



PATIENT

Queen Henry

SPECIES

Canine

BREED

American Bulldog

SEX

Intact female

AGE

1 ½ years

WEIGHT

22.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken AH and
Urgent Care

REFERRING VET

Corey Woodcock

INVOICE

96746

DATE

3/10/22

PRESENTING CLINICAL SIGNS

History: Vomiting and inappetence x 2-3 weeks. V includes food, stomach acid.
Abnormal PE/Chem/CBC/UA Results: Painful mid abdomen, 7% dehydrated. Amylase >2500, Lipase 5635, sodium, potassium, and chloride all low. Remainder of BW NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 right kidney measured 7.11 cm. The left kidney measured 6.01 cm.

Adrenal Glands

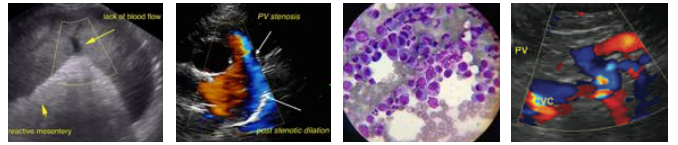
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.91 x 0.7 cm at the caudal pole and 0.64 cm at the cranial pole. The right adrenal gland measured 1.76 x 0.72 cm.

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



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Gastrointestinal

The **stomach** was over distended with fluid. The pylorus revealed shadowing material that measured approximately 3.0 cm and was embedded in the pyloric outflow and continued into the duodenum. Linear attachment was noted. Variable intestinal thickening was noted. Tortuous upper duodenal contour was noted. The distal small intestine was empty and unremarkable.

Pancreas

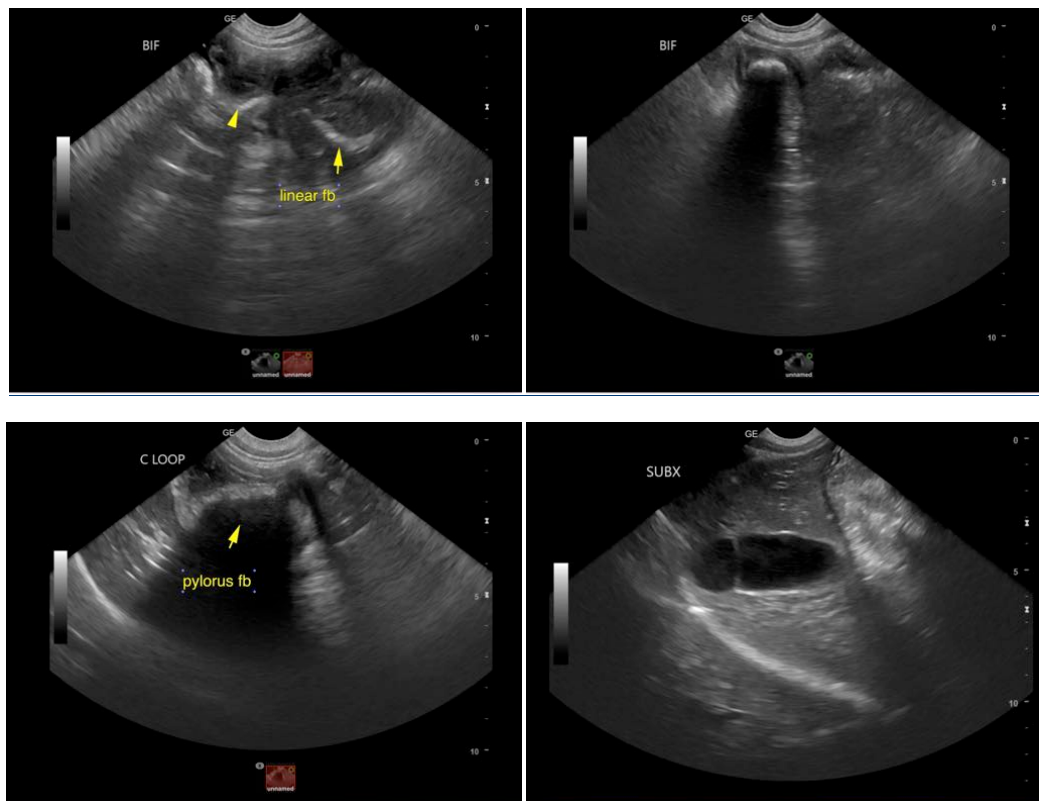
The **pancreas** revealed heterogenous parenchymal changes with variable areas of edema and inflammation, yet not the primary issue.

ULTRASONOGRAPHIC FINDINGS

Pyloric and duodenal fabric foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery is recommended with GI biopsies.





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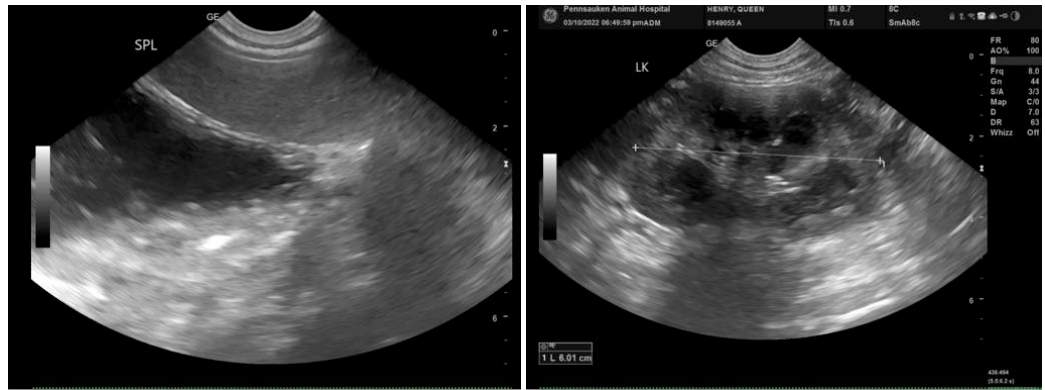
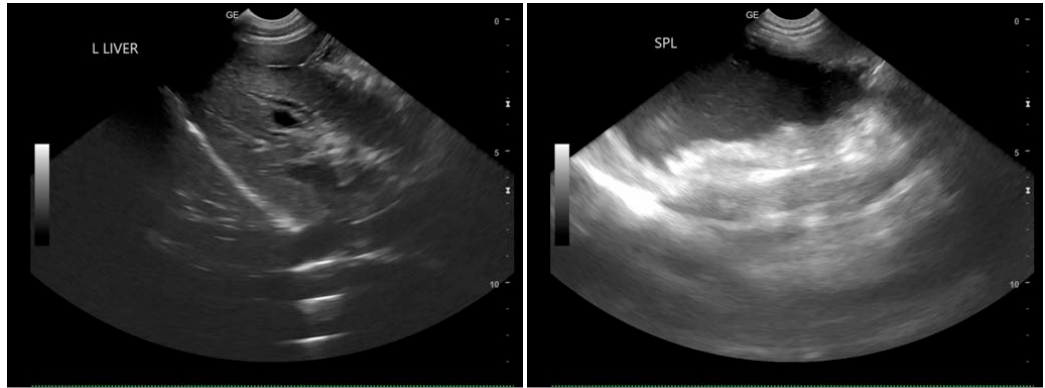
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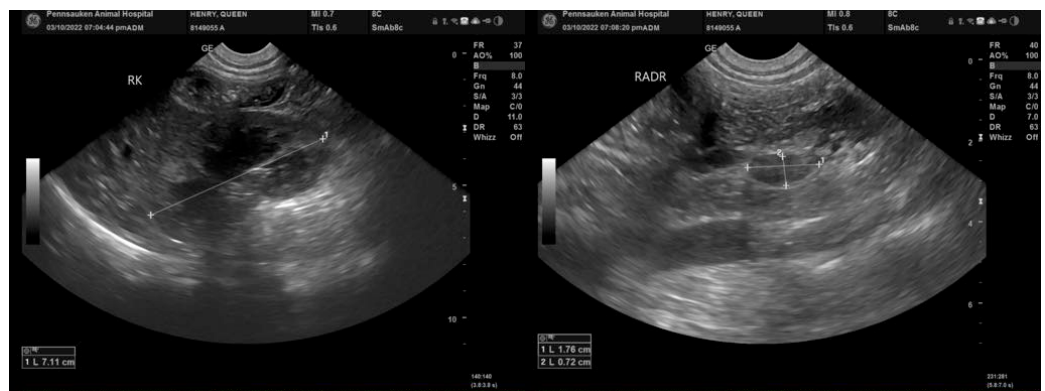
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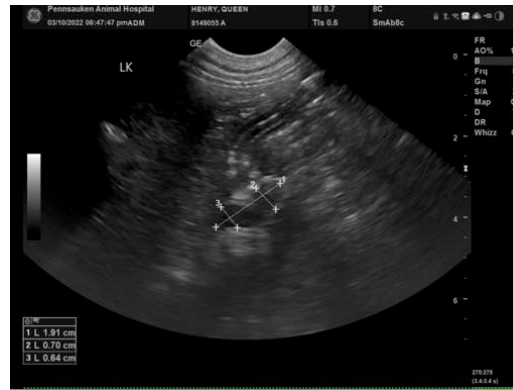
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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