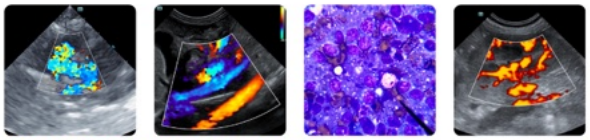




**PATIENT**

Baloo Johnson

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Neutered male

**AGE**

4 years

**WEIGHT**

4.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Patricia Futoma

**HOSPITAL NAME**

Animal Emergency Hospital Deland

**REFERRING VET**

Dr. Johnson

**INVOICE**

77901

**DATE**

5/24/26

## PRESENTING CLINICAL SIGNS

History: Patient here 5/17 for vomiting blood. Diagnosed with hookworms. Went home five days ago and has been vomiting 2 hours or so after eating since. No bowel movement, but no straining nor attempts to defecate. Patient had seizures throughout the night last night (history of seizures). EMPLOYEE/DOCTOR PET.
Abnormal PE/Chem/CBC/UA Results: Chemistry: BUN-70.1, CRE-1.5, IP-8.9, TP- 4.7, ALB-2.1, GLU-170, CBC: WBC-32.81, NEU#-30.02, LYM#-0.69, MON#- 1.90, HCT- 23.3, HGB- 7.3, RBC-3.27, RDW-CV- 28.5, RDW-SD- 72.5, RET#- 124.6, RET%- 3.81, PLT-974, PCT-1.354, EPOC: CL-105, Lact- 5.98, BUN-55, Crea-1.58, Glu-165, Hct-22

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. A minimal amount of urine was present at the time of the sonogram. The ureters were not visible which is normal. No uroliths or sediment were visualize. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The region of the **right kidney** in this patient revealed what appeared to be a right adrenal with an isoechoic 3.6 cm mass either deriving from the right adrenal gland or liver. No normal right kidney was noted. I cannot rule out right renal origin.

The **left kidney** 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 4.0 cm.

### *Adrenal Glands*

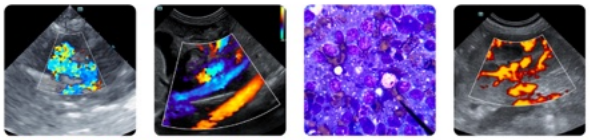
The left **adrenal gland** was not visualized.

### *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 was 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 tracts were of



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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 over distension of fluid in the gastric fundus, which appeared to enter into the gastroesophageal inlet through hiatal hernia. The pylorus revealed chronic hypertrophy and echogenic mucosal remodeling and muscularis hypertrophy. The wall thickness measured up to 0.8 cm.

### *Pancreas*

The **pancreas** revealed heterogenous, mixed echogenic, hypoechoic parenchymal changes consistent with inflammation.

### *Free Abdomen*

Partial hiatal hernia was noted.

## ULTRASONOGRAPHIC FINDINGS

Undefined mass in the region of the right kidney/right adrenal and caudate liver.

Chronic gastric over distension with chronic pyloric hypertrophy. Hypertrophic pyloric gastropathy type pattern.

Partial hiatal hernia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI blood loss may be the underlying issue with the anemia and azotemia in this patient. I strongly recommend CT in this patient with further definition and serial blood pressure measurements to assess if the right adrenal gland is the source of the mass; however, contrast resolution was challenging in this region. Surgical intervention with potential Bill Roth procedure and reduction of the presumed hiatal hernia +/- removal of the right adrenal area mass or liver mass depending on CT results. This is a particularly complex case involving the upper gastrointestinal tract, right kidney and right adrenal gland.

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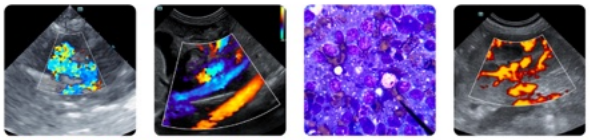

Clinical Sonography & Telecytology
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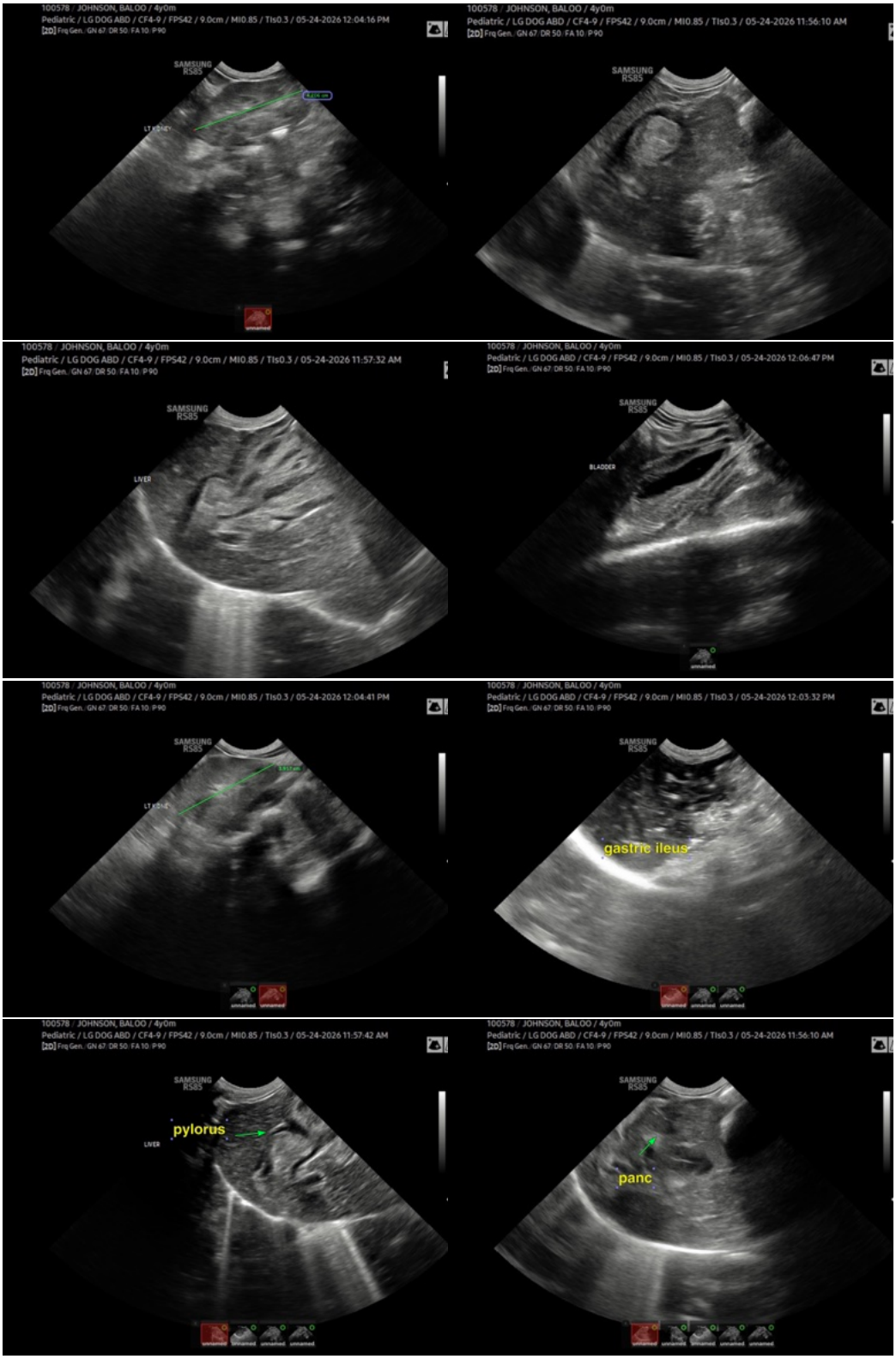

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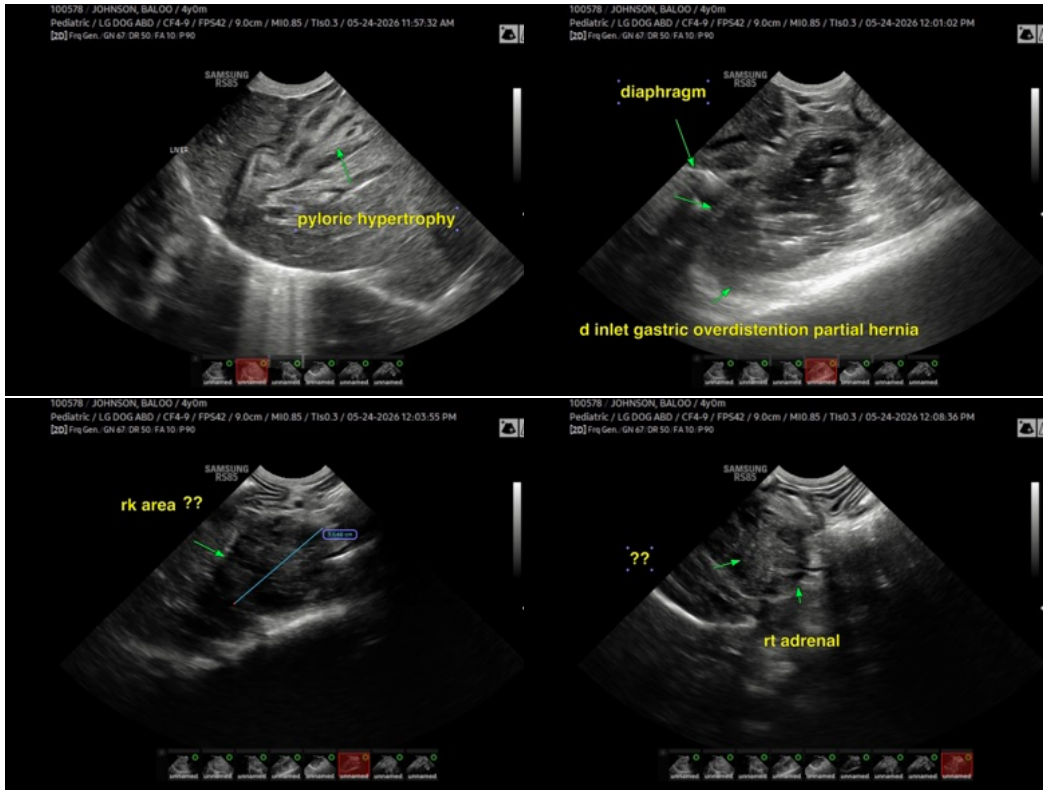


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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, CEO of SonoPath.com

info@SonoPath.com