



PATIENT

Moe Tucker
Trepagnier

SPECIES

Canine

BREED

Westie

SEX

Spayed Female

AGE

10 Years 10 Months

WEIGHT

18 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mark Reser

HOSPITAL NAME

Harvest Hills
Veterinary Hospital

REFERRING VET

Dr. Mark Reser

INVOICE

13279

DATE

01/21/26

PRESENTING CLINICAL SIGNS

- Dog has hx of pancreatitis in past. Past 2 days having vomiting and diarrhea but has also been eating on horse hoof trimmings.

Abnormal PE/Chem/CBC/UA Results: Dog is lethargic. Painful in cranial abdomen. BW showed high Lipase (3585) ALT (276) and GGT (17). Rads showed lot of gas and fluid in small intestines, few areas that appear to be more dilated, possible foreign material in pylorus, but stomach was not distended. Temp 101.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 were noted. Ureteral papillae were normal.

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 left kidney measured 4.5 cm in length. The right kidney measured 4.2 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 0.60 cm width. The right adrenal gland measured 0.70 cm width at the cranial pole 0.65 cm width at the caudal 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 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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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. Normal amount of retention of chyme noted in the stomach, some of which was shadowing in the pylorus. The colon was empty.

Pancreas

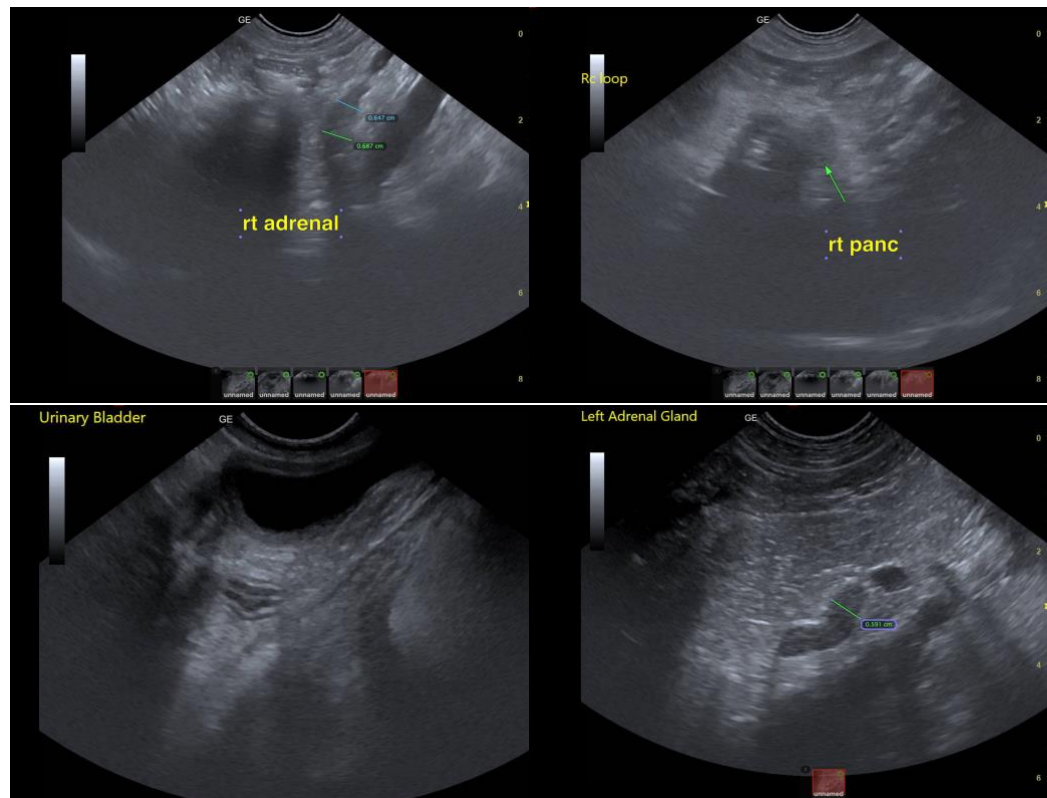
The right base of the pancreas revealed a 2.0 cm mixed hypoechoic parenchymal change adjacent to the duodenum with minor duodenal thickening. Hyperechoic surrounding fat was noted.

ULTRASONOGRAPHIC FINDINGS

- Focal pancreatitis pattern with retention of ingesta or possible soft foreign matter.
- Hypoechoic pancreatic parenchymal change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Depending on when the patient ate prior to the sonogram, endoscopy would be indicated if the material is persistently present on repeat sonogram after 18-24 hour NPO. IV fluid support, broad spectrum antibiotics and pain management are all indicated.





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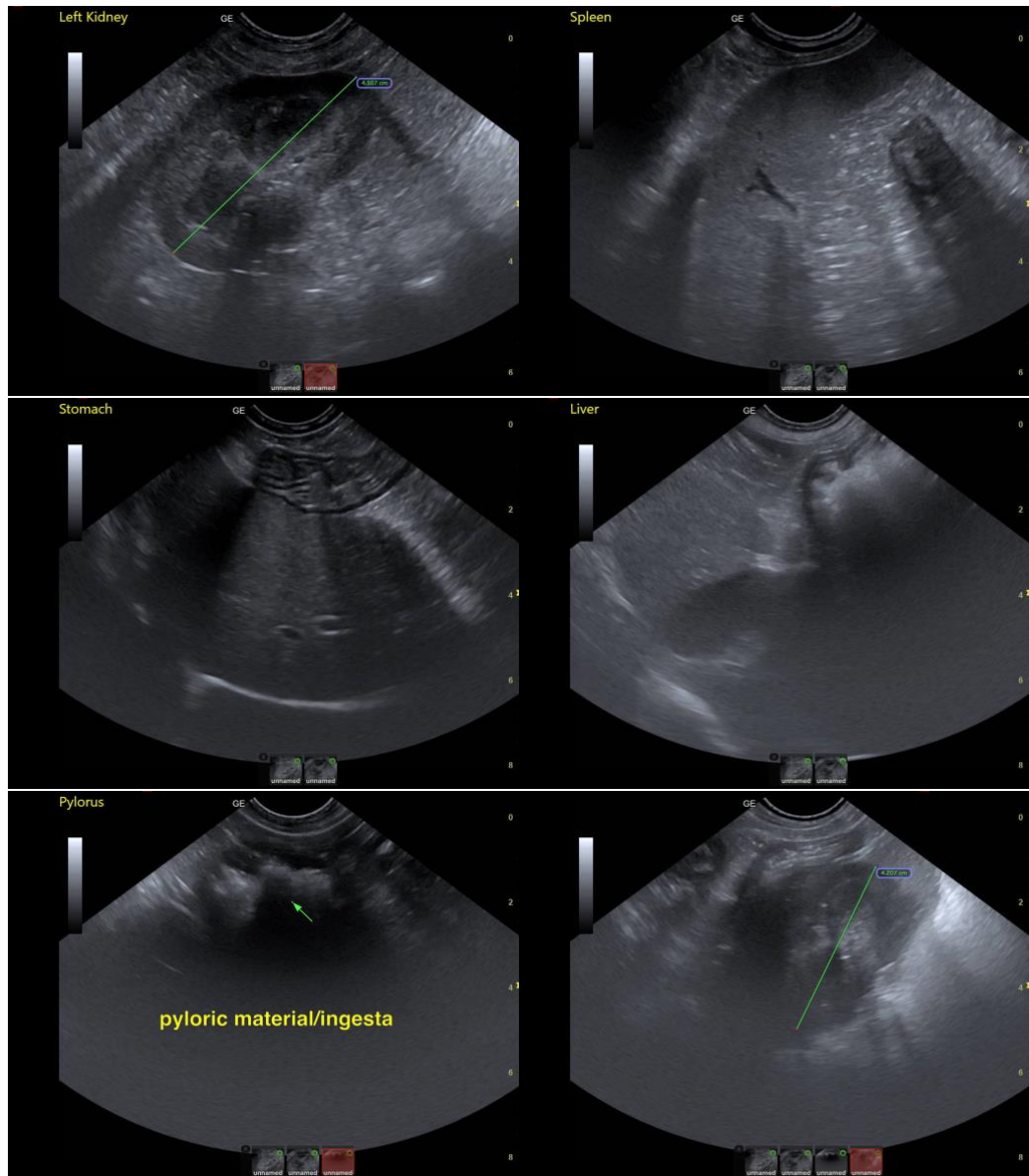
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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