



PATIENT

Anna Belle Kenneally

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

5 Years

WEIGHT

19 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Hartwick

INVOICE

37951

DATE

5/25/22

PRESENTING CLINICAL SIGNS

History of Xylitol toxicity (ate 55 pieces of gum) = hospitalized for hypoglycemia, etc. 5/16/22: ALT elevated, overall thin body condition/underweight (prolonged hypoglycemia - days - now normal). R/O liver/PSS etc. Current med: Denamarin.

Abnormal PE/Chem/CBC/UA Results: 5/17/22: Chem: ALT 346, AIP.K 72, GGT 3, T. bili 0.3. R/O pre-existing elevated ALT (no labs to compare prior to emergency visit). 5/25/22: ALT 143.

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 **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 right kidney measured 4.0 cm. The left kidney measured 4.33 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 2.11 cm x 0.58 cm at the caudal pole and 0.65 cm at the cranial pole. The left adrenal gland measured 1.62 cm x 0.54 cm at the caudal pole and 0.49 cm at the cranial pole.

Spleen

The **spleen** revealed subtle micronodular changes, uniform swelling, consistent with reactive spleen. Emerging round cell neoplasia cannot be completely ruled out, yet not suspected.

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. The colon was filled with soft stool.

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.



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ULTRASONOGRAPHIC FINDINGS

- Micronodular reactive spleen, unremarkable abdomen otherwise
- Reactive hepatopathy likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. If any weight loss is an issue, splenic FNA indicated. FNA of the liver could be considered as well for further definition.

BREED

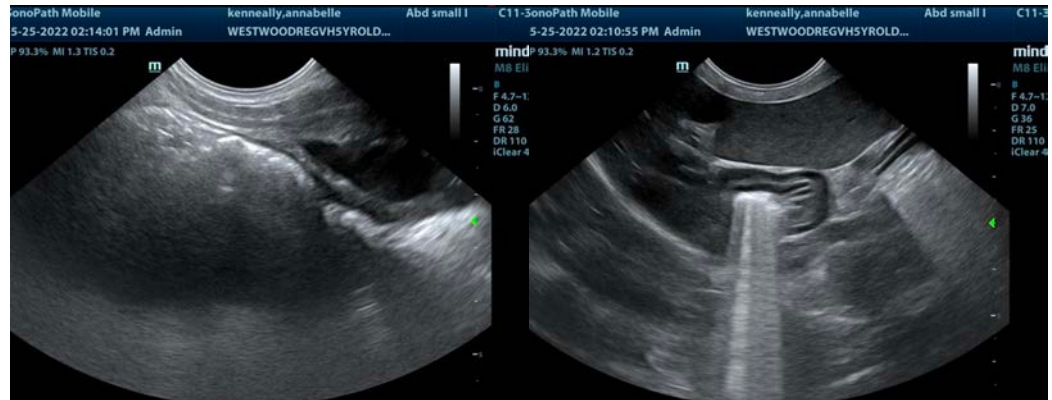
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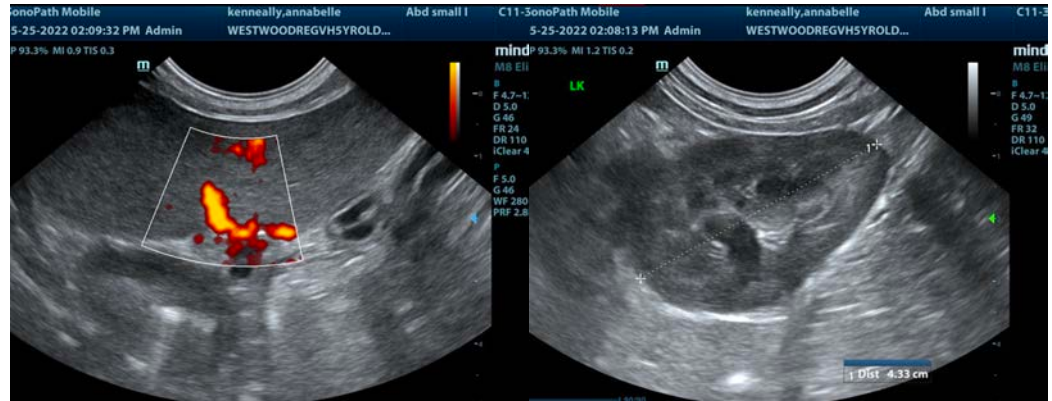


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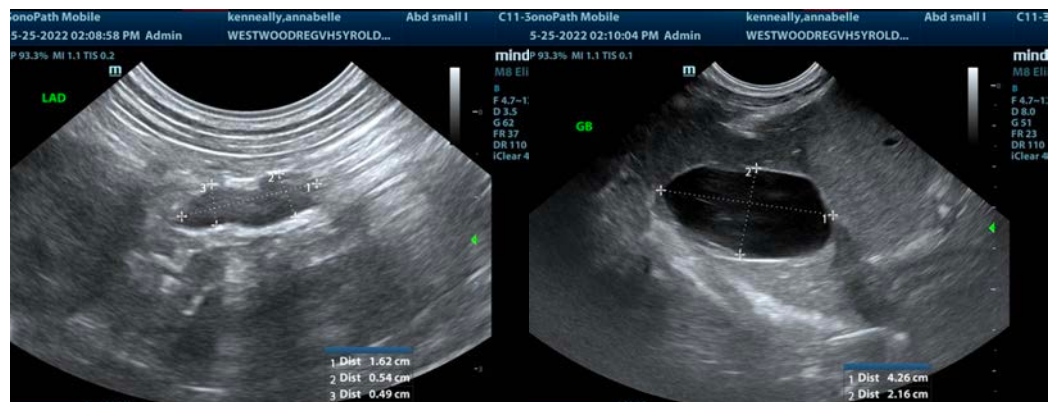


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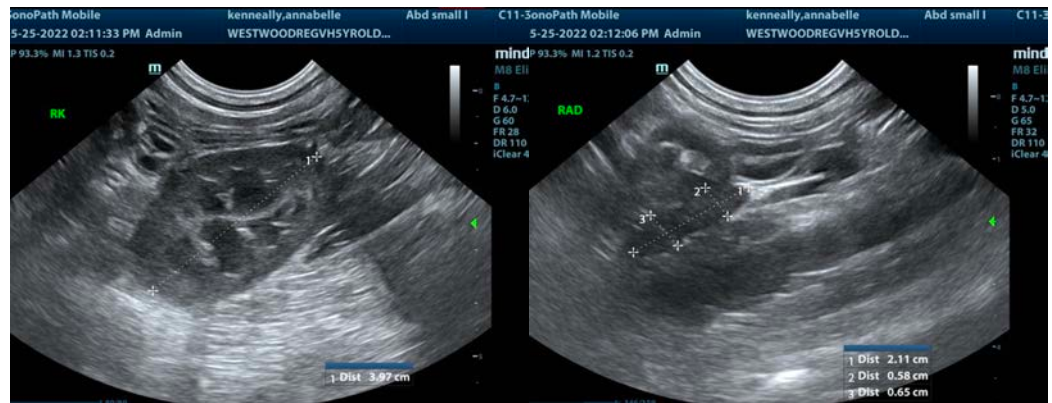
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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