



PATIENT

Rip Thorley

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

5

WEIGHT

60

INTERPRETED BY

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

IMAGING PERFORMED BY

Hunt

HOSPITAL NAME

Bayshore VH

REFERRING VET

Dr. Hunt

INVOICE

35518

DATE

1/20/26

PRESENTING CLINICAL SIGNS

History: Vomiting after being collided with during skiing. Fairly continuous. all b/w ok. no fever.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an apical thickening, measuring 1.2 cm, with a slight amount of free fluid adjacent to the apex of the bladder. Some striating mucus was noted within the bladder. The iliac trifurcation was unremarkable. The prostate was uniform, measuring 1.72 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, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.0 cm. The left kidney measured 6.0 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 2.82 cm x 0.83 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 1.8 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.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. 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. The vena cava appeared volume contracted.

Gastrointestinal

A minor amount of fluid filled **gastric** lumen was present. The distal small intestine revealed a 2.3 cm partially obstructive foreign body with a slight linear attachment, with stasis, followed by empty small intestine. Some reactive mesentery was also noted. The colon was unremarkable.

Pancreas



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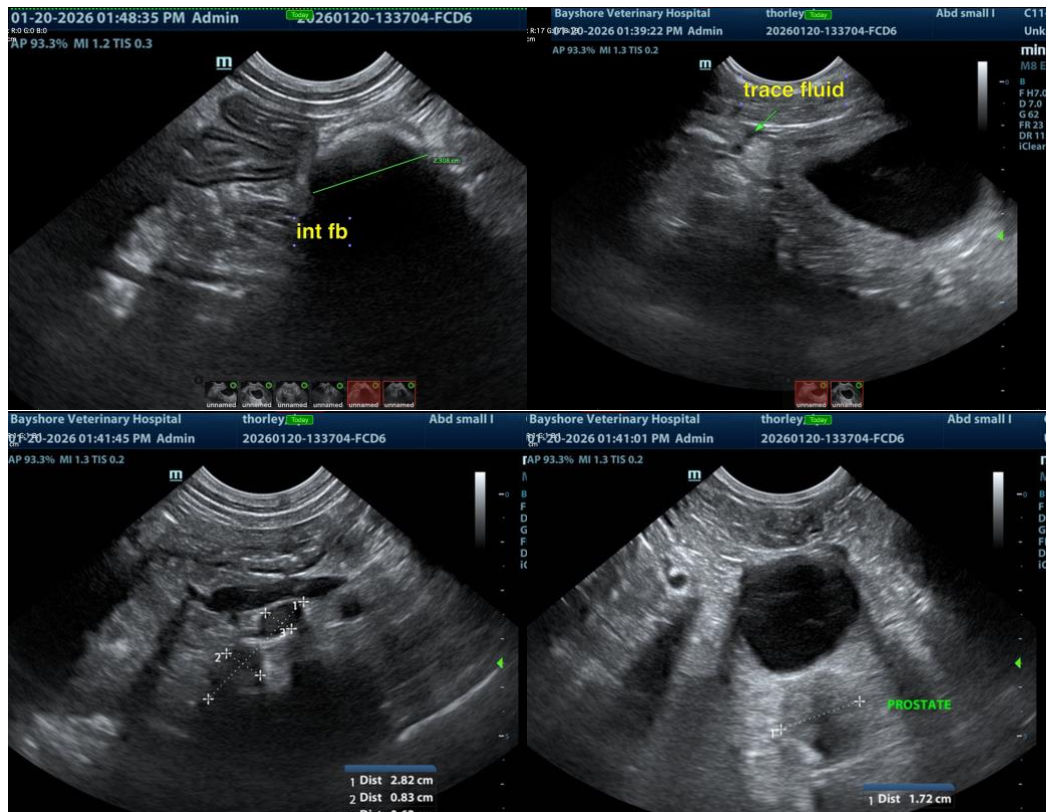
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal foreign body
- Urinary bladder apical thickening
- Trace free fluid cranial to the urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The trace free fluid cranial to the urinary bladder may be deriving from the small intestinal pathology. Exploratory surgery with GI biopsies is recommended. Assessment for chronic cystitis is warranted with inspection of the apex of the urinary bladder at the time of surgery.





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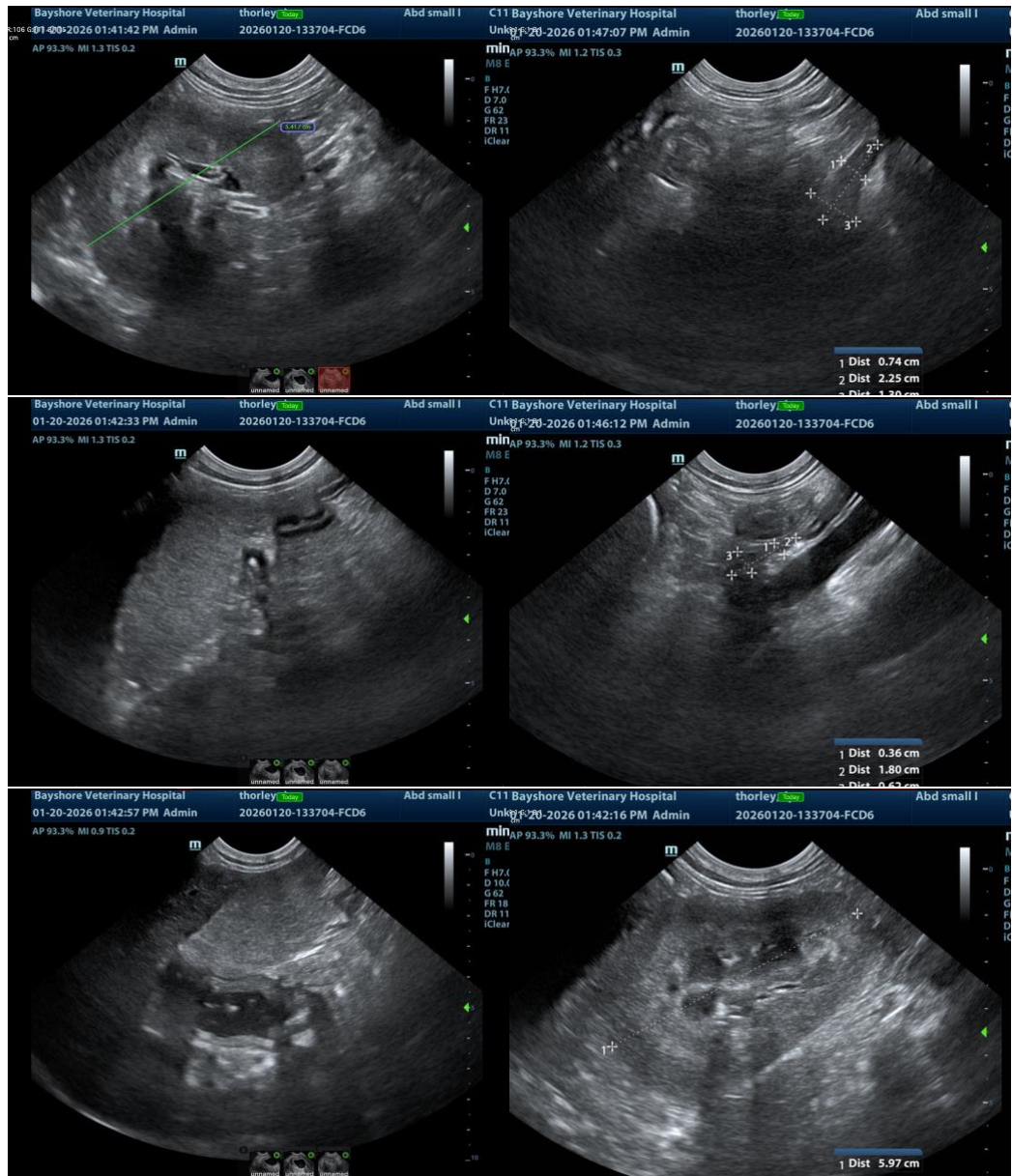
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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