



**PATIENT**

Rossi Conway

**SPECIES**

Canine

**BREED**

German Shorthair  
Pointer

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

Not Provided

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Chester AH

**REFERRING VET**

Dr. Migliaccio

**INVOICE**

35361

**DATE**

1/12/26

**PRESENTING CLINICAL SIGNS**

History: Vomiting/inappetence/incontinence - ate tampon 11/28/25 vomited cotton, no plastic eaten. 12/8 rectal exam- leaks 6-8" puddle urine when lying down. Prostate small, urethra -N. 1/7/26 recheck 4 days ago. Current meds: Famotidine 20 mgs 1 BID 7 days.

Abnormal PE/Chem/CBC/UA Results: 12/13/25 UA 1.061 1/8/26 WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate was uniform, measuring 1.28 cm. The prostate was slightly heterogenous with minor urethral dilation.

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 5.87 cm. The left kidney measured 7.02 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 right adrenal gland measured 1.07 cm at the cranial pole and 0.59 cm at the caudal pole. The left adrenal gland measured 2.0 cm x 0.6 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 were noted. Cranial folding of the spleen 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 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**



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The upper **gastrointestinal tract** was empty, including the stomach, duodenum, and upper jejunum. The distal small intestine revealed a stasis pattern with slight shadowing material in the proximal descending colon. Normal stool consistency was noted in the colon. Cannot rule out passing foreign matter. One area in particular revealed shadowing material, measuring approximately 3.6 cm. This is presumed to be colon, however, superimposes upon the distal small intestine.

**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.

**Free Abdomen**

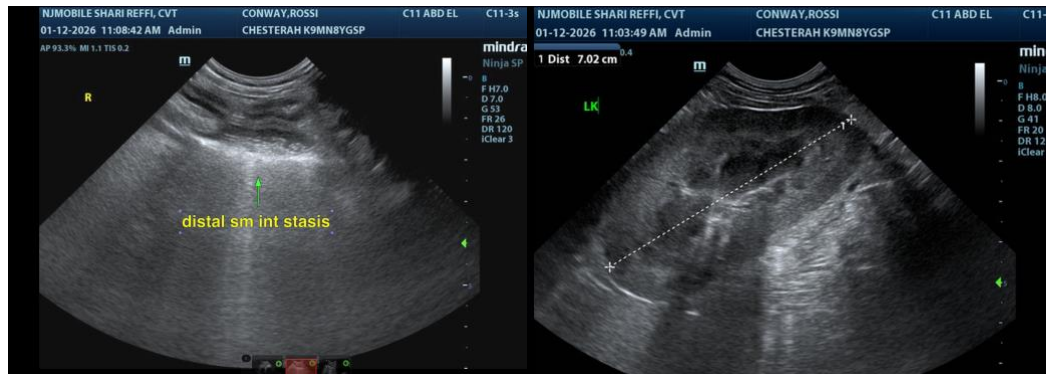
The mesenteric **lymph node** (up to 2.0 cm x 1.0 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

**ULTRASONOGRAPHIC FINDINGS**

- Minor reactive mesenteric lymph nodes
- Minor stasis pattern in the distal small intestine- no full obstruction is noted
- Potential urethritis or embedded infection within the residual prostate
- Cranial splenic fold

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cannot rule out distal small intestinal soft foreign matter. Normal stool consistency and normal upper GI presentation is noted. Recommend medical management in this patient with IV fluid support, GI protectants, plasma expanders, and assessment for stool production and potential passage of foreign matter. Given the lack of full obstruction, I am hesitant to recommend surgery in this patient at this time, however, if clinical signs persist, then exploratory surgery with focus on the distal small intestine is indicated. If surgery is to be performed, GI and lymph node biopsies are indicated. No evidence of neoplasia.





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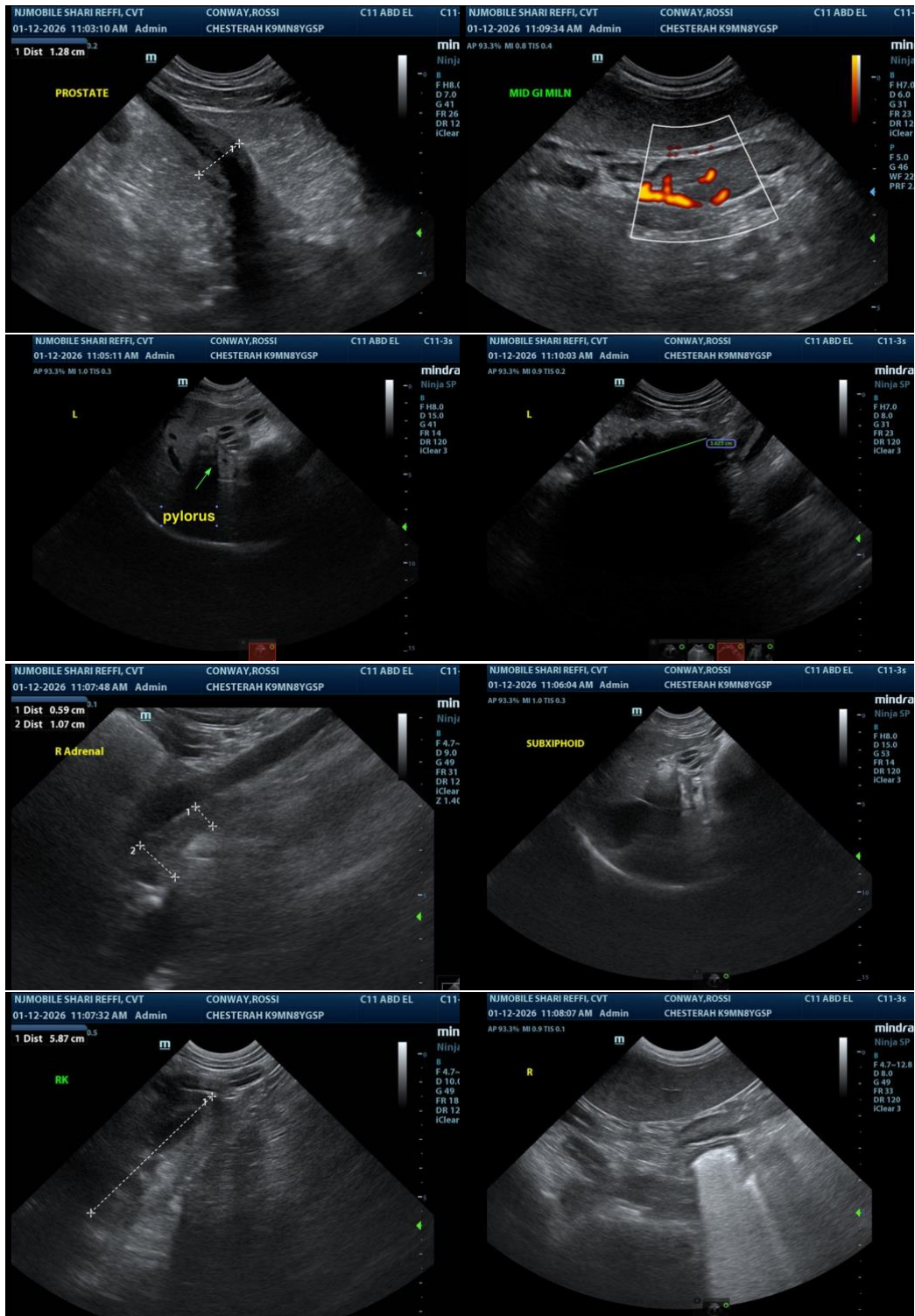
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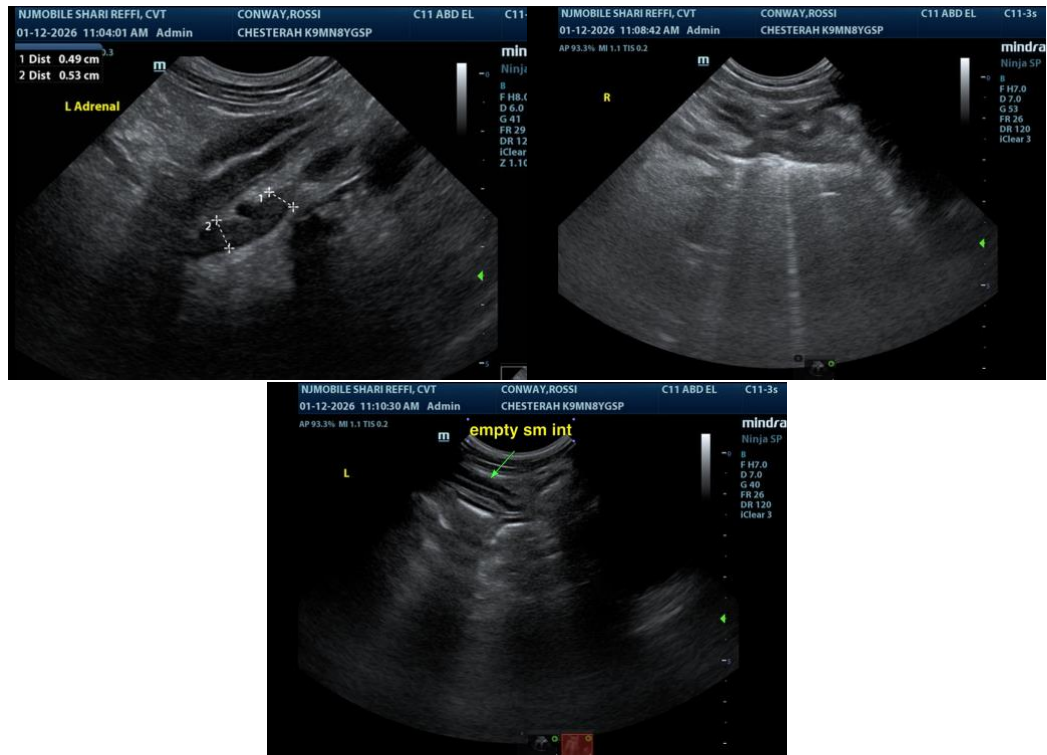
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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(CFM), Cert. IVUSS,  
CEO, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)