



## PATIENT

Blue Ivy Fletcher

## SPECIES

Canine

## BREED

American Bulldog

## SEX

Spayed Female

## AGE

2 Years

## WEIGHT

63.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Sativa Romero

## HOSPITAL NAME

Petroglyph Animal  
Hospital

## REFERRING VET

Dr. Viviana Sanchez

## INVOICE

14729

## DATE

03/28/26

## PRESENTING CLINICAL SIGNS

- The patient presented with ongoing episodes of diarrhea, decreased appetite, and reduced water intake. The owner reported recent ingestion of bully sticks and historical consumption of them on a daily basis with undigested pieces observed in the stool in the past. Pt is not the type of dog to get into things she is not suppose to. Painful on abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: - X-rays were performed and did not reveal any obvious obstruction or foreign body. A barium study was performed and large quantity of material present in colon after 15 hours. - Mild decreases in phosphorus (2.2 mg/dL) and potassium (3.0 mmol/L) - Mild elevation in ALT (value: 158; reference high end: 125) and cholesterol (385 mg/dL) - Amylase (289 U/L) was decreased

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 cm 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 6.2 cm in length. The right kidney measured 6.7 cm in length.

### Adrenal Glands

The region of the **adrenal glands** were imaged with no evident pathology.

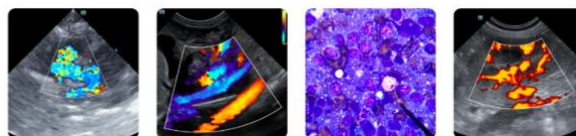
### Spleen

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. The spleen was folded upon itself cranially.

### 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.

### Gastrointestinal



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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### Pancreas

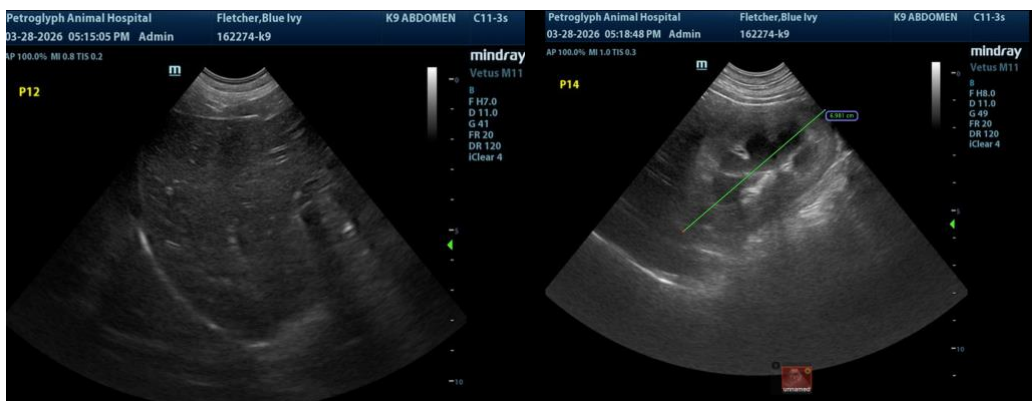
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend screening for Addison's in this patient to ensure this is not an underlying issue and given that the adrenal regions were imaged yet not overtly visible. Differentials for diarrhea include occult parasitism, dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Most acute cases of diarrhea will respond to probiotic therapy, fiber, and gastrointestinal diets over the next 3-5 days.





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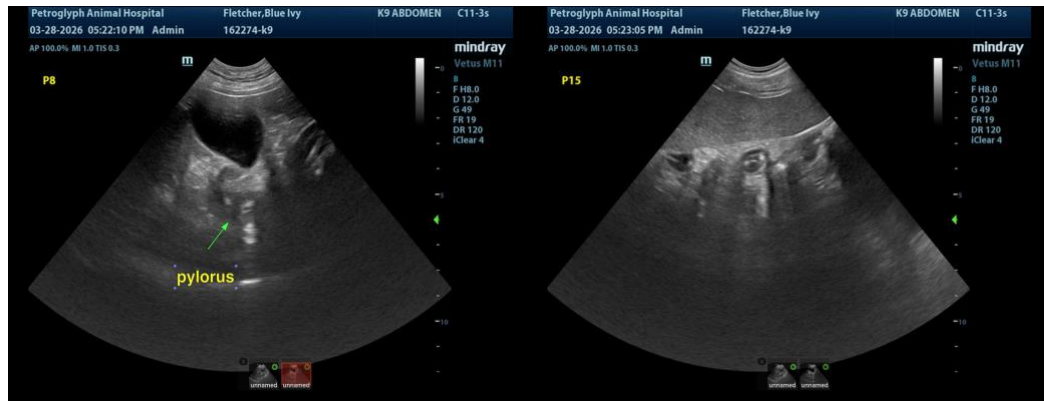
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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