



PATIENT

Lulu Straub

PRESENTING CLINICAL SIGNS

History: Vomiting, diarrhea, urinary crystals, IVDD, decreased appetite, dehydration

Medication: Entyce, Cerenia, Carafate, Pepcid, Flagyl

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

French Bulldog

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

9 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.1 cm in length. The right kidney measured 5.2 cm in length.

WEIGHT

23.4 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width at the caudal pole and 0.71 cm width at the cranial pole.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

HOSPITAL NAME

Southpaw AH

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

Dr. Marks

INVOICE

12363

DATE

10.14.2021



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Gastrointestinal

Lulu Straub

The stomach exhibited persistent to mildly progressive mural thickening with intact to regional indistinct wall layering. The gastric body wall width measured up to 0.9 cm. The pylorus wall width measured 0.60 cm. Subtle subjective decreased mural echogenicity was present. A mild amount of retained, primarily anechoic fluid was present in the gastric lumen without evidence of retained ingesta or foreign material.

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The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for potential mildly prominent to echogenic submucosa, as well as mild subjective prominent duodenal mucosa. No evidence of small intestinal mechanical or metabolic ileus was noted. The duodenum wall width measured 0.63 cm. The jejunum wall width measured 0.35 cm.

SEX

FS

Normal visible colon wall layers were present with apparent formed feces in lumen.

AGE

9 years

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

WEIGHT

23.4 Pounds

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

Primary Findings

- Persistent to mildly progressive thickened stomach
- Possible concurrent enteropathy
- Sonographically unremarkable urinary bladder and visible proximal urethra
- Sonographically unremarkable bilateral kidneys

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Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for persistent to mildly progressive inflammatory or infectious (helicobacter) gastropathy with potential for generalized inflammatory gastroenteropathy i.e., IBD or emerging neoplastic gastropathy is possible, given the mildly progressive gastric wall thickening compared to the previous study.

REFERRING VET

Dr. Marks

Empirically, continued as-needed gastrointestinal support, gastroprotectants +/- helicobacter protocol, which may include the addition of either Zithromax or Amoxicillin to current Metronidazole, and recheck stomach in 4 weeks, is warranted. However, ideally, upper gastrointestinal endoscopy with the potential for biopsies for further clarification is recommended. Hospitalization with 48–72-hour IV fluids to correct dehydration may prove beneficial. Resting cortisol level may be considered to rule out occult Addison's Disease.

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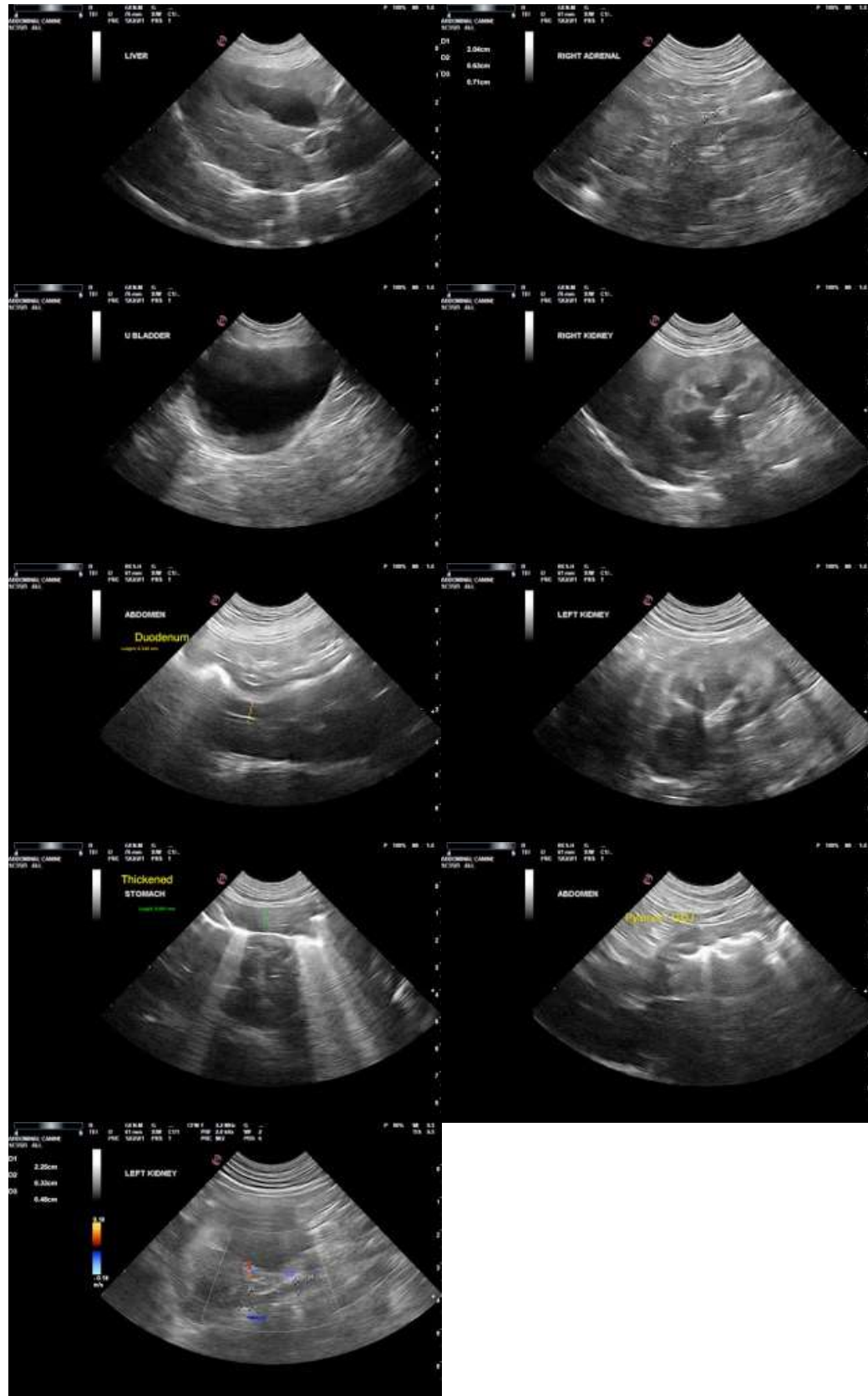
Dr. Marks

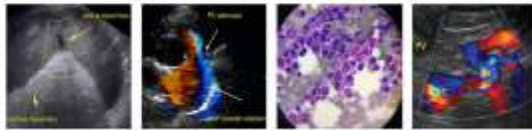
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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