



PATIENT

Jelly Bean Behm

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

4 Years

WEIGHT

26.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Dupler

HOSPITAL NAME

Magnolia Springs VC

REFERRING VET

Dr. Dupler

INVOICE

39613

DATE

7/18/22

PRESENTING CLINICAL SIGNS

patient presented friday for a history of not eating and drinking large amounts and vaginal discharge. Pyometra was found and patient was taken to surgery. bloodwork on friday was normal other than an elevated WBC count. surgery found omental adhesions to previous C-section site but spay was routine pedicles were loose and uterus was tied off with little trouble. patient returned on Saturday for regurgitation and abdominal xrays were taken to ensure no obstruction. Very enlarged left kidney was found. Patient improved over the weekend and is now eating and drinking and not vomiting. Bloodwork today was WNL other than a very mild neutrophilia.

Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia today. Kidney values were WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 **left kidney** presented severe hydronephrosis. Hydronephrosis measured 5.6 cm. The left kidney measured 7.4 cm. The left ureter was tethered and enveloped by reactive mesentery just craniolateral to the urinary bladder. Localized free fluid noted. The colonic wall also appeared thickened in this area, in a region of approximately 6.0 mm, non-obstructive. The mesenteric reaction appeared to be adhered to the urinary bladder and portions of the spleen.

The **right kidney** was structurally unremarkable with normal size and contour, measuring 6.0 cm.

Adrenal Glands

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** was not visualized.

Gastrointestinal

The **stomach** was not visualized. The visible gastrointestinal tract was unremarkable other than the thickened descending colonic wall in the area craniolateral to the urinary bladder.

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

- Left ureteral stricture and moderate to severe left renal hydronephrosis
- Normal right kidney and ureter



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- Peritonitis/stricturing reactive mesentery craniolateral to the urinary bladder, involving the descending colon with regional descending colonic thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regional peritonitis tethering the left ureter and involving the colon possible, yet an underlying neoplastic event could not be ruled out. Exploratory surgery recommended with potential left nephrectomy or liberation of the left ureter depending upon surgical findings. Subtotal colectomy may also be necessary depending on surgical findings. Portions of the pathology were obscured owing to hyperechoic mesentery obstructing acoustic windows. This is a surgical emergency. Chest radiographs and cranial abdominal imaging would be ideal to assess for potential metastatic disease if an underlying neoplastic process is in play.

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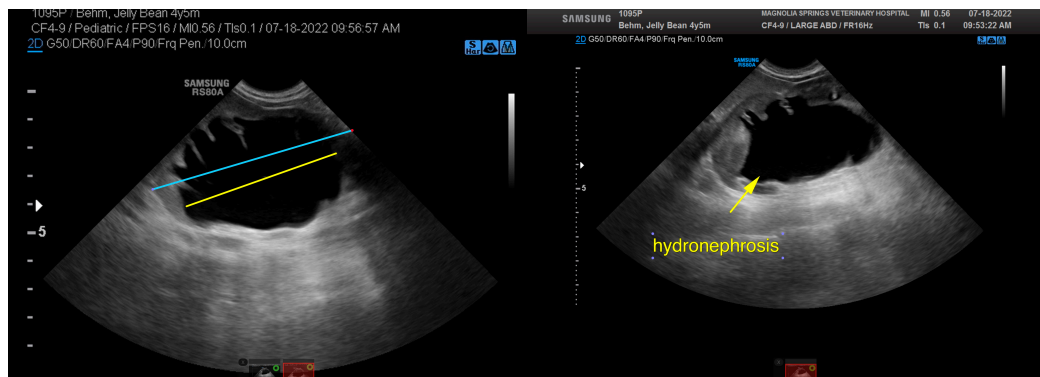
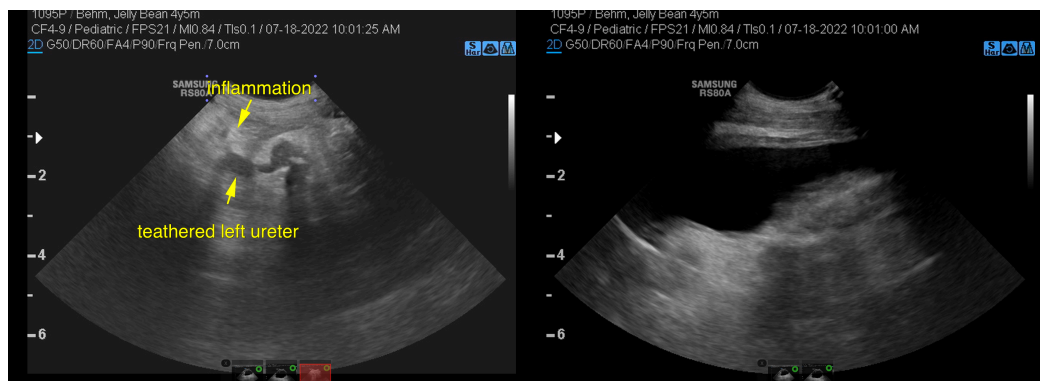
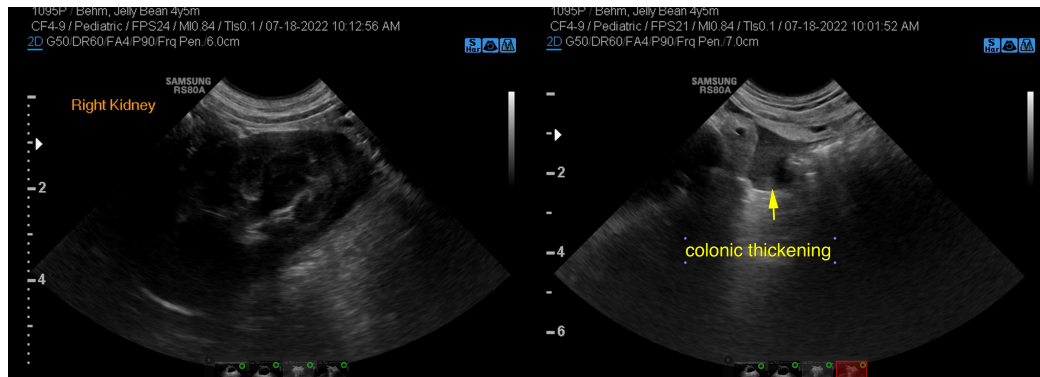
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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