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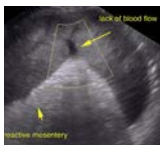
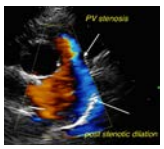
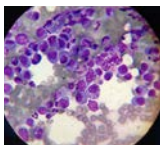
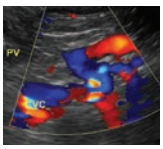

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1-800-838-4268 info@sonopath.com

PATIENT
Ophelia Charles

SPECIES
Canine

BREED
French Bulldog

SEX
Spayed Female

AGE
11 Years

WEIGHT
9.0 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Miller

INVOICE
38395

DATE
6/4/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for not eating, vomited 1 x, shaking, ADR Previous Health Concerns: Pancreatitis, Glaucoma, Stomach Cancer presumed 1/2022 Current Medications: Eye Drops, Owner gave Cerenia last night at 7 pm Appetite/When did they eat last: Yesterday at noon WNL did not eat last night or this morning Vomiting/Diarrhea: Vomited 1 x/ No Diarrhea
Abnormal PE/Chem/CBC/UA Results: Respiratory: increased BV sounds Abdominal: soft/ NP/ increased borborygma CPL normal IDEXX AUS 1/22: Gastric wall thickening, consider neoplasia, pyloric hypertrophy or gastritis. Possible small intestinal dilation. No biopsies performed.

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 kidneys measured 5.0 cm each.

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 1.95 cm x 0.57 cm at the cranial pole and 0.78 cm at the caudal pole. The right adrenal gland measured 1.0 cm at the cranial pole and 0.60 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Dependent gallbladder sand noted.

Gastrointestinal

The **stomach** appeared to be displaced caudally. The distal small intestine revealed dilation followed by empty small intestine. Soft shadowing 2-3 cm material noted in the distal small intestine. This would be consistent with a partial obstructive pattern and may resolve with medical management.

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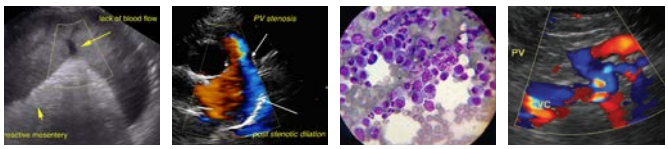

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Pancreas

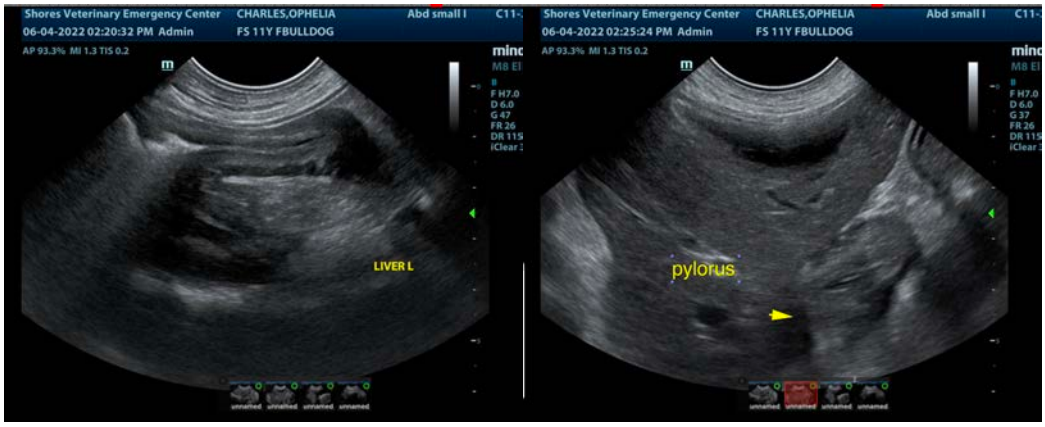
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

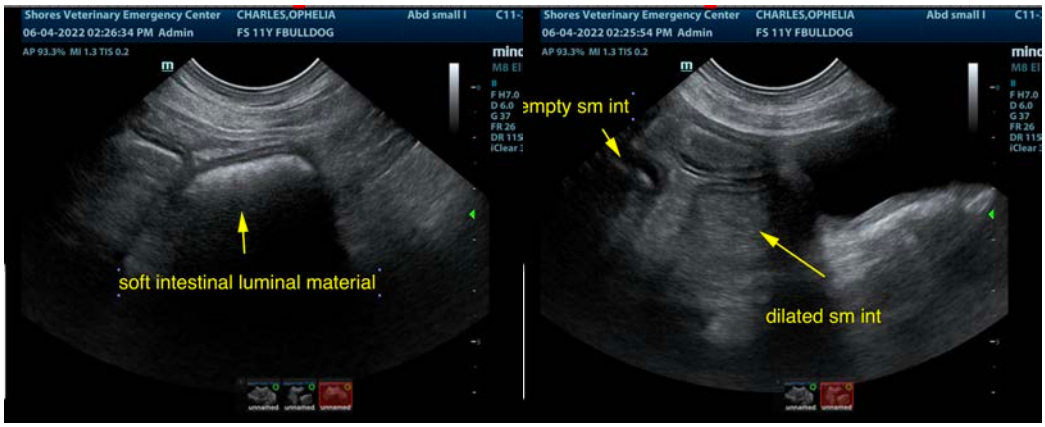
ULTRASONOGRAPHIC FINDINGS

- Possible small intestinal partial obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Radiographic assessment for gastric positioning warranted. Given the breed predisposition and the gastric presentation, I cannot rule out a sliding hiatal hernia. Recommend 12-18 hour NPO with IV fluid support, GI protectants, and recheck sonogram after medical management.





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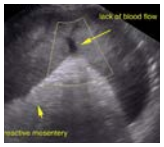
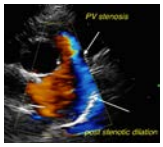
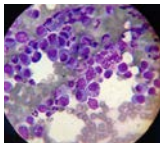
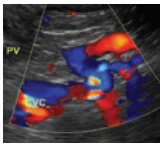

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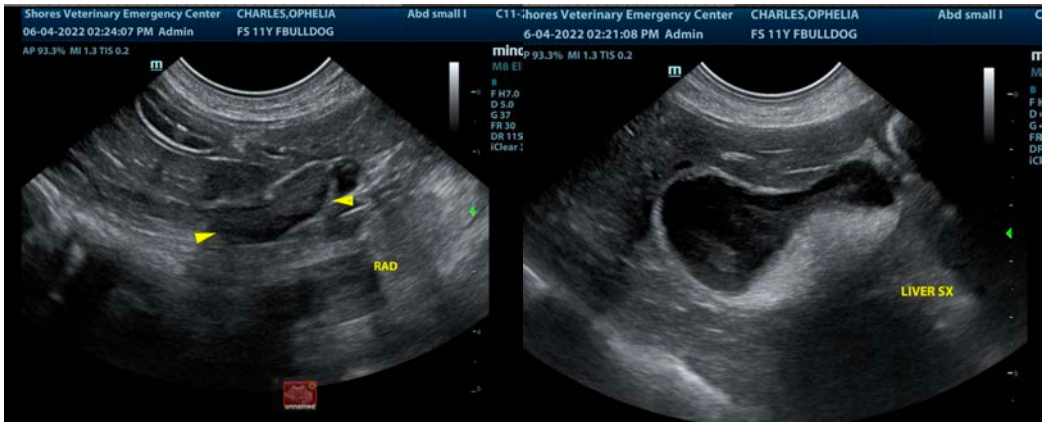

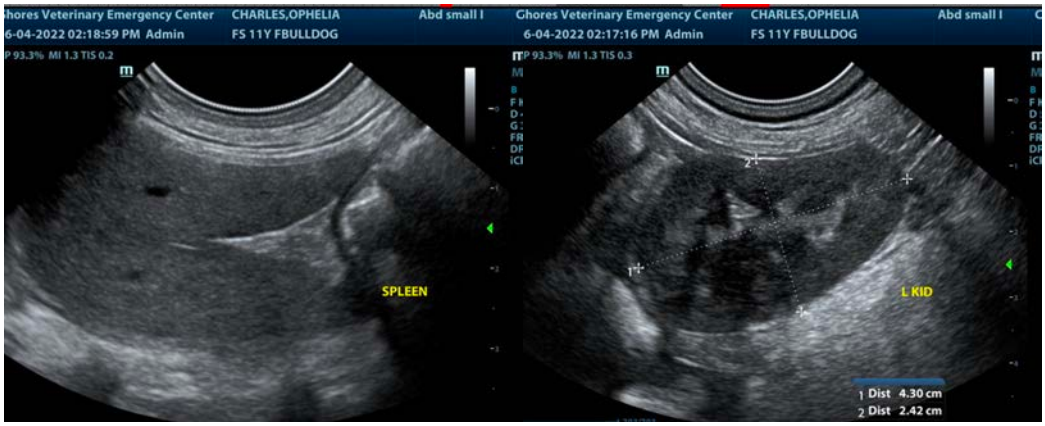

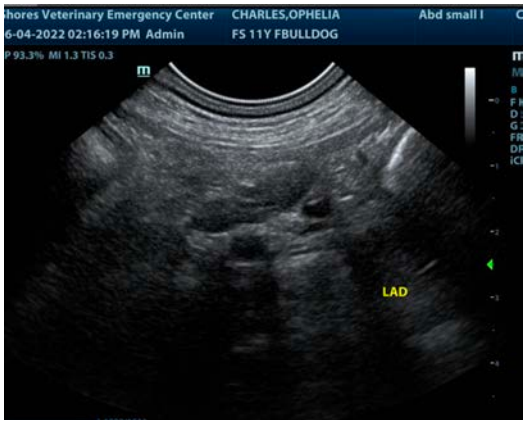

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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