



**PATIENT**

Buster Pappas

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Male

**AGE**

1 Year

**WEIGHT**

21 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Black River Veterinary  
Hospital

**REFERRING VET**

Dr. Gussman

**INVOICE**

15967

**DATE**

05/08/26

**PRESENTING CLINICAL SIGNS**

Unilateral cryptorchid suspect in inguinal canal, elv alt 368

Abnormal PE/Chem/CBC/UA Results: alt-368 rest unremarkable

**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 **prostate** was mildly enlarged. The prostate measured 3.2 cm with uniform parenchyma. The left testicle was descended and uniform measuring 2.7 cm. The right testicle was presumed to be cryptorchid and was not visible in this patient.

The **iliac trifurcation** was unremarkable.

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 4.57 cm in length. The right kidney measured 4.25 cm in length.

*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 2.08 cm x 0.63 cm width at the cranial pole and 0.77 cm width at the caudal pole. The right adrenal gland measured 2.05 cm x 0.58 cm width at the cranial pole and 0.63 cm width at the caudal pole.

*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 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.



**PATIENT**

***Gastrointestinal***

Buster Pappas

The **stomach** was repleted with progressively shadowing luminal material. If the patient was NPO, this is strongly consistent with gastric foreign matter. The small intestine and colon were unremarkable. Some transit of chyme appeared to be occurring.

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***Pancreas***

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French Bulldog

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**

- Gastric luminal material- postprandial versus foreign matter, depending upon when the patient ate prior to the sonogram.
- Mildly enlarged prostate.
- Presumed right cryptorchid.
- Structurally normal liver- likely reactive hepatopathy.
- Structurally unremarkable abdomen otherwise.

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21 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient demeanor and the necessity to re-scan the pyloric outflow, I recommend sedation in this patient with further imaging of the extra abdominal inguinal canal and intra-abdominal space, as well as re-imaging of the pyloric outflow to assess if the material is still present in complete 24-hour NPO status.

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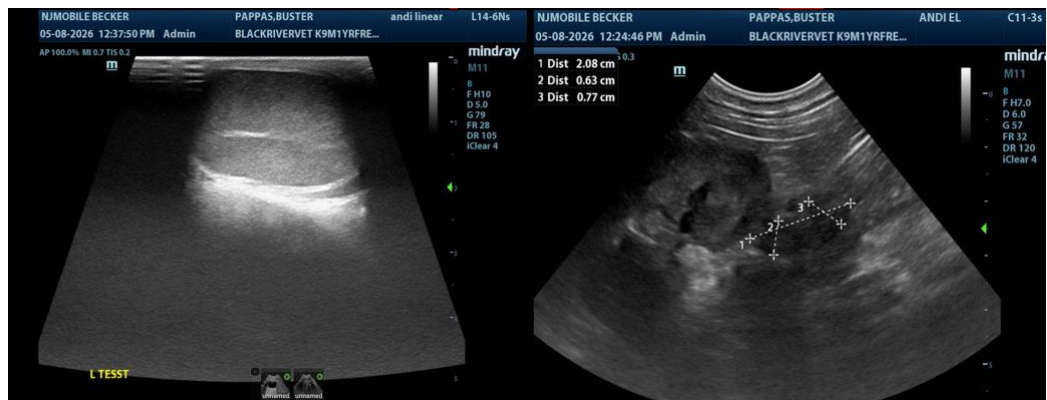
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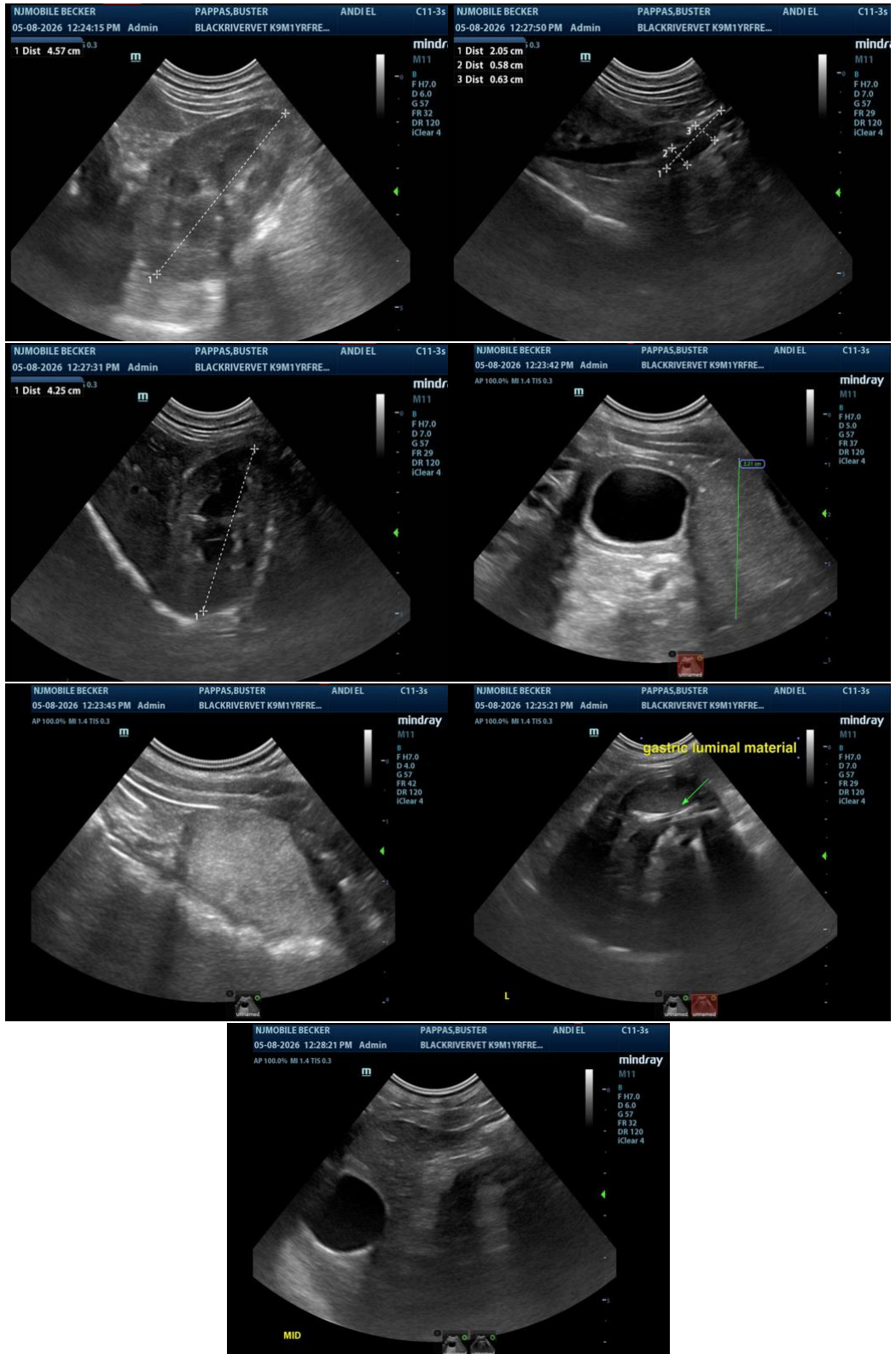
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,**

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