PATIENT

Stella Watson

SPECIES

Canine

BREED

English Bulldog Mix

SEX

Spayed Female

AGE

10 Years 3 Months

WEIGHT

59.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Forest Oaks AH

REFERRING VET

Dr. Kleish

INVOICE

37113

DATE

5/14/26

PRESENTING CLINICAL SIGNS

History: P presented PU/PD, usg 1.013, bloodwork normal, then presented 2 weeks later cutaneous hemorrhagic like lesions on head and right forelimb, eating very little, lethargic, irritable, drooling alot, loose stool, Rads concern for appearance of stomach, no foreign material seen, CBC mild anemia 33%

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The right kidney measured 6.67 cm. The left kidney measured 6.0 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 right adrenal gland measured 3.22 cm x 0.49 cm at the caudal pole and 0.41 cm at the cranial pole. The left adrenal gland measured 2.63 cm x 0.61 cm at the caudal pole and 0.51 cm at the cranial pole.

Spleen

The **spleen** presented mild swelling with mild hypoechoic nodular changes.

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

The **stomach** revealed dense shadowing luminal material, measuring up to 3.5 cm, with gastric wall thickening, measuring up to 8.0 mm. The small intestine and colon were unremarkable with normal curvilinear patterns and content.

Pancreas

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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.

Free Abdomen

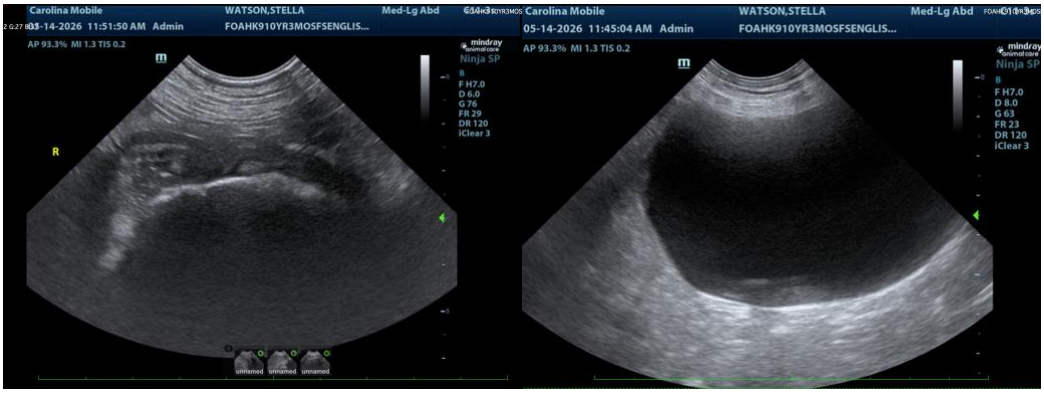
The **iliac lymph nodes** (3.9 cm x 1.4 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body and gastritis pattern
- Reactive iliac lymph nodes
- Hyperplastic spleen- splenitis versus round cell neoplasia or reactive hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Anal gland palpation is warranted to ensure underlying primary disease is not present. Gastrotomy is indicated with GI biopsies to rule out underlying disease. Inspection, sampling and/or potential removal of the spleen could also be considered. This would be a judgement call at surgery. Otherwise, screening FNA of the spleen and iliac lymph nodes could be considered if the patient is stable prior to gastrotomy. Endoscopy could also be considered with mucosal biopsies of the stomach after removal of the gastric foreign matter, assuming that the patient was NPO at the time of the sonogram and no Nylabones or similar material has been given to the patient, that would resemble this foreign matter in the stomach.



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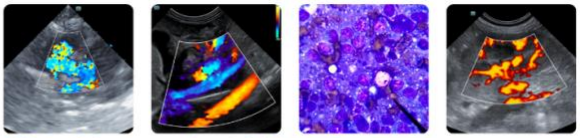

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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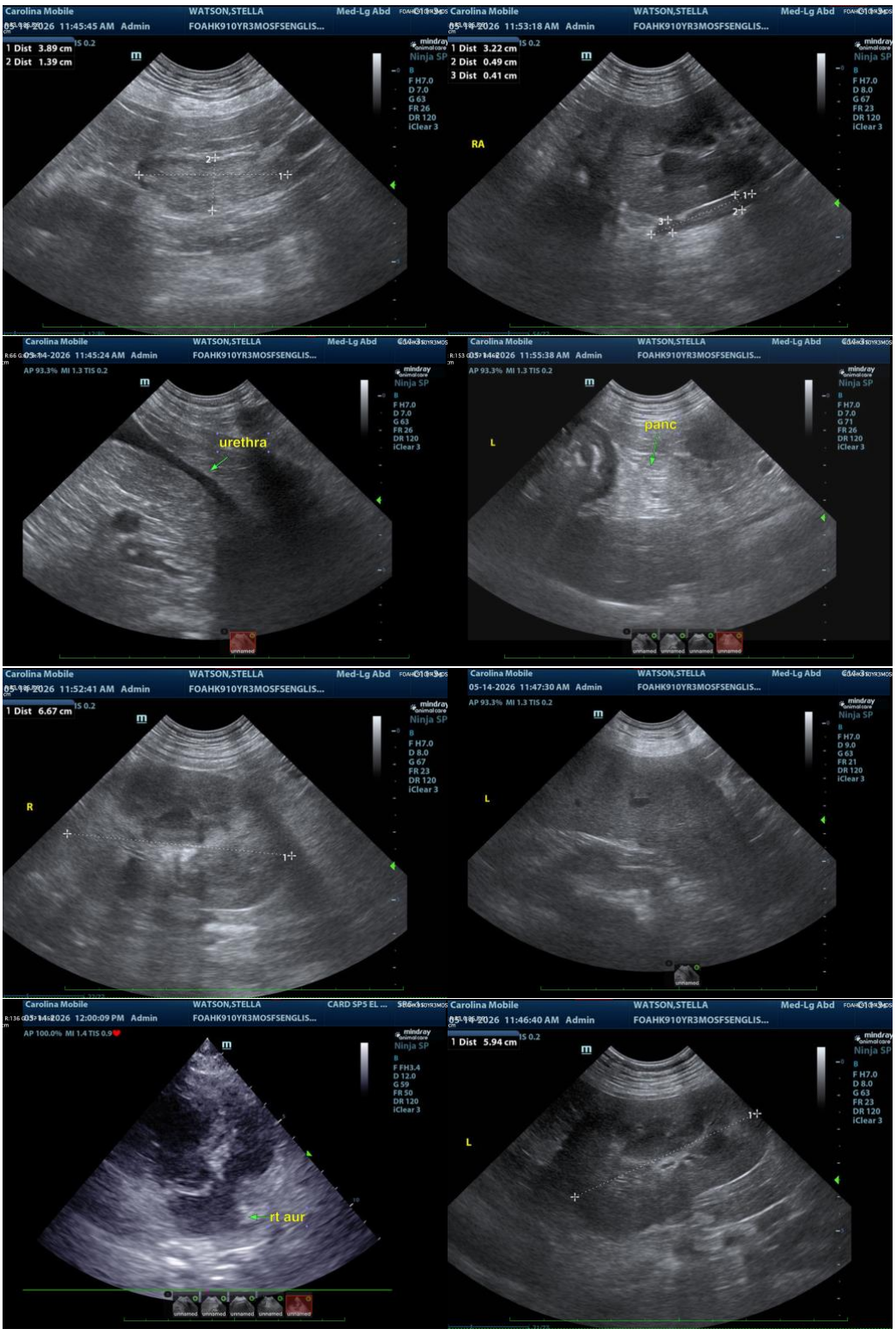

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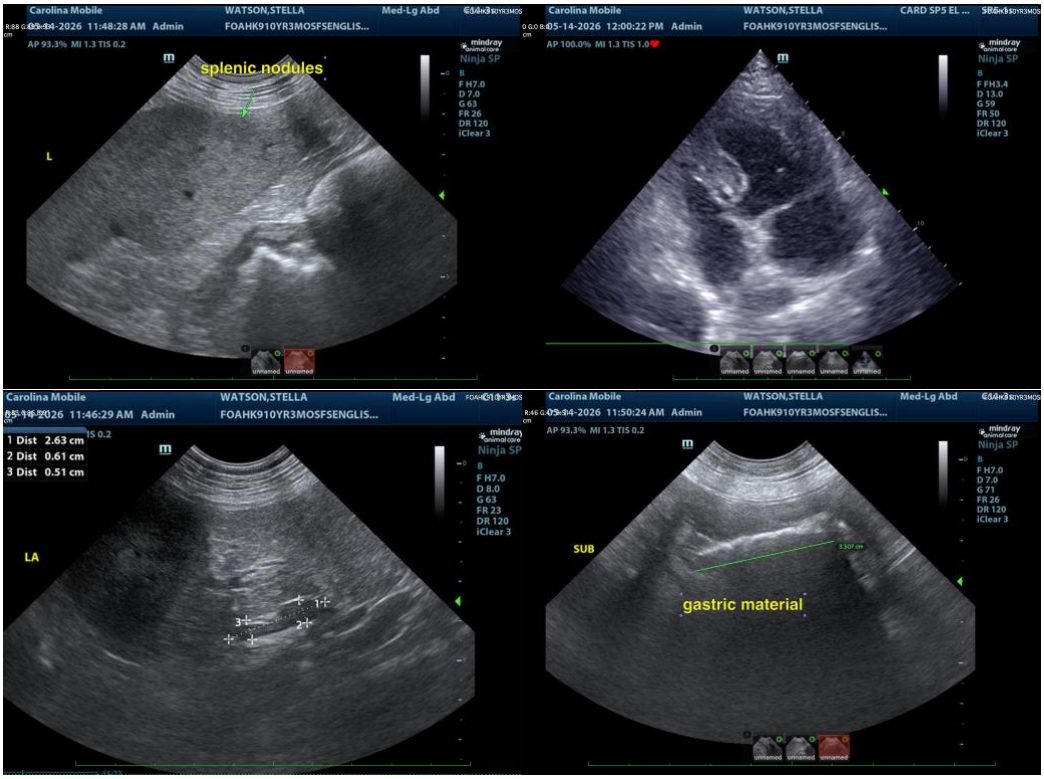

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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