

PATIENT

Tavi Deramo

SPECIES

Canine

BREED

French Bulldog

SEX

Female

AGE

7 months

WEIGHT

17 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Greg Shaffer

HOSPITAL NAME

Veterinary Clinic of
Myrtle Beach

REFERRING VET

Dr. Dickens

INVOICE

70004

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: Patient was initially presented to Banfield for possible foreign body ingestion. Radiographs were performed and a soft tissue like opacity was noted in the pylorus. Patient was transferred here for monitoring and ultrasound to determine the object and if it should warrant foreign body surgery. Patient was noted to be mildly uncomfortable when palpating the cranial abdomen. Remainder of exam unremarkable.
Radiographic findings: soft tissue within the pylorus, current concern for pyloric outflow obstruction.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

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 right kidney measured 4.57 cm. The left kidney measured 3.75 cm.

The **uterus** was unremarkable and empty measuring 0.68 cm.

Adrenal Glands

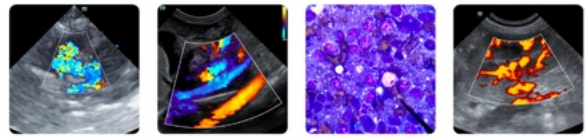
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.86 x 0.23 cm at the cranial pole. The right adrenal gland measured 1.9 x 0.64 cm.

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



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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** was significantly overdistended with chyme. A hypoechoic structure was noted and measured 1.8 x 1.0 cm and was noted in the pylorus in this patient. This may be consistent with foreign matter, vegetable material or similar. This appears to be partially obstructive. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content. The colon revealed normal stool consistency.

Pancreas

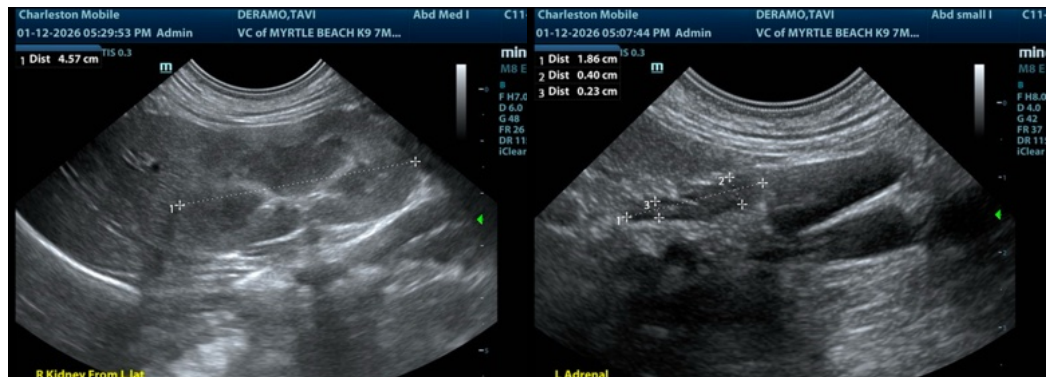
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

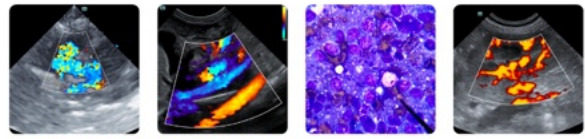
ULTRASONOGRAPHIC FINDINGS

Partial obstructive pattern with undefined structure in the pylorus. Foreign matter versus ingesta such as vegetables or similar.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend 24-hour n.p.o. and recheck sonogram. I cannot rule out a small pyloric intussusception in this patient that can present in this fashion. A recheck sonogram of the pyloric outflow is recommended. The abdominal discomfort is likely owing to over distension of the stomach. If the patient has been n.p.o. for 24 hours prior to the sonogram then I recommend exploratory surgery with manual palpation and examination of the pyloric outflow.





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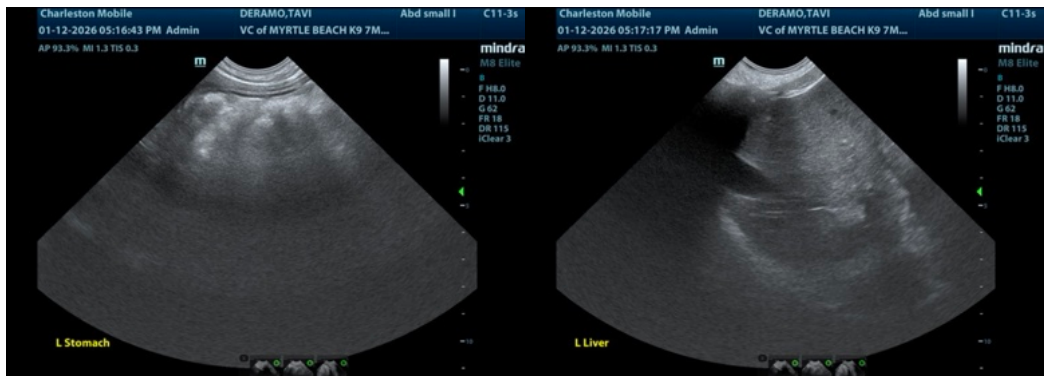
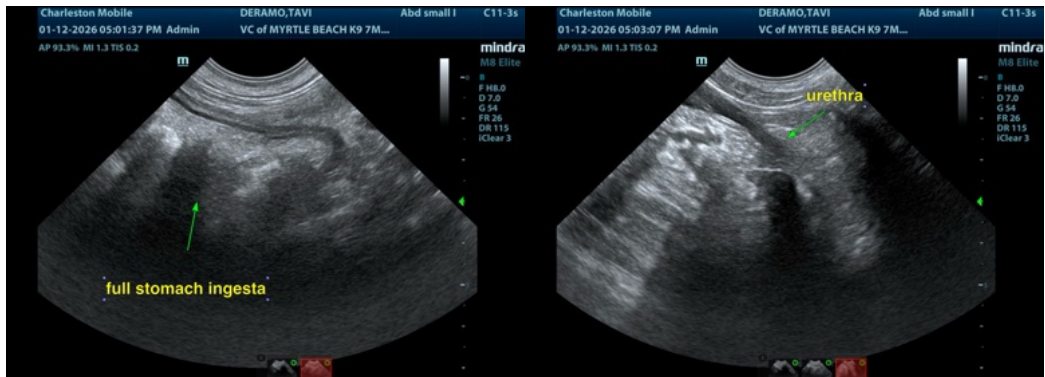
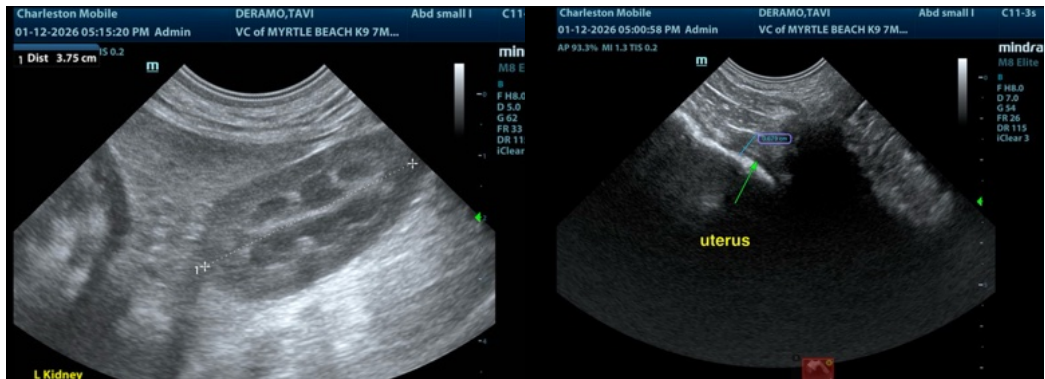
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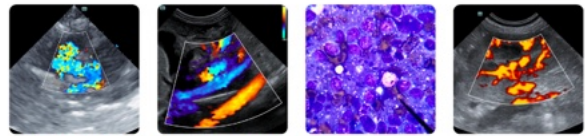
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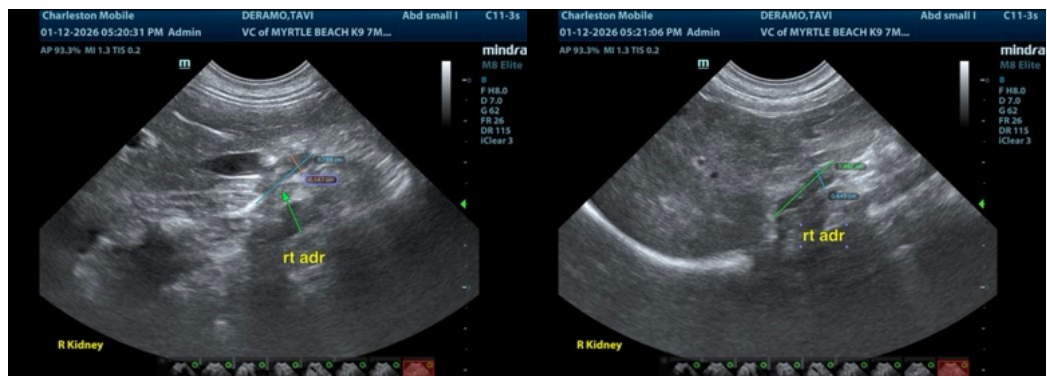
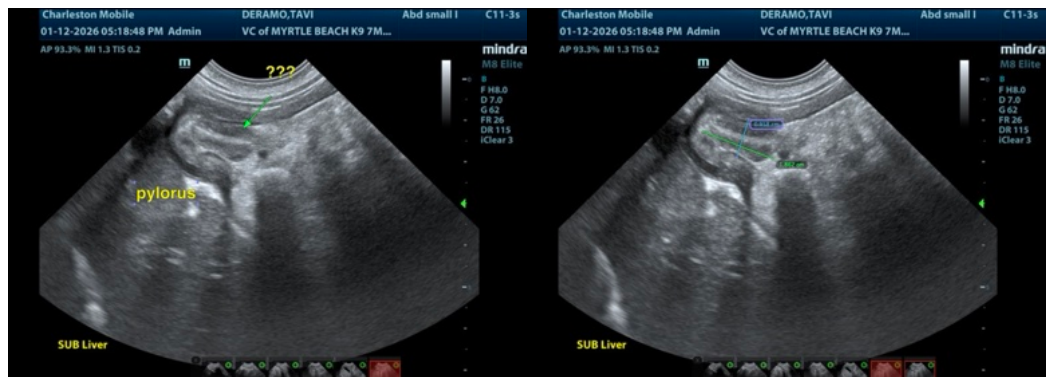
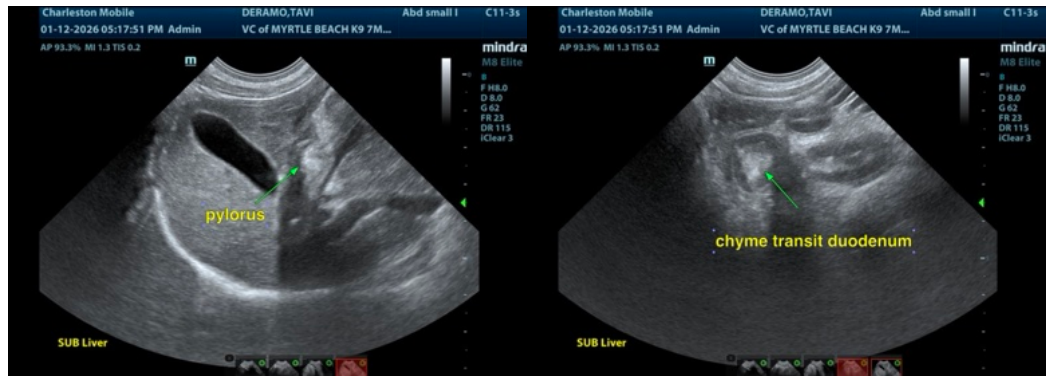
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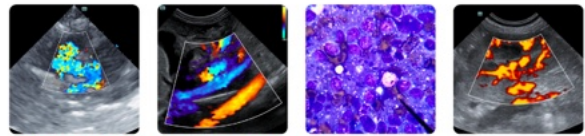
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com