



PATIENT

Puzzle Berger

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed female

AGE

1 year 11 months

WEIGHT

50 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Heller

INVOICE

44161

DATE

5/3/23

PRESENTING CLINICAL SIGNS

History: Hx: 1.11 yo FS Bulldog 49.6# Sedated with Butorphanol Employee Pet Hx of parvo as a puppy, fully recovered with hospitalization. Recent FB surgery in December. Single enterotomy incision performed mid jejunum and very large cloth toy FB removed (was suspected to be more chronic as toy went missing a couple of months prior to obstruction). Since then has been losing weight, intermittent diarrhea. No improvement with metronidazole trial. Fecal NOS. Bloodwork performed and NSF except mildly elevated lipase. No vomiting, good appetite. Started on GI LF, B12 injections, tyran powder and probiotics with still no change. GI panel performed. CPL - very high 1,006 TLI high > 50 B12 high 1,838 Folate high > 24. Baytril was started in case of pancreatic abscess/infection. Here for AUS for further workup. Currently on tyran, baytril, GI LF, B12 inj, fortiflora.

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 right kidney measured 5.1 cm. The left kidney measured 5.5 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 2.0 x 0.53 cm at the caudal pole and 0.5 cm at the cranial pole. The right adrenal gland measured 1.87 x 0.35 cm at the caudal pole and 0.98 cm at the cranial pole.

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.

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.



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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. The material presents progressive shadowing, there is a potential for grass accumulation or similar depending on when the patient ate prior to the sonogram.

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Transit of chyme into the small intestine was normal. Upper duodenum revealed spasming with some retention of luminal chyme. Structurally the duodenum and small intestine were unremarkable.

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Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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Spayed female

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

Spastic duodenum with possible delayed outflow.

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Otherwise, unremarkable intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. There was no evidence of foreign matter other than possible grass type accumulation of material in the pylorus. Diet change to hydrolyzed diet may be in the patient's best interest. Supportive care for malassimilation and anti-parasitic protocol are all indicated. If GI biopsies were performed during the prior surgery then reevaluation of histopathology is indicated.

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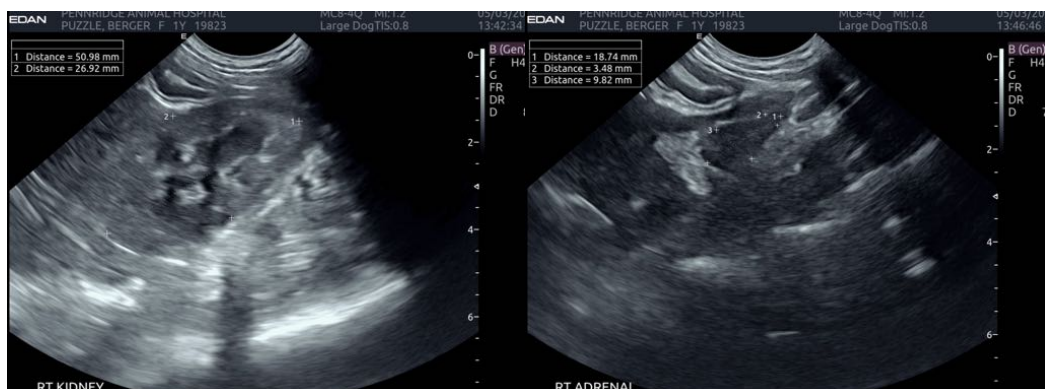
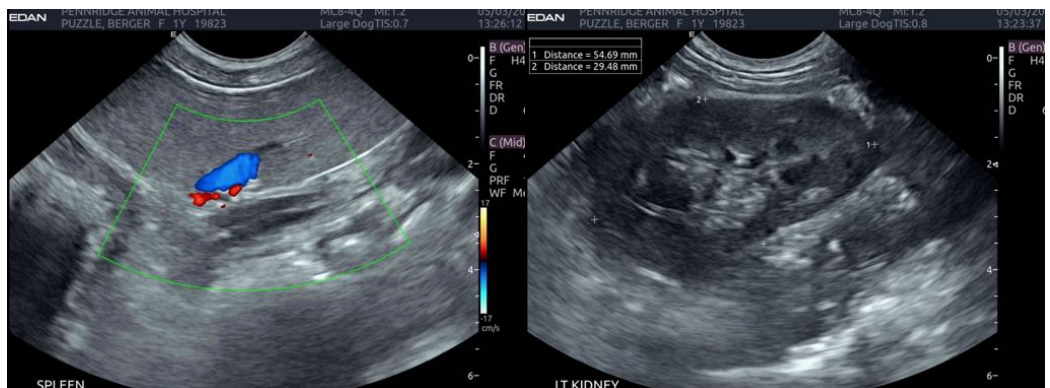
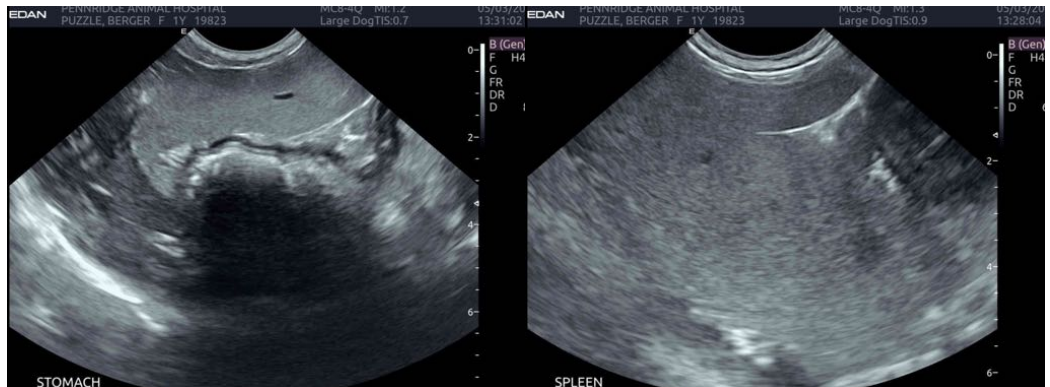
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com