



## PATIENT

Sophie Burke

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Spayed Female

## AGE

9 Years 7 Months

## WEIGHT

14.1 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Mariusz  
Chmielinski DVM

## HOSPITAL NAME

Apex Veterinary  
Services LTD

## REFERRING VET

Save Emergency ER  
Doctor

## INVOICE

14349

## DATE

03/15/26

## PRESENTING CLINICAL SIGNS

- Presented for 3 days of vomiting (initially food, then bile; up to 4 episodes today). Appetite generally maintained but vomited after drinking water. Possible dietary indiscretion including ingestion of part of a small bird and possible cat litter several days ago. Raw diet since December.
- Medical history includes inflammatory bowel disease (IBD), sliding hiatal hernia, lingual squamous cell carcinoma treated with radiation (reported remission), urinary incontinence (on DES), and IVDD. Currently receiving cisapride and stilbestrol.
- Owner reports increased water intake and inappropriate urination recently. No diarrhea reported. No bowel movement today; historically hard stools.

Abnormal PE/Chem/CBC/UA Results: BAR, ~6–7% dehydrated T 38.5°C, HR initially 144 bpm → 100 bpm, RR WNL Abdomen slightly tense but non-painful Hard stool palpable in rectum Mild hind limb ataxia consistent with history of IVDD Bloodwork: Severe hemoconcentration consistent with dehydration (HCT 67%, RBC  $9.93 \times 10^{12}/L$ , HGB 228); renal values and electrolytes WNL. Abdominal radiographs: Stomach markedly filled with food material; no radiopaque foreign body or definitive obstructive pattern identified. Colon contains large amount of dense fecal material. Thorax unremarkable.

## 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.37 cm in length. The right kidney measured 5.37 cm in length. Trace pyelectasia was noted.

### 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 0.65 cm width at the cranial pole and 0.58 cm width at the caudal pole. The left adrenal gland measured 0.46 cm width at the cranial pole and 0.52 cm width 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



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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**

Minor ingesta was noted in the **stomach**. Slight hyperperistalsis was present in the small intestine. The colon revealed soft stool.

**Pancreas**

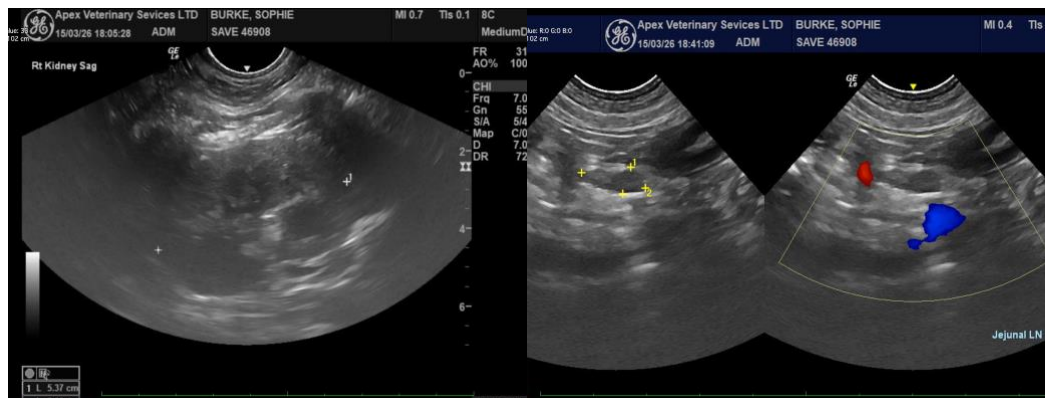
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**ULTRASONOGRAPHIC FINDINGS**

- Heterogenous pancreas.
- Nonspecific minor gastrointestinal upset.
- Trace pylectasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of foreign bodies. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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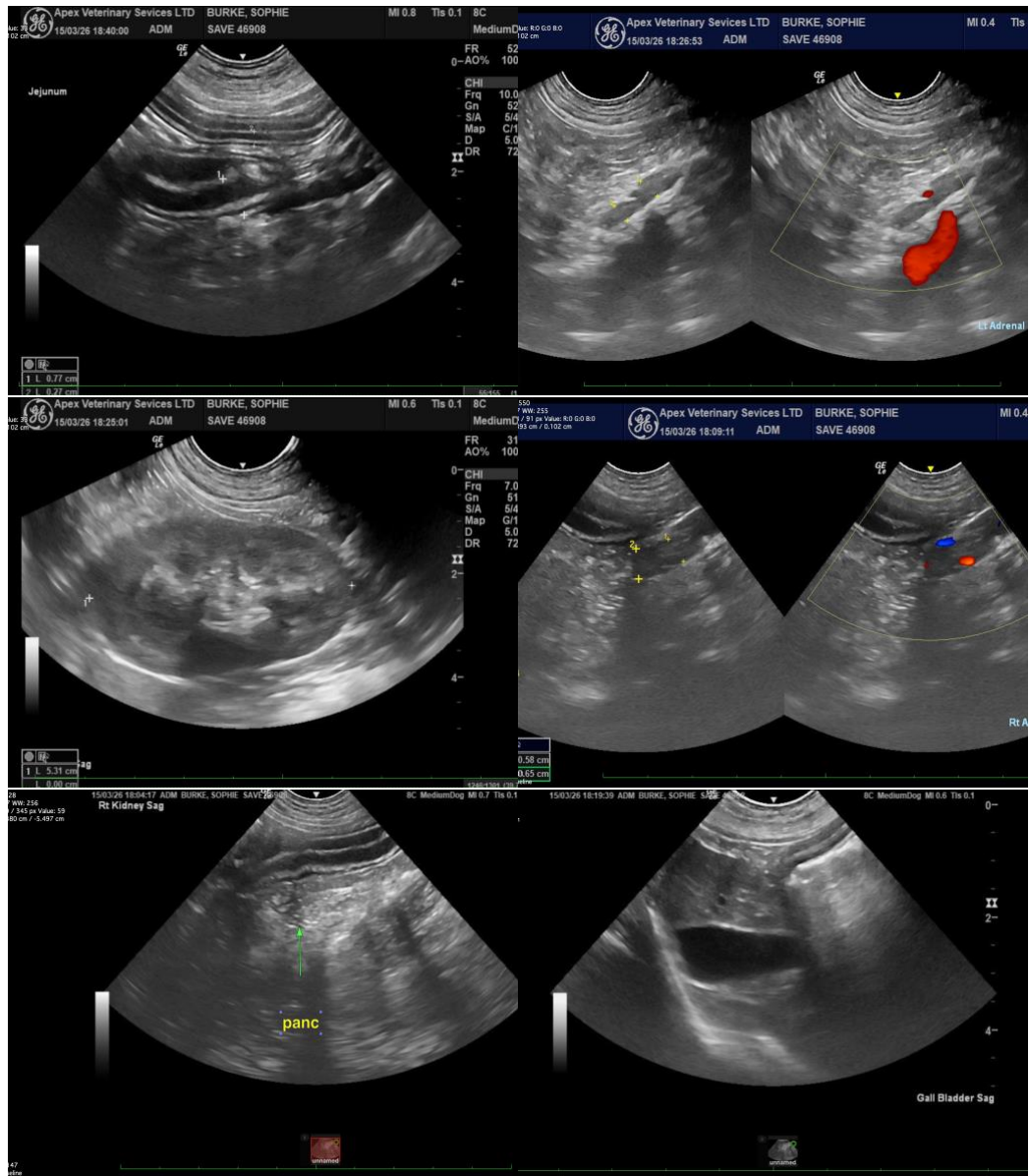
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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