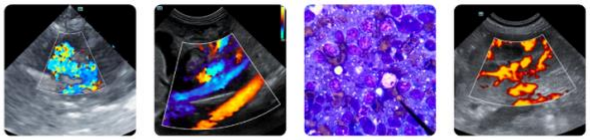

PATIENT

Lucy Swank

SPECIES

Canine

BREED

Bulldog

SEX

Spayed Female

AGE

5 Years

WEIGHT

25.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Logan Law

INVOICE

36678

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: *P initially seen on 4/19. Per o left the house Sunday around 12:30pm, o was gone from the house between the hours of 1 to 7:30p, in which they came home and observed p in distress. P noted with body tremors, starting with hind legs and then moving full body (described almost as if p was shivering shaking). P lethargic. Owner noted grunting, pain. P had diarrhea in the house today. P has had two prior FB surgeries. *P represented 12:30 am 4/21. P ate well when she got home Sunday night. She slept for maybe an hour then was panting. Owner noting increased respiratory rate. P noted with increased lethargy. P then noted with hyporexia. admitted for supportive care. overnight after regurgitation, P had respiratory distress event, placed in oxygen. *concern for gastroenteritis; regurgitation with possible delayed gastric emptying - r/o foreign body, adhesions, gastric motility disorder, gastric outlet obstruction; Respiratory distress with stridor and stertor - r/o aspiration pneumonia, upper airway obstruction, laryngeal paralysis; Possible aspiration pneumonia - r/o bacterial pneumonia, chemical pneumonitis, foreign body aspiration.

Abnormal PE/Chem/CBC/UA Results: PE: subtle pain; soft on abdominal palpation--regurgitation after PE overnight: abdomen tense with moderate discomfort on palpation rads: no obvious foreign object or signs of obstruction; numerous hemivertebra; mild aerophagia; (previous foreign object only picked up on AUS) 4/20 cbc: wbc 17.74 H, neu 15.95 H, glucose 128 H 4/21 cPL: normal.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 6.06 cm. The right kidney measured 6.7 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 0.6 cm. The right adrenal gland measured 0.5 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 were 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

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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

The **stomach** was filled with chyme and gas; this may be owing to bloating or partially potentially to aerophagia. Given the patient history, cannot rule out small foreign matter in the pyloric outflow. The small intestine appeared to be empty. A large amount of artifact obscures clean visualization of pyloric antrum. The colon was unremarkable.

Pancreas

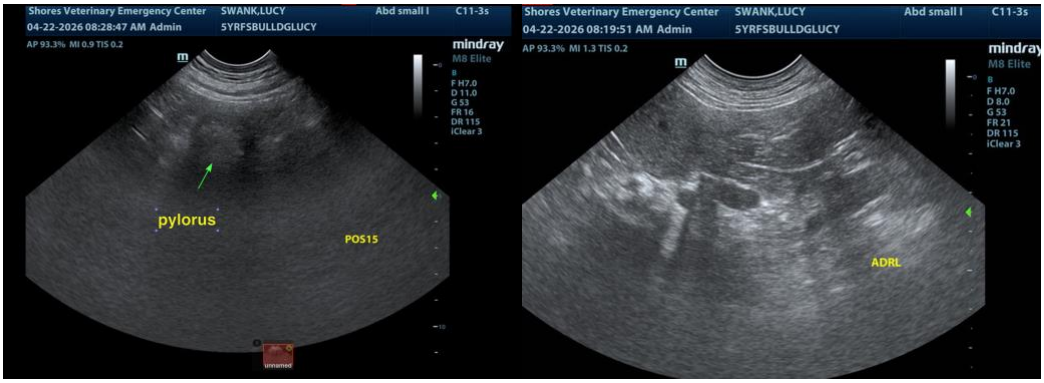
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastric overdistention, bloating type presentation
- Unremarked wild and otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend 24-hour NPO, GI protectants, fluid support, and recheck sonogram of the pyloric outflow to ensure underlying disease is not an issue. Other causes of the clinical signs, such as thoracic disease should be considered with secondary aerophagia.



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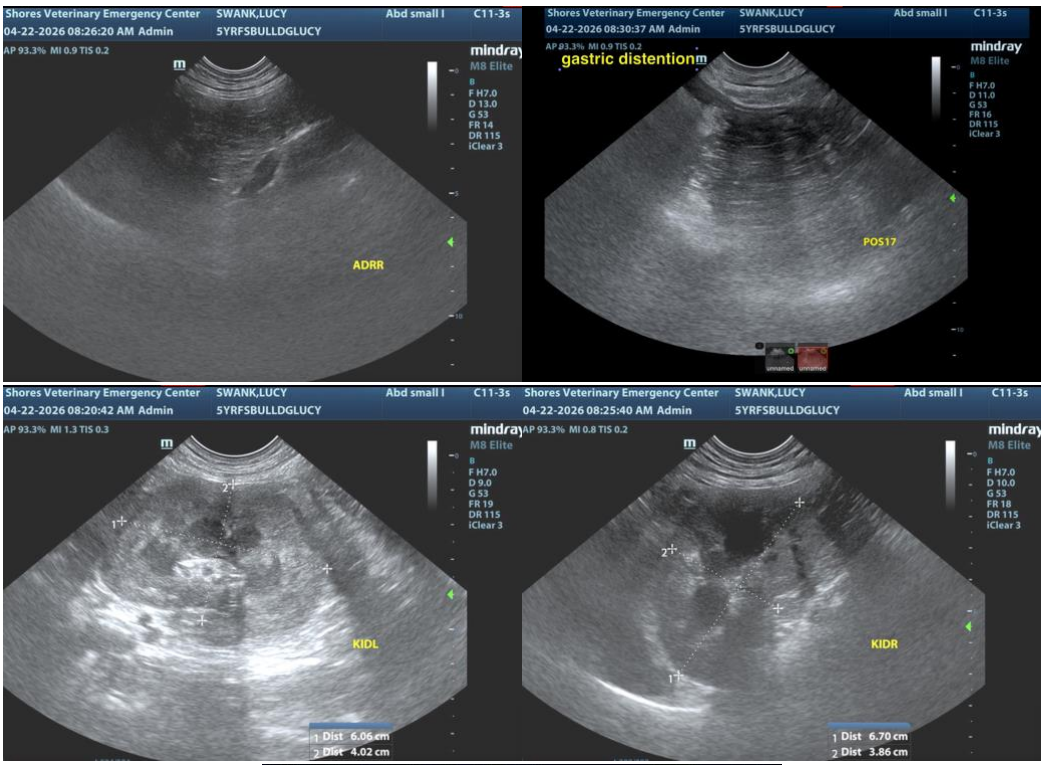

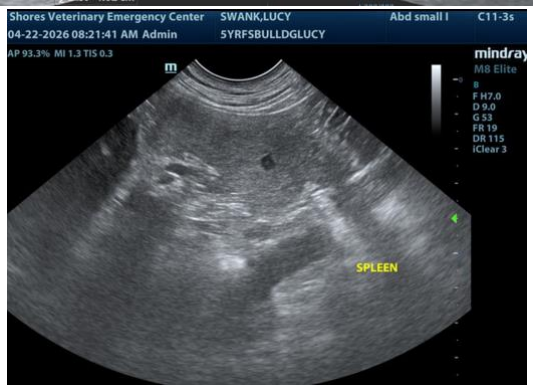

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com