



PATIENT PRESENTING CLINICAL SIGNS

Loki Rattius

History: Painful abdomen, lethargy x 2 days, not eating x 1.5 days, 2 episodes of vomit 2 days ago. History of vomiting and bloody diarrhea (likely dietary) 2 months ago. Patient treated with Buprenorphine/Cerenia/Famotadine and SQ fluids this morning.

SPECIES

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 59.2%, all else WNL. Chem 17: normal, amylase 449.

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

French Bulldog

Urinary System

SEX

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.

Neutered male

AGE

The residual prostate measured 1.04 cm.

2 years

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 5.15 cm.

WEIGHT

27.7 lbs

INTERPRETED BY

Adrenal Glands

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

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 right adrenal gland measured 1.88 x 0.81 cm at the cranial pole and 0.44 cm at the caudal pole. The left adrenal gland measured 1.84 x 0.43 cm at the caudal pole and 0.64 cm at the cranial pole.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Spleen

HOSPITAL NAME

Westwood Regional
VH

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.

REFERRING VET

Dr. Hartwick

Liver

INVOICE

42153

The **liver** images submitted revealed subjectively normal contour and structure. The liver is subnormal in size. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The portal vein to vena cava ratio was 1:1 with no evidence of portosystemic shunting. Branching of the portal vein appeared normal. 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.

DATE

10/26/22



PATIENT

Gastrointestinal

Loki Ratius

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

SPECIES

Canine

BREED

French Bulldog

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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Minor microhepatica.

AGE

2 years

Non-specific gastroenteritis presentation.

WEIGHT

27.7 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of portosystemic shunting. There is no evidence of foreign body obstruction.

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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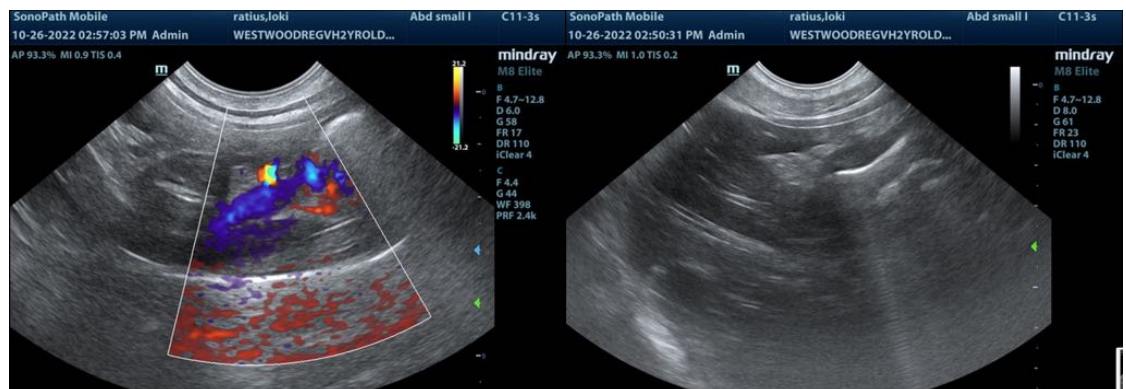
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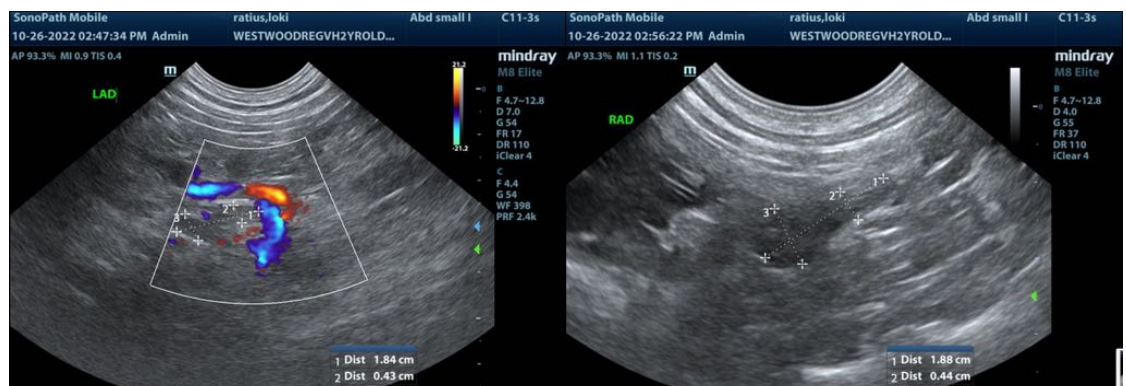
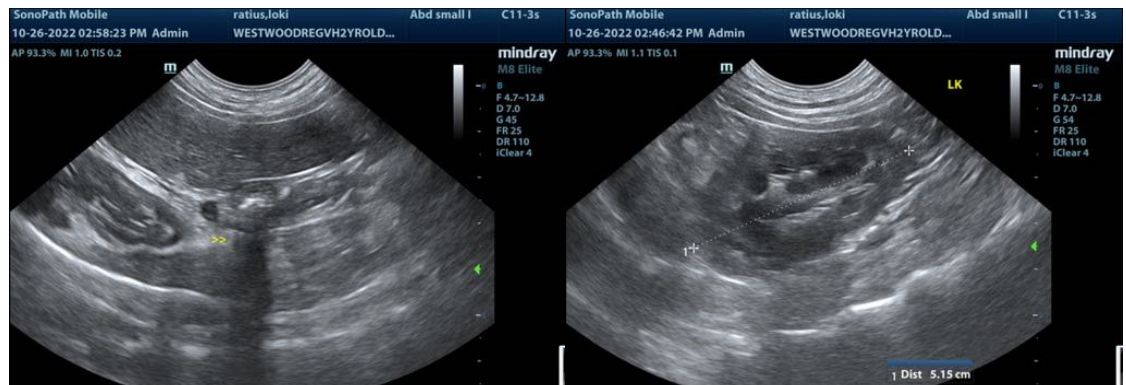
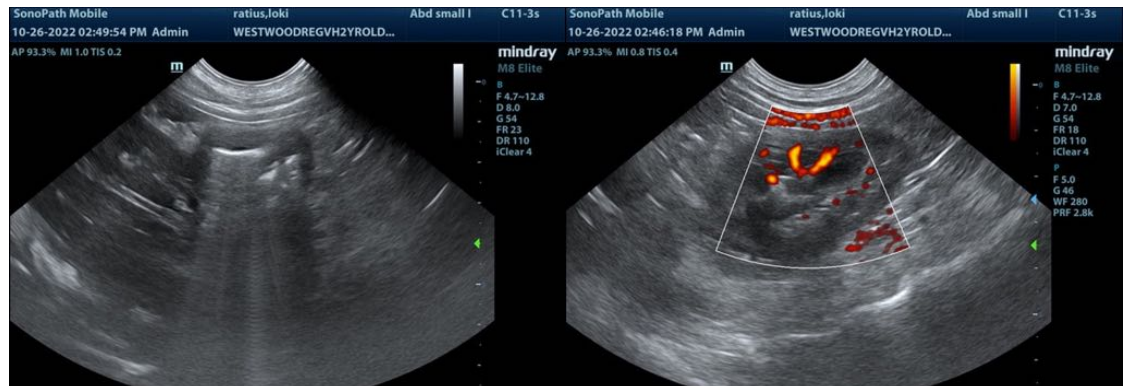
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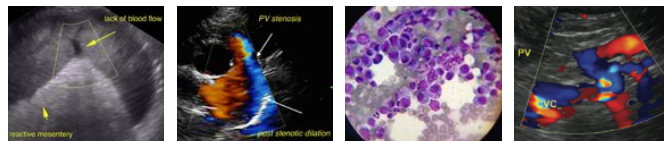
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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