



PATIENT

Pixel Stasi

SPECIES

Canine

BREED

French Bulldog

SEX

Female

AGE

5 years

WEIGHT

16.5 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Albany AH

REFERRING VET

Dr. Spangler

DATE

10/19/21

Invoice

92467

PRESENTING CLINICAL SIGNS

History: Seen on emergency for coffee bean ingestion - treated with IV fluids, activated charcoal Since EM visit has continued to lose weight, intermittent vomiting and diarrhea Patient BCS 3/9 Previous IVDD has left patient paraparetic and incontinent Current Medications Omeprazole Abnormal PE/Chem/CBC/UA Results: CBC - stress leukogram Chem - ALT 132, NOSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed minor apical ventral and apical dorsal wall thickening. A minimal amount of urine was present. Bladder debris was noted in the bladder. Assessment for urinary tract infection is indicated.

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 4.56 cm. The right kidney measured 4.68 cm. Blood flow to the kidneys appeared to be adequate on color flow assessment.

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 2.06 x 0.87 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measured 2.15 x 1.06 cm at the cranial pole and 0.73 cm 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 was 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 portal vein to vena cava ratio was 1:1 with no evidence of intrahepatic or extrahepatic shunting. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



PATIENT lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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SPECIES *Gastrointestinal*

Canine Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

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Heart

Rapid view of the heart revealed no evidence of pathology.

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ULTRASONOGRAPHIC FINDINGS

Bladder thickening and debris, potential urinary tract infection.

Otherwise, structurally unremarkable abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for GI/toxin insult should prove effective. Blood pressure measurements are indicated given the nature of the toxin. Full urinary work-up is warranted.

IMAGING PERFORMED BY

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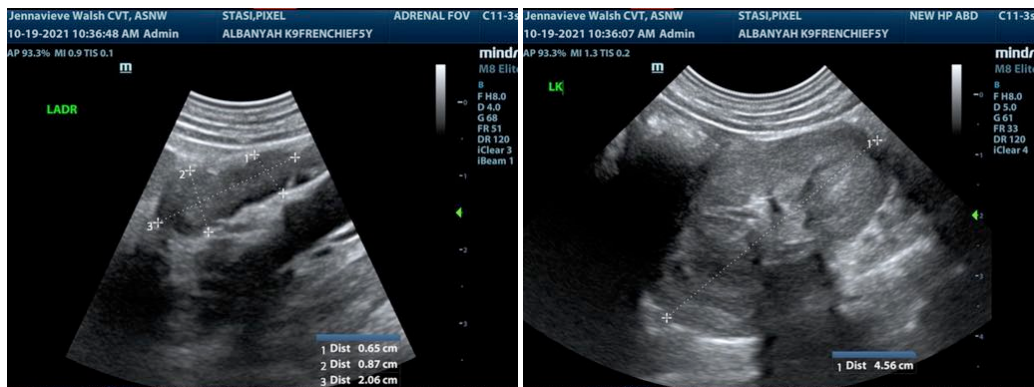
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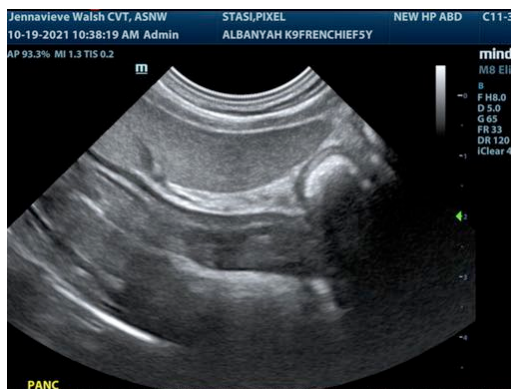
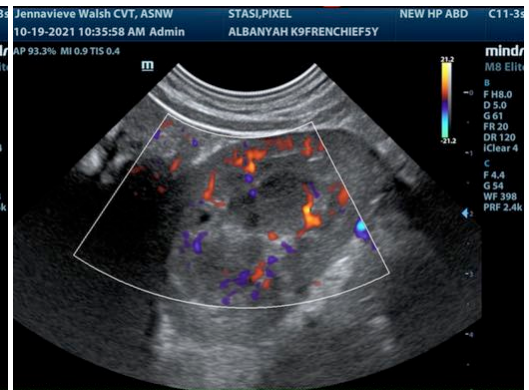
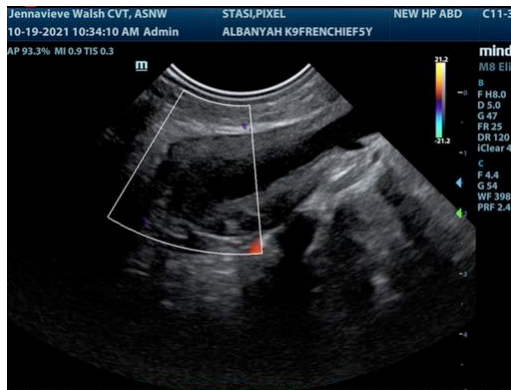
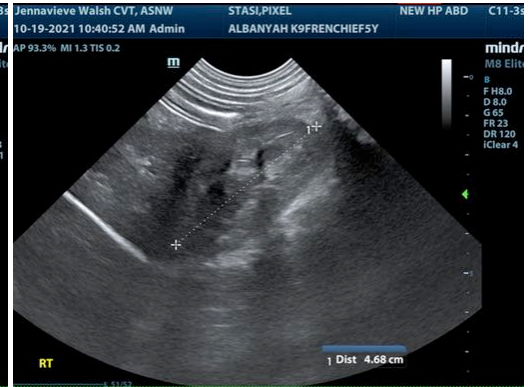
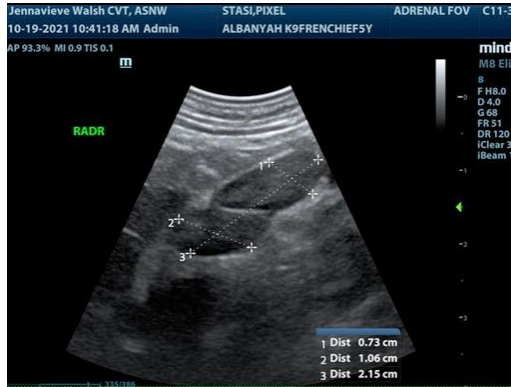
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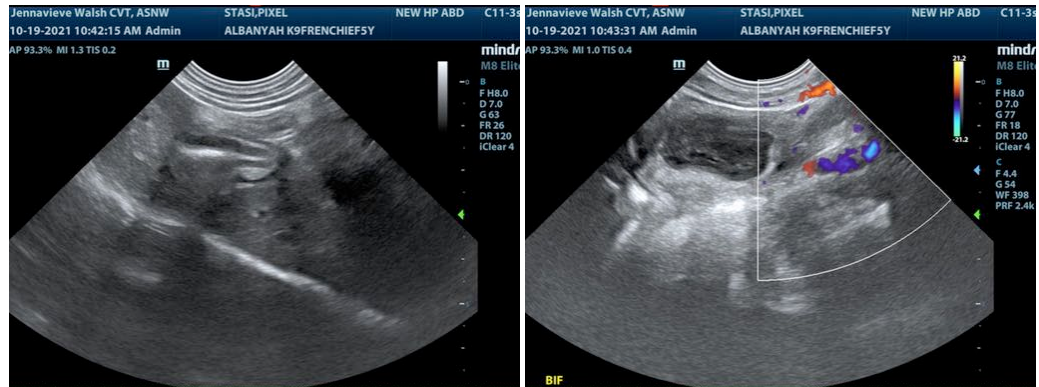
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com