



PATIENT **PRESENTING CLINICAL SIGNS**

Olukai Estor History: Chronic vomiting (increased in frequency in past month) , anorexia , significant weight loss
Abnormal PE/Chem/CBC/UA Results: NSF

SPECIES **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

Urinary System

BREED 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.

French Bulldog

SEX

Neutered male

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. Both kidneys measured 4.0 cm.

AGE

9 years

Adrenal Glands

WEIGHT

8.6 kg

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 0.71 cm. The right adrenal gland measured 0.73 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Gira

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 was noted.

HOSPITAL NAME

Sabadilla AC

Liver

REFERRING VET

Dr. Williams

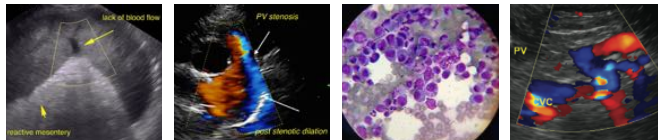
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

INVOICE

76419

DATE

8/2/23



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Gastrointestinal

The gastric wall presented concentric thickening with loss of mural detail. This continued into the upper gastrointestinal tract. The pylorus was particularly thickened with loss of structural detail. The jejunum revealed an infiltrative mass that measured 2.5 cm in width. The wall thickness measured 1.25 cm. Variable areas of small intestinal thickening was noted elsewhere in the GI tract with areas of loss of mural detail. Regional lymphadenopathy was noted. Reactive mesentery was noted around the GI pathology. Splitting of the submucosal layer was also noted with significant mucosal disruption in the duodenum and muscularis hypertrophy.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

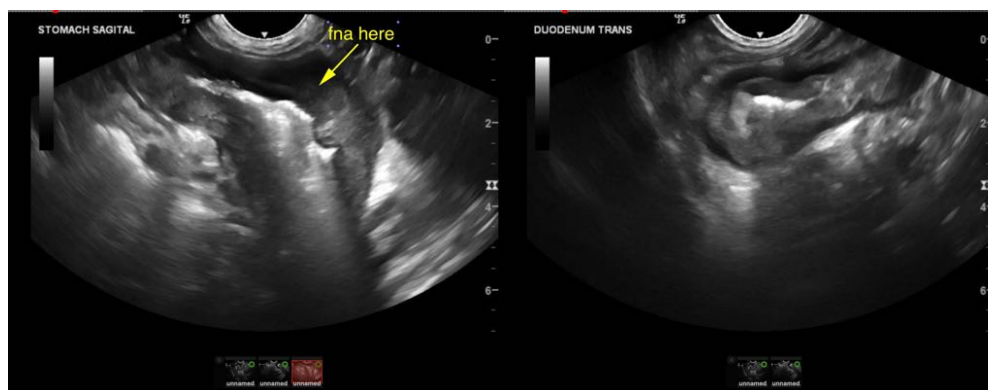
Slight areas of free fluid likely owing to lymphatic obstruction.

ULTRASONOGRAPHIC FINDINGS

Multi-centric gastrointestinal neoplastic pattern with regional lymphadenopathy. GI lymphoma is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the various areas are indicated and recommended for further definition. The prognosis is poor long term, yet some palliative effect may be achieved with chemotherapeutic intervention.





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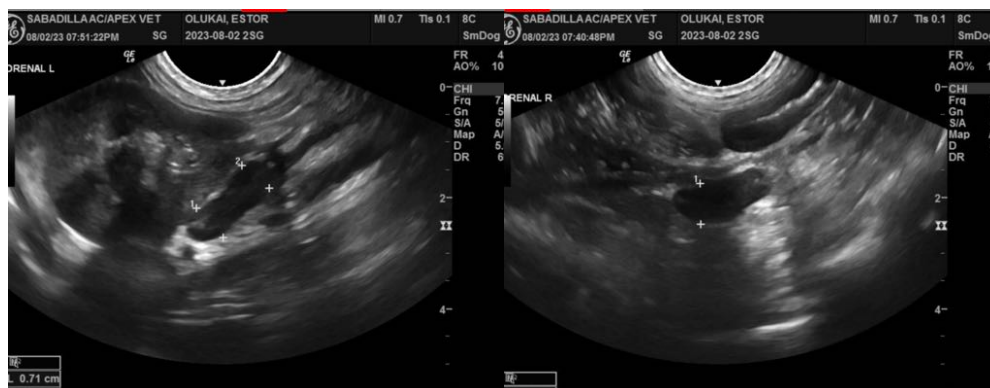
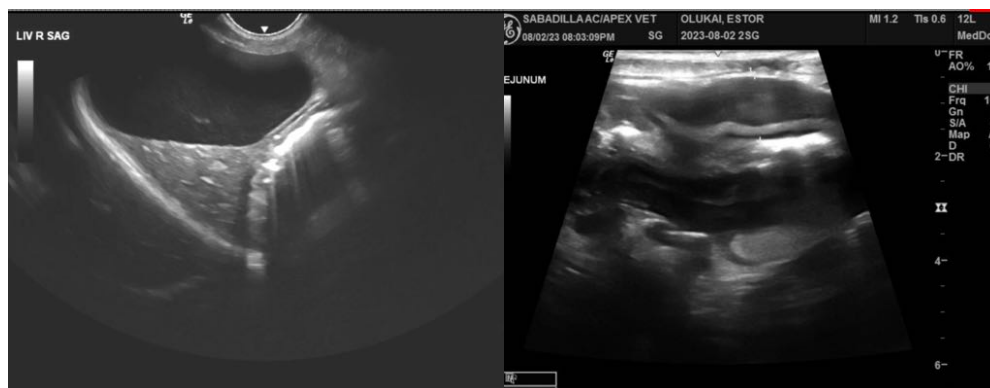
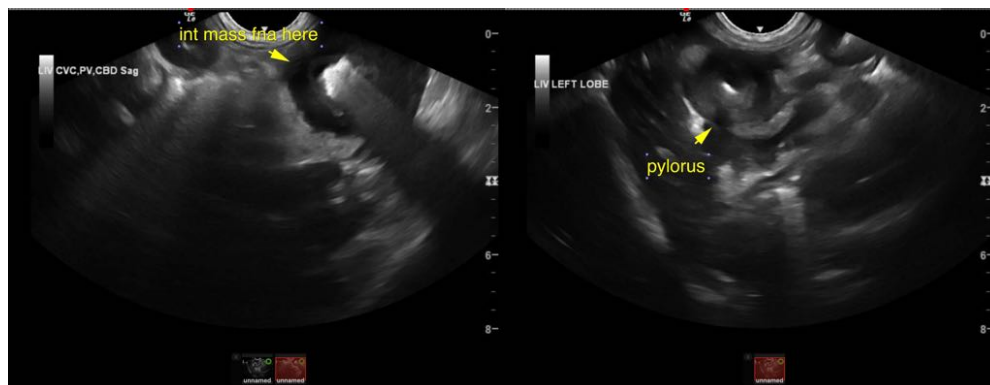
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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