



## PATIENT

Ryka DeLuca

## SPECIES

Canine

## BREED

Belgian Malinois

## SEX

Spayed female

## AGE

11 ½ years

## WEIGHT

52 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Jeremiah Gabriel

## HOSPITAL NAME

Central Jersey AH

## REFERRING VET

Dr. Gabriel

## INVOICE

70286

## DATE

1/19/26

## PRESENTING CLINICAL SIGNS

- Bloody diarrhea
- lost 2 LBS within one week

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. The bladder wall measured 0.83 cm at moderate repletion. No calculi or masses were noted. Slight micropolyloid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney revealed an anechoic cyst at the caudal cortex. The left kidney measured 6.4 cm.

### Adrenal Glands

The **left adrenal gland** was imaged with no evidence of pathology and measured 0.6 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

### 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 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.



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**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal.

Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

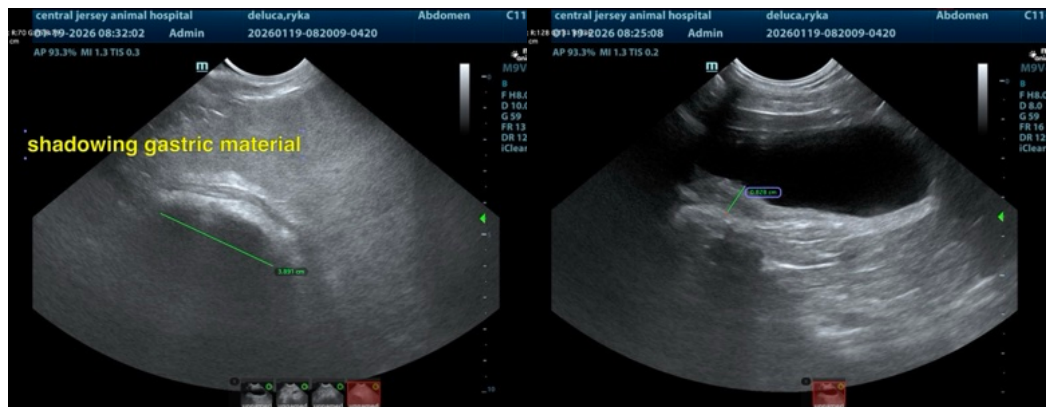
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

Full stomach, potential foreign matter.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Interpretation of the findings should be based on post prandial timing. Imaging at full n.p.o. status is recommended. If shadowing material is persistent in the stomach then gastrotomy is indicated; however, transit of chyme appeared to be occurring. There was no evidence of neoplasia; however, if chronic gastric foreign bodies are present, then this may be contributing to the clinical signs.





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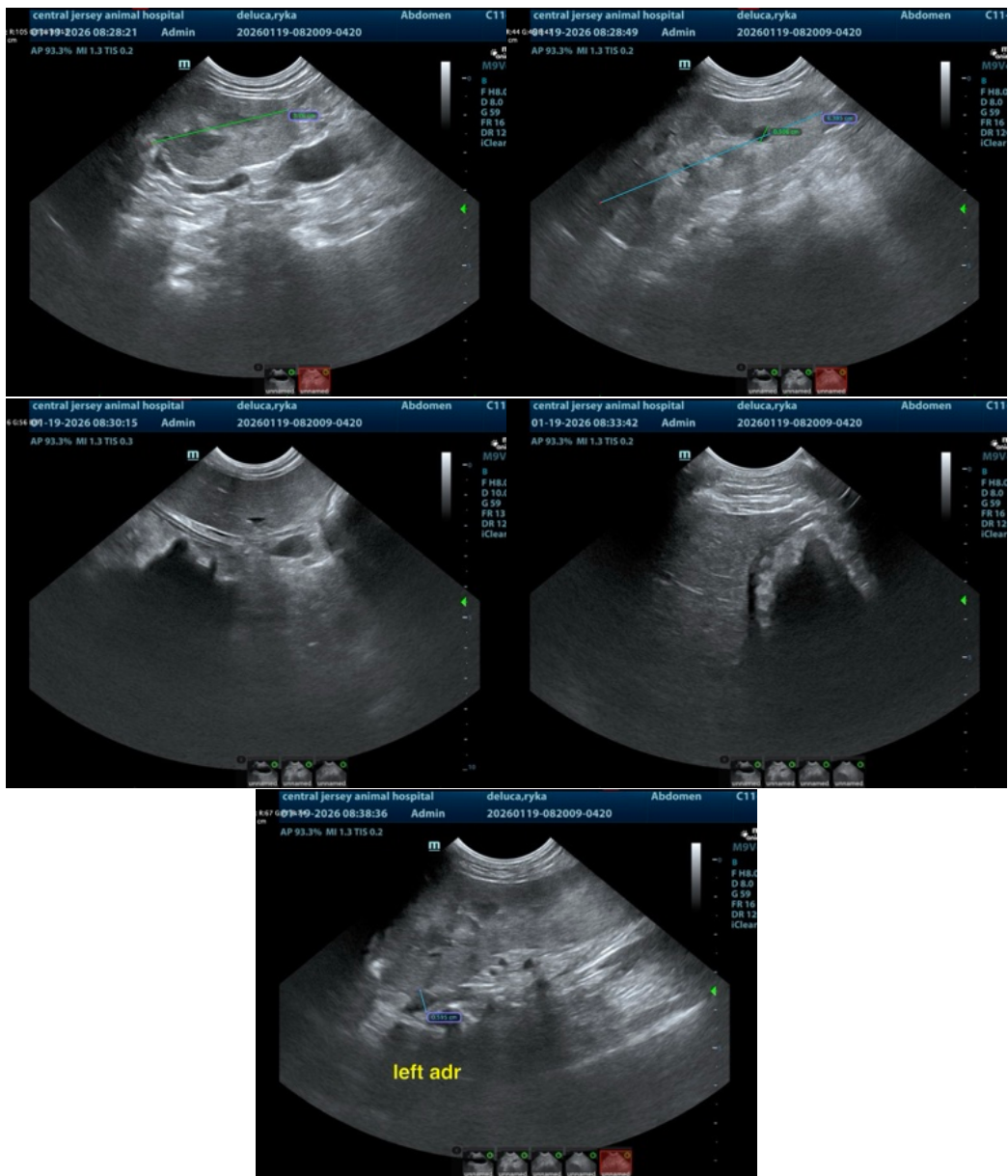
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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