



PATIENT

Stella Smith

SPECIES

Canine

BREED

French Bulldog

SEX

Intact female

AGE

2 years

WEIGHT

32 lbs

PRESENTING CLINICAL SIGNS

- Hx Urticaria present over spine and top of head/HLs. Owner reports the hives have been cyclic for over a month, constantly coming/going. No changes in the house. Smoking household. V/D started 2/24/26 -- parvo negative. Was initially depressed/dumpy but full work-up declined. Returned next day due to no improvement and for white foam out of mouth, lethargy, hunched over posture. Bloodwork from 2/25/26 = Hemoconcentration -- dehydration likely driving cause. Low K+Cl -- r/o GI loss from vomiting. Endocrine is a possibility for low K as well. Otherwise unremarkable labs - exp for pain and vomiting is not identified. Went to Er for supportive care.
- Today: E/D/U/D all WNL. Had 2 recent episodes of V+ on 3/1/26 + hard swallowing but not since. This morning coughing/hacking white foam. NEWLY diagnosed pancreatitis. O still feels P is lethargic at home but seems bright in office.
- 3/2/26 CBC: NSF, CHEMISTRY: NSF, Lytes: NSF, T4 = 3.5 normal. Pancreatic Lipase = 553 HIGH (0-200) -- pancreatitis -- recommend ATH. Owner declined and elects at home management of pancreatitis with plan to return for AUS and further work-up on 3/4/26
- Urinalysis = pending 4Dx = (-)x4, CXR to IDX = pending
- BAR. Euhydrated. More comfortable with ABD palpation. Regular rhythm; no murmur detected. Lungs auscultate clear bilaterally; trachea clear -- O reports Patient coughed up white foam this morning. Mild bilateral stenotic nares. INTACT FEMALE. No discharge from vulva. Last heat cycle = ~1m ago per O. NO HIVES NOTED TODAY. Owner feels like they are secondary to stress/anxiety. Light pink mm

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Hollway

INVOICE

72203

DATE

3/4/26

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 4.83 cm. The right kidney measured 5.26 cm.

The uterus was empty and quiescent measuring 0.5 cm. The regions of the ovaries were unremarkable.

Adrenal Glands

The left **adrenal gland** was somewhat subnormal in size and flattened. The maximum width of the left adrenal gland measured 0.32 cm. The right adrenal gland was also flattened and isoechoic measuring 0.3 cm.



PATIENT

Stella Smith

SPECIES

Canine

BREED

French Bulldog

SEX

Intact female

AGE

2 years

WEIGHT

32 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Hollway

INVOICE

72203

DATE

3/4/26

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease. The spleen measured 2.33 cm.

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

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

Flattened adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the breed predisposition and morphological changes in the adrenal glands baseline cortisol or ACTH stimulation is warranted to rule out occult Addison's. There was no evidence of pancreatitis.



PATIENT

Stella Smith

SPECIES

Canine

BREED

French Bulldog

SEX

Intact female

AGE

2 years

WEIGHT

32 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

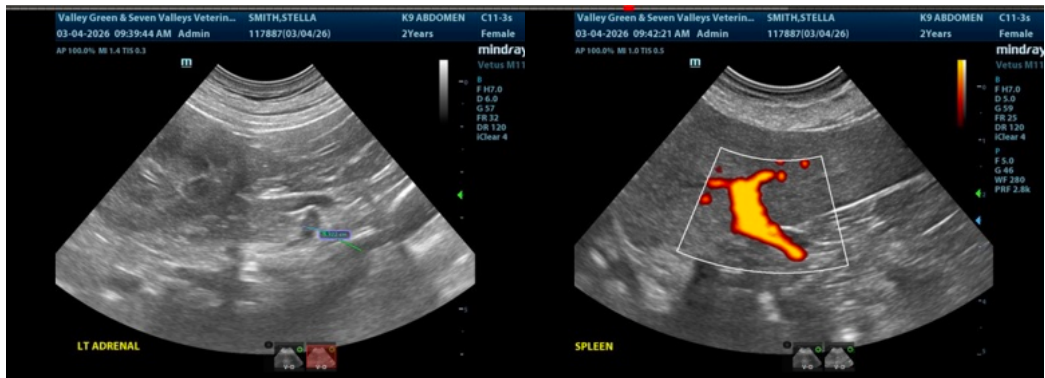
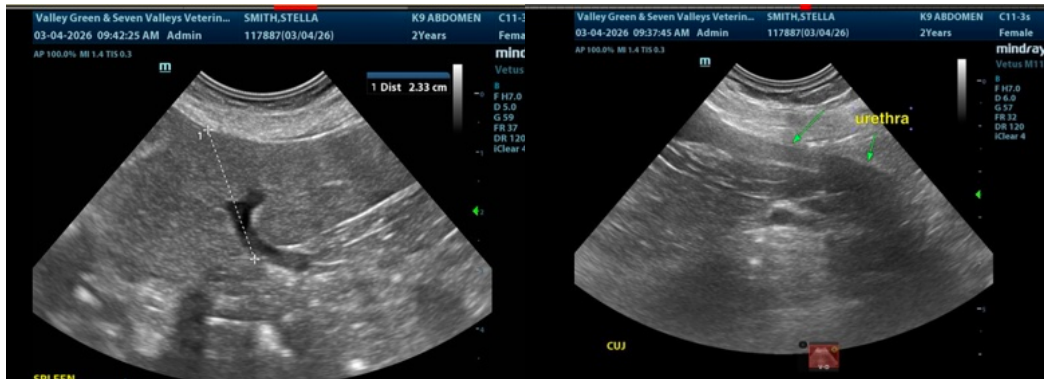
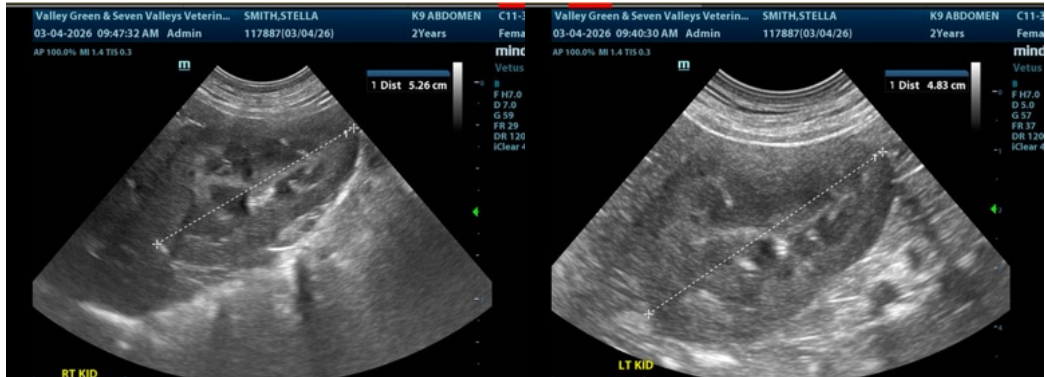
Dr. Hollway

INVOICE

72203

DATE

3/4/26





PATIENT

Stella Smith

SPECIES

Canine

BREED

French Bulldog

SEX

Intact female

AGE

2 years

WEIGHT

32 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

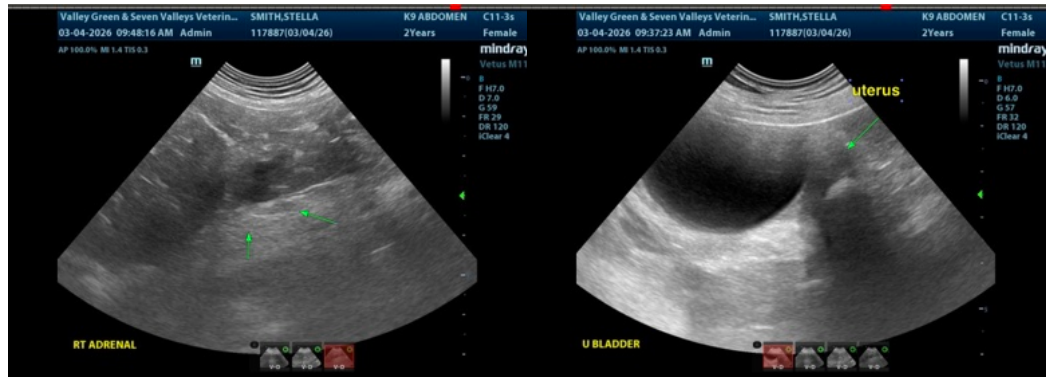
Dr. Hollway

INVOICE

72203

DATE

3/4/26



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, CEO of SonoPath.com

info@SonoPath.com