

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Daisy Butler
SPECIES Canine
BREED French Bulldog Mix
SEX Spayed Female
AGE 2 Years
WEIGHT 9.7 kg

Acute vomiting and bloody diarrhea - began yesterday. Owner withheld food yesterday due to vomiting. Found torn up cardboard in her bed yesterday. 2 days ago may have ingested dead flower petal. Drinking and urination is noted as normal. Heart rate was elevated -160bpm. Tense on abdominal palpation, appear uncomfortable. Nervous in general - difficult to fully differentiate true pain from nervousness. Current Medications: Maropitant. Possibly Metronidazole.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 left kidney measured 4.0 cm in length. The right kidney measured 4.53 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 2.15 cm x 0.53 cm width at the caudal pole and 0.6 cm width at the cranial pole. The right adrenal gland measured 1.87 cm x 1.0 cm width at the cranial pole and 0.65 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. The spleen was folded upon itself cranially.

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

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie PH Stoney
 Creek

REFERRING VET

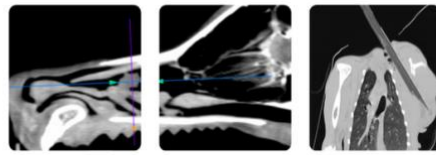
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16316

DATE

06/04/26



PATIENT

The **stomach** was over distended with anechoic fluid. Hyperperistalsis was noted in the small intestine. No evidence of foreign bodies. Fluid and gas filled colon was noted.

Daisy Butler

Pancreas

SPECIES

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.

Canine

BREED

ULTRASONOGRAPHIC FINDINGS

French Bulldog Mix

- Gastroenteritis/pancreatitis pattern.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

IV fluid support, GI protectants, pain management, broad spectrum antibiotics are all indicated. Recheck sonogram in 48-72 hours to ensure adequate resolution.

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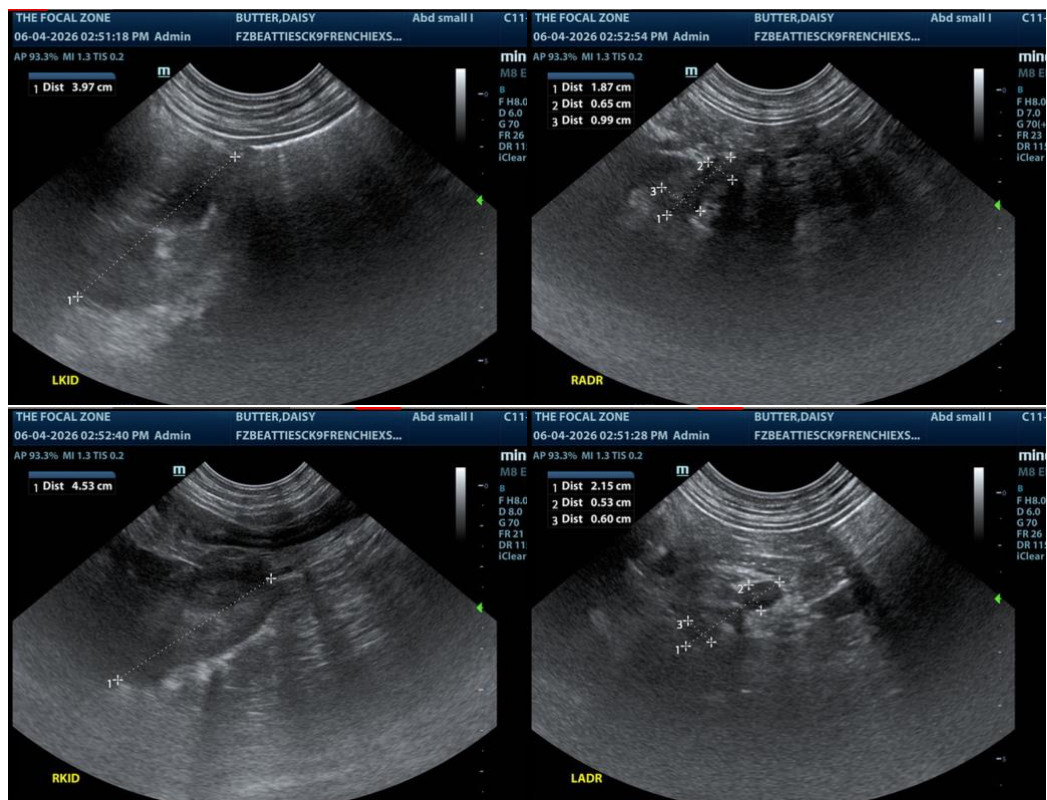
Dr. Codrington

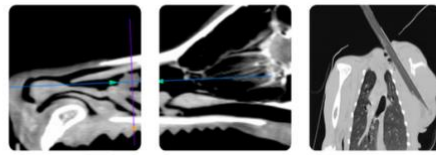
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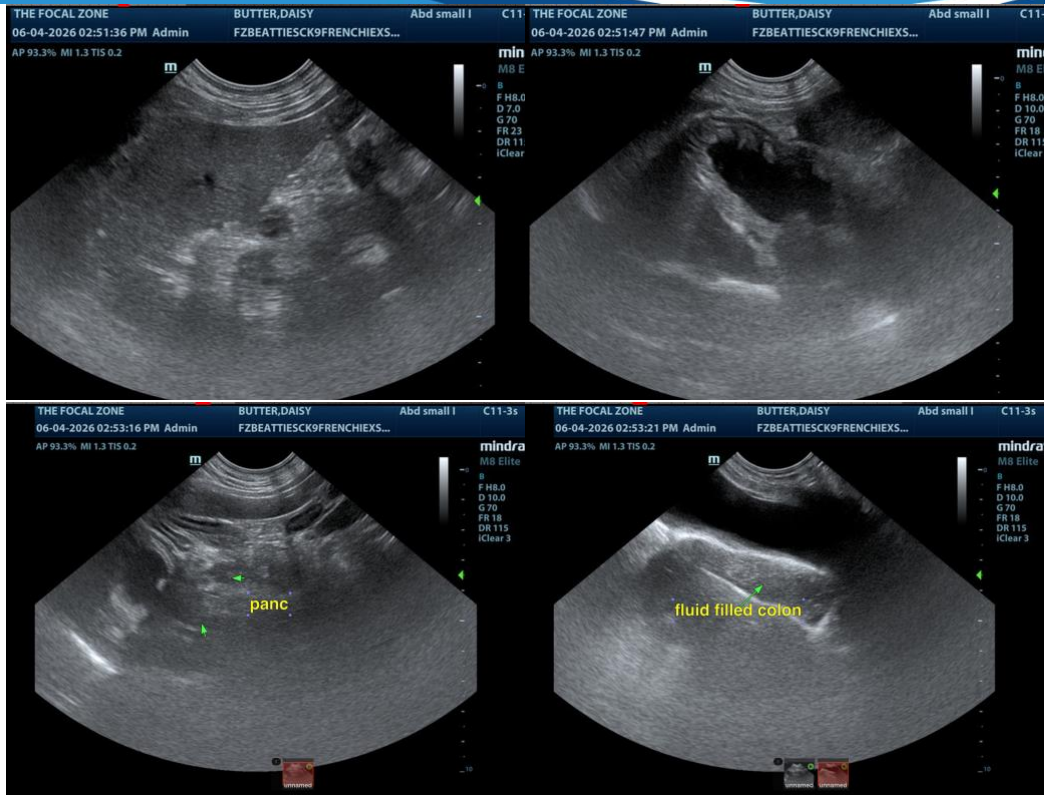
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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