



## PATIENT

Oakley Lichter

## SPECIES

Canine

## BREED

Beagle Mix

## SEX

Neutered male

## AGE

6 years

## WEIGHT

34.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Heather

## HOSPITAL NAME

Animal Care Center of  
Flanders

## REFERRING VET

Dr. Hallihan

## INVOICE

71077

## DATE

1/30/26

## PRESENTING CLINICAL SIGNS

- boarding - ate chunks of blanket on Wednesday - vomited that night, vomited Thursday morning - fed him and gave Pepcid - he vomited again Thursday night - this morning kennel came into more vomit - they did feed him so wondering if what is in his stomach is food or blanket pieces - x rays revealed definitely full stomach looking like material may be traveling through digestion

## 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 **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 5.2 cm. The right kidney measured 5.3 cm.

### Adrenal Glands

The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared unremarkable.

### 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.



## PATIENT

### *Gastrointestinal*

Oakley Lichter

The **stomach** was thickened with 0.9 cm soft shadowing luminal material. The gastric fundus appeared to be occupied by luminal material. Fluid filled gastric lumen was noted along with chyme. Transit of chyme was noted in the small intestine. The transverse colon appeared to be full with soft stool in the colon.

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### *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.

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## ULTRASONOGRAPHIC FINDINGS

Unhealthy gastric wall with retention of ingesta or soft foreign matter in the gastric fundus. Possible transiting foreign matter into the stomach.

## WEIGHT

34.8 lbs

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

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The gastric wall is not healthy. Underling disease is suspected.

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I recommend medical management in this patient with 24 hour n.p.o. followed by a recheck sonogram is recommended. Induction of vomiting can be considered as well as the material in the gastric fundus may be evacuated.

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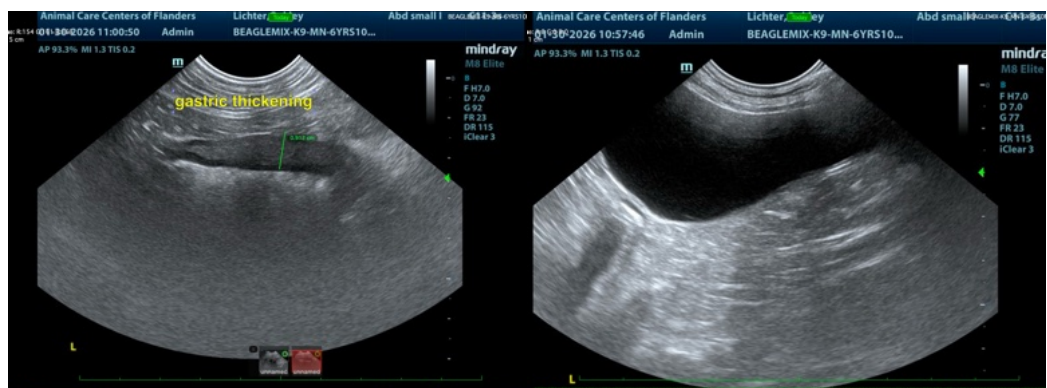
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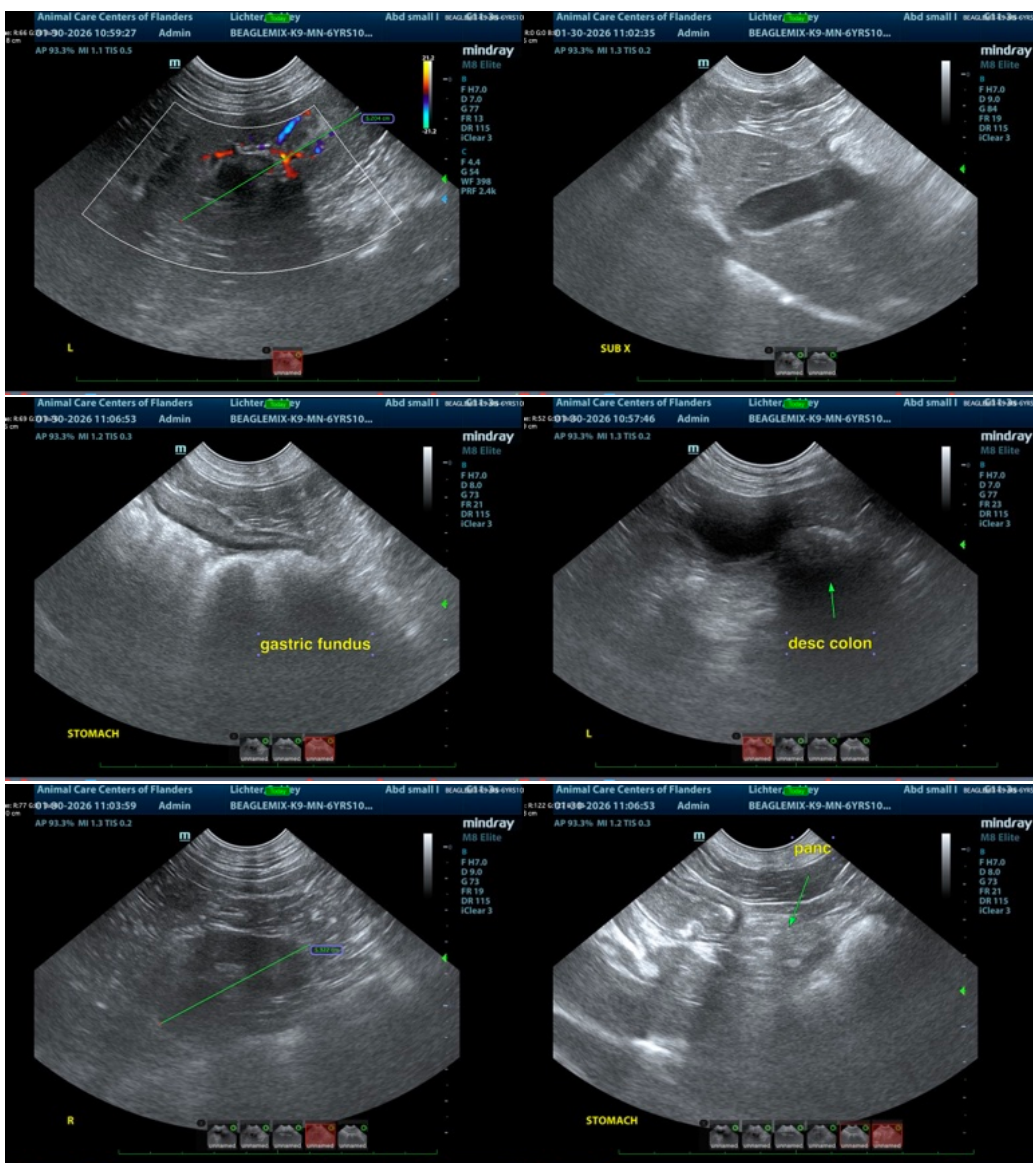
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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