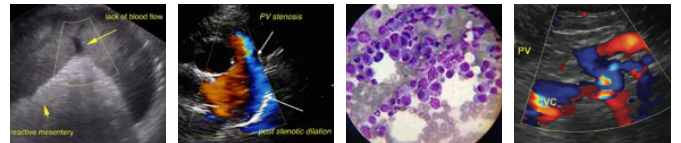
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.4 x 0.34 cm at the caudal pole and 0.3 cm at the cranial pole. The right adrenal gland measured 1.73 x 0.76 cm at the cranial pole and 0.43 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 was 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. The curvilinear patterns were respected with an empty lumen. Soft stool was noted in the colon. Some of the stool revealed linear material that may represent parasitic disease.

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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.

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ULTRASONOGRAPHIC FINDINGS

Colitis pattern. Possible underlying worm burden.

WEIGHT

19.6 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fecal exam is recommended in thi spatient. Otherwise, there was no evidence of structural disease.

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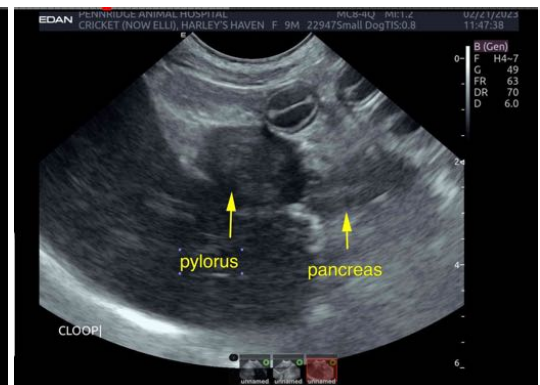
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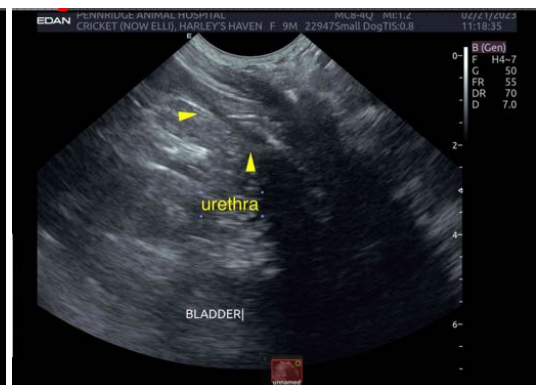
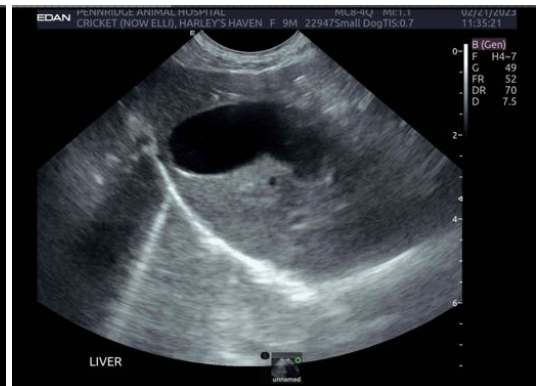
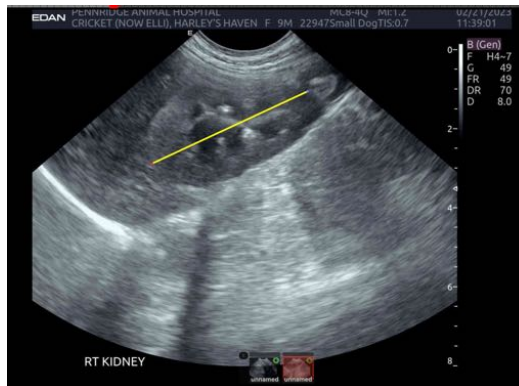
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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