



PATIENT

Bogey Heinsman-Davison

SPECIES

Canine

BREED

Mini Aussie

SEX

Spayed Female

AGE

5 Years 5 Months
(08/01/20)

WEIGHT

23 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jenni Tudini
MRCVS, SDEP Cert.
(abd)

HOSPITAL NAME

East Aurora Veterinary
Hospital

REFERRING VET

Dr. Jim Tudini

INVOICE

133176

DATE

01/14/26

PRESENTING CLINICAL SIGNS

Patient presents for vomiting and diarrhea. Started around Christmas Hyporexic to anorexic. Decreased energy. Not herself. On Sunday she had a burst of energy, but it was short lived. Vomiting mostly bile and white foam. Ate 2 pieces of turkey meatballs 2 hours ago and has held down so far. Won't take omeprazole, or probiotic, or Cerenia. Drooling and licking all night. Drinking, but not much, and is holding it down.

PE: - oral mucous membranes moderately hyperemic, but tacky in character. CRT WNL - abdominal palpation was unremarkable. Soft/compliant and non-painful. NSF - the patient vomit while in the exam room and the vomitus contained a marked amount of mucous/saliva and pieces of hot dog. Owner claims that the hot dog is something that was fed to the other dog. - CBC/Chem/4Dx/Pro BNP/Fecal - NSF - Rads: moderate to marked gas distension of the stomach. This is curious after the patient vomited a large amount in the exam room. Also, there appears to be a section of intestine showing evidence of plication, but this could also be normal gas accumulation at the ileocolic junction. No obvious mass or mass effect noted. Also, no change in the cranial abdomen commonly associated with pancreatitis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a cluster of sand accumulation measuring approximately 1.2 cm. The urethra was normal in structure and tone to a depth of 2.0 cm.

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. The capsules were acceptably uniform without significant irregularities. Slight pinpoint mineralizations were noted bilaterally. The left kidney measured 4.0 cm in length. The right kidney measured 4.21 cm in length.

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 1.56 cm x 0.39 cm width at the cranial pole and 0.51 cm width at the caudal pole. The right adrenal gland measured 1.5 cm x 0.50 cm width at the caudal pole and 0.60 cm width at the cranial pole.

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.

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



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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

The **stomach** was over distended with fluid and gas. Some echogenic remodeling of the pyloric mucosa was present. Power doppler assessment of a 2.0 cm structure was noted in the pylorus. This is likely coalesced chyme or ingesta. The upper duodenum appeared unremarkable.

Pancreas

Minor heterogenous right **pancreatic** changes were present.

ULTRASONOGRAPHIC FINDINGS

- Bladder sand.
- Pinpoint mineralizations in bilateral kidneys.
- Gastritis/pancreatitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Power doppler assessment for possible tumor is recommended. Endoscopy would be ideal for further definition. 24-hour NPO, IV fluid support and GI protectants are all indicated. Slurry feedings are warranted when the patient has surpassed the anorexic episodes.





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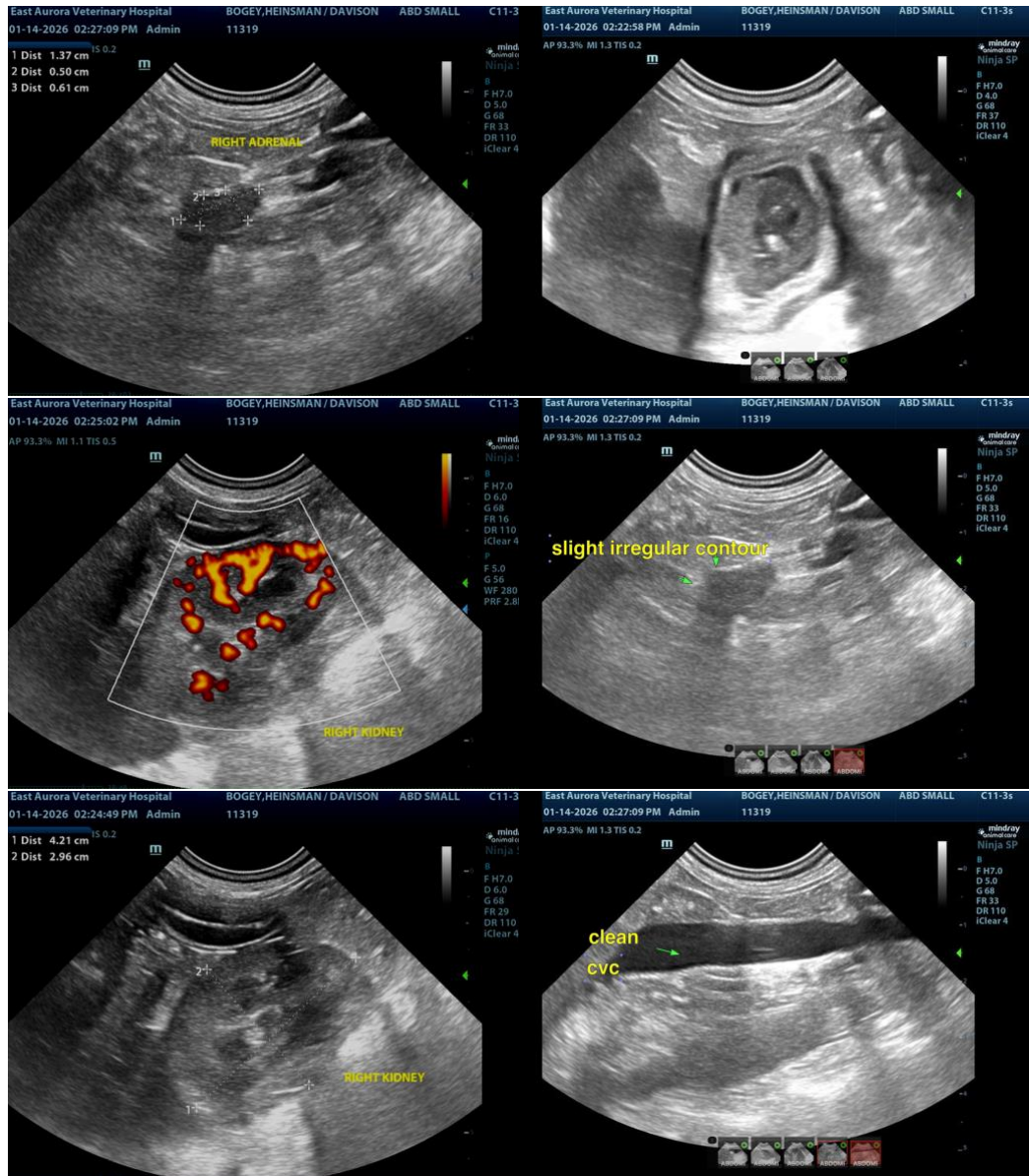
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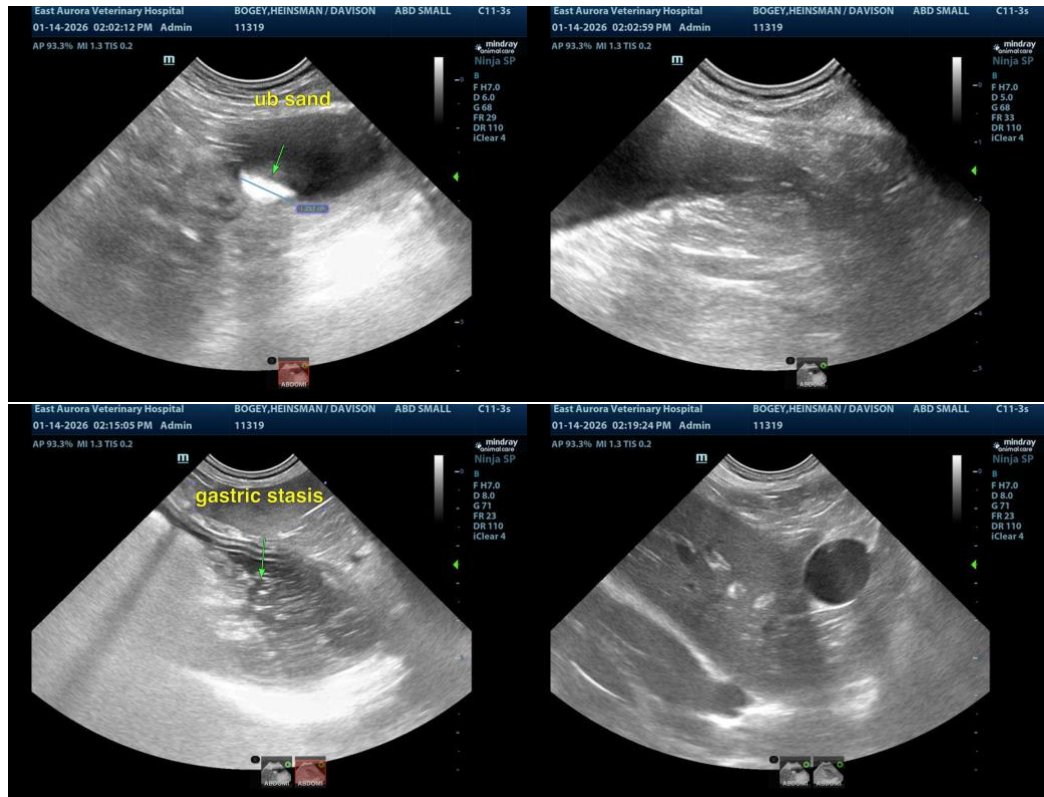
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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