



PATIENT

Lola Tullius

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

7 Pounds

WEIGHT

14.6 Pounds

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Stephanie Santora

INVOICE

44098

DATE

1/10/23

PRESENTING CLINICAL SIGNS

12/2 - went to rDVM with a several day hx of vomiting / diarrhea - treated with metronidazole and cerenia 12/7 - went to ER as signs were persisting - had normal CBC / Chem, rads showed dilated intestines with gravel. Did ex-lap, removed gravel, sand and rocks - client reports this was very odd for her to have eaten this. Since the surgery, continuing to have vomiting and diarrhea on and off (last few days vomits brown liquid once daily, passing only clear liquid stool and gel). Lost 4 pounds in the month since sx. Recheck of CBC / Chem yesterday showed ALT 777, ALP 315. GI panel and bile acids pending. Patient was fasted for at least 16 hrs prior to scan.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 4.4 cm. The right kidney measures 3.9 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 5.5 mm cranially and 6.6 mm caudally. The right adrenal gland measures 6.4 mm cranially and 5.2 mm caudally.

Spleen

A small portion of the spleen is identified ventromedial to the left kidney but cannot be visualized in its entirety due to the distended bowel loops in the normal location.

Liver

The liver is of subjectively decreased size with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

Portions of the visualized small intestine are markedly distended with granular contents that lack appropriate motility. Wall thickness is normal up to 3.1 mm, and wall layering exhibits the appropriate 1:3 muscularis to mucosal ratio. There is no specific obstruction identified. The duodenum is normal with wall thickness of 5.0 mm.

The visible portions of the colon have increased thickness, up to 2.4 mm with intact wall layering. The ileocecal junction is visualized and normal.



PATIENT

Pancreas

Lola Tullius

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SPECIES

Canine

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were mildly enlarged, up to 2.1 cm with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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French Bulldog

PRIMARY FINDINGS

- Profoundly dilated small bowel with altered motility

SEX

Spayed Female

SECONDARY FINDINGS

- Suspected microhepatica

AGE

7 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The markedly distended small bowel with lack of appropriate motility is concerning for an obstructive process. Differentials for this would include a post-operative stricture, a recurrent foreign body, neoplastic disease, or torsion. Re-exploration of the abdomen is recommended with biopsies of the entire intestinal tract.

WEIGHT

14.6 Pounds

The liver does appear subjectively small in size, as was noted on the previous radiographs. Bile acids testing is recommended to further assess whether this finding is of concern. It is possible that the newly elevated ALT and ALP are secondary to generalized inflammation in the abdomen due to the intestinal disease.

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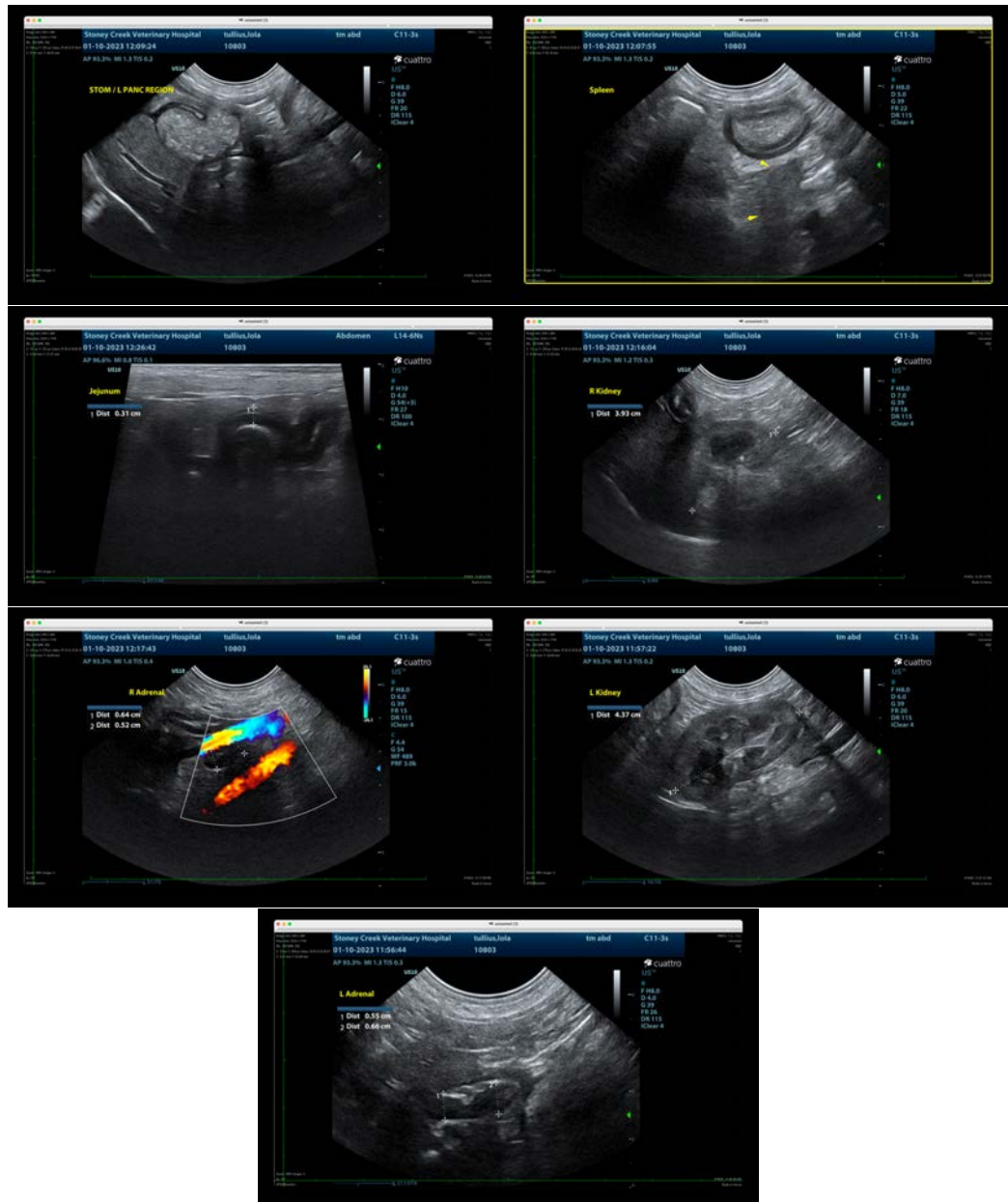
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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