



PATIENT

Lea Johnson

SPECIES

Canine

BREED

French Bulldog

SEX

Female

AGE

4 Months

WEIGHT

13 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

Dr. Shelley Parker

INVOICE

41103

DATE

9/8/22

PRESENTING CLINICAL SIGNS

Chronic rectal bleeding- has been dewormed. Was prospect of breeding dog in future. Loose stools (currently on laxative) , rectal prolapse on 8/30/2022. Ravenous since prolapse, Mild generalized lack of detail on radiographs as well as Hemivertebrae noted on T9 -T13.

Abnormal PE/Chem/CBC/UA Results: Mild generalized lack of detail on radiographs as well as Hemivertebrae noted on T9 -T13.

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 left kidney measured 4.2 cm. The right kidney measured 5.2 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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.

Gastrointestinal

The **stomach** presented a minor amount of chyme, continuing from the stomach into the small intestine. Some dilated small bowel was followed by empty small bowel, creating a partial obstructive pattern. Soft stool noted in the colon. Mesenteric lymph nodes were enlarged, uniform length to width ratio maintained, consistent with juvenile reactive nodes. Largest lymph node measured 2.0 cm x 1.0 cm. No overt foreign body noted. However, a partial obstructive pattern is present. This may be owing to a worm burden. Fecal test indicated.



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Pancreas

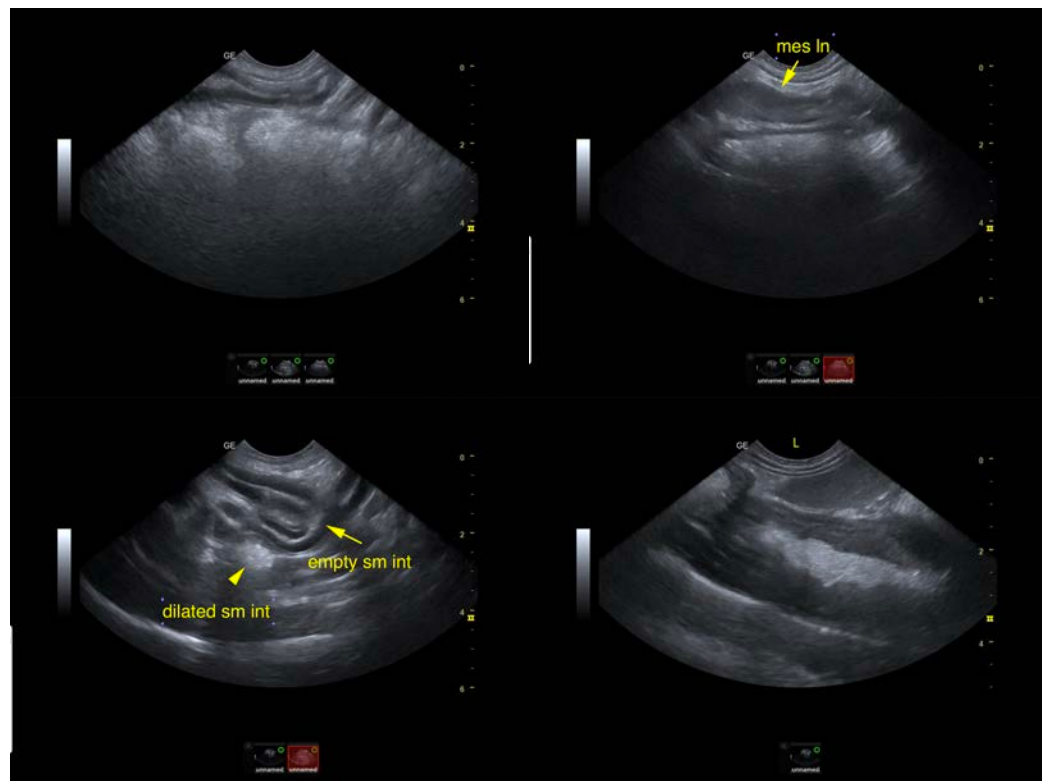
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Partial obstructive pattern, possible worm burden
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious foreign body but could not be completely ruled out. No evidence of free fluid or peritonitis. Fecal test, 24-hour NPO, and recheck sonogram indicated to assess for resolution of the partial obstructive pattern. I do not recommend surgical intervention at this point. Medical stabilization and recheck sonogram indicated, as well as reestablishing the fecal test and more proactive deworming.





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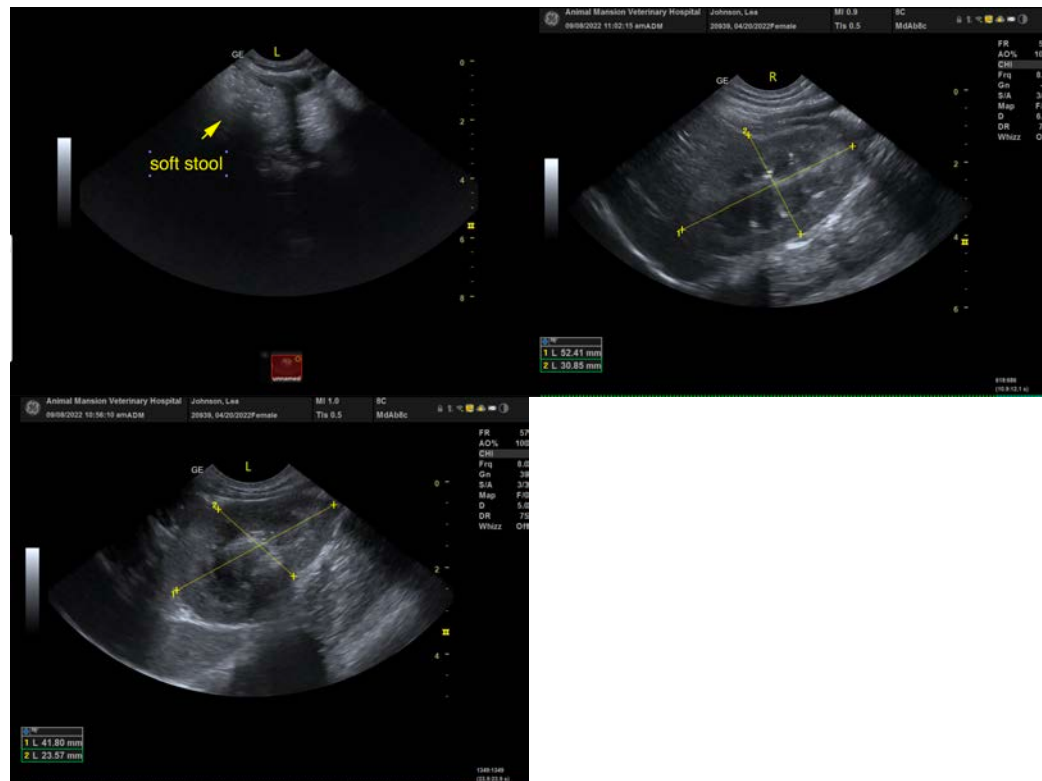
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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