



## PATIENT

Lucca Orizotti

## SPECIES

Canine

## BREED

Doodle Mix

## SEX

Neutered Male

## AGE

5

## WEIGHT

16.7

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Sarah Burns, DVM

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Sarah Burns, DVM

## INVOICE

35192

## DATE

1/4/26

## PRESENTING CLINICAL SIGNS

History: 1. Hematemesis- currently resolved on medication 2. Pytalism- currently resolved on medication. Liver value elevations- will need to reassess 3. Dribbling urine.

Abnormal PE/Chem/CBC/UA Results: Chem10: TP 6.8 (N), ALT 149 (H- improved), ALP 33 (N) PCV/TS: 58%/6.8 g/dl.

## 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 5.6 cm.

### *Adrenal Glands*

The **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 0.6 cm. The right adrenal gland measured 1.1 cm at the cranial pole and 0.8 cm 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. Cranial folding of the spleen 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.

### *Gastrointestinal*

The **stomach** in this patient presented thickened pyloric outflow with reactive surrounding mesentery and luminal fluid. The pyloric antrum revealed echogenic mucosal remodeling with multifocal hyperechoic mucosal inclusions with reactive surrounding mesentery consistent with ulcerative



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gastritis and regional pancreatitis. Variable spastic intestine was noted. Mild chronic intestinal changes were noted without loss of mural detail. The colon was unremarkable.

**Pancreas**

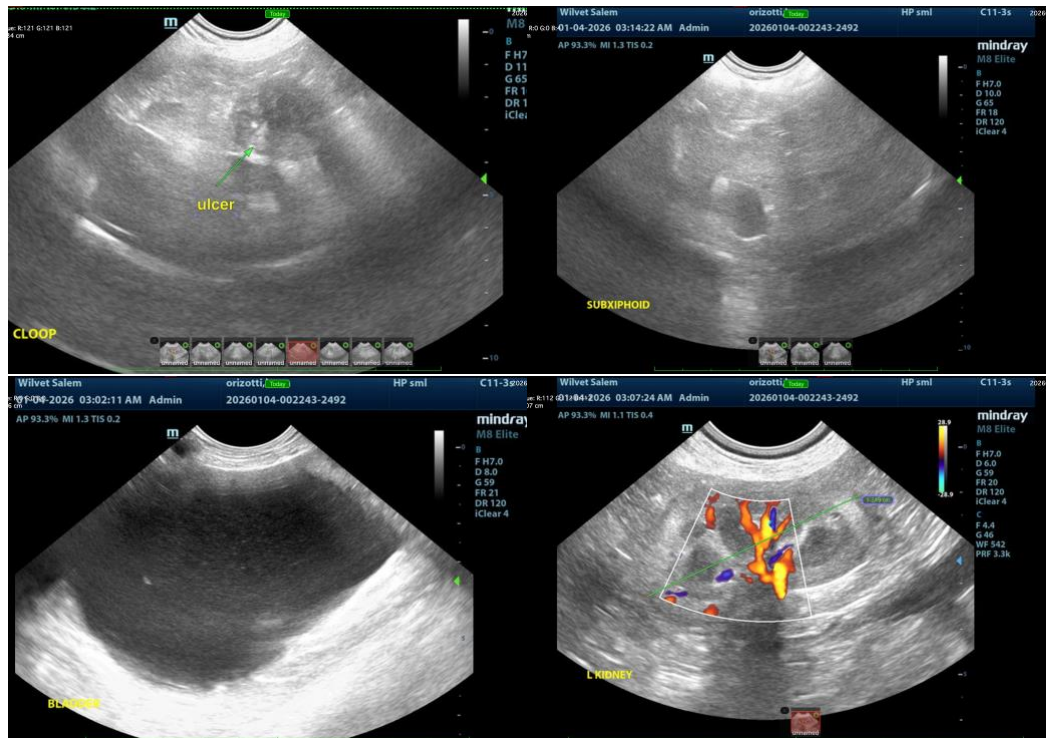
The **pancreas** revealed extensive mixed echogenic changes enveloping the upper gastrointestinal tract. Primarily pancreatic pathology was at the right base.

**ULTRASONOGRAPHIC FINDINGS**

- Ulcerative gastritis/pancreatitis pattern
- Mild chronic intestinal changes
- Likely reactive hepatopathy
- Cranial splenic fold

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of foreign body or obvious neoplasia. 24-hour NPO, GI protectants, and slurry feeding is warranted after 24-hour NPO. Recheck sonogram in 72 hours. Endoscopy would be indicative for further definition. Urine culture and sensitivity are indicated. No evidence of significant urinary tract disease from a structural standpoint. Liver value elevations are likely reactive hepatopathy, as structurally the liver appears unremarkable.





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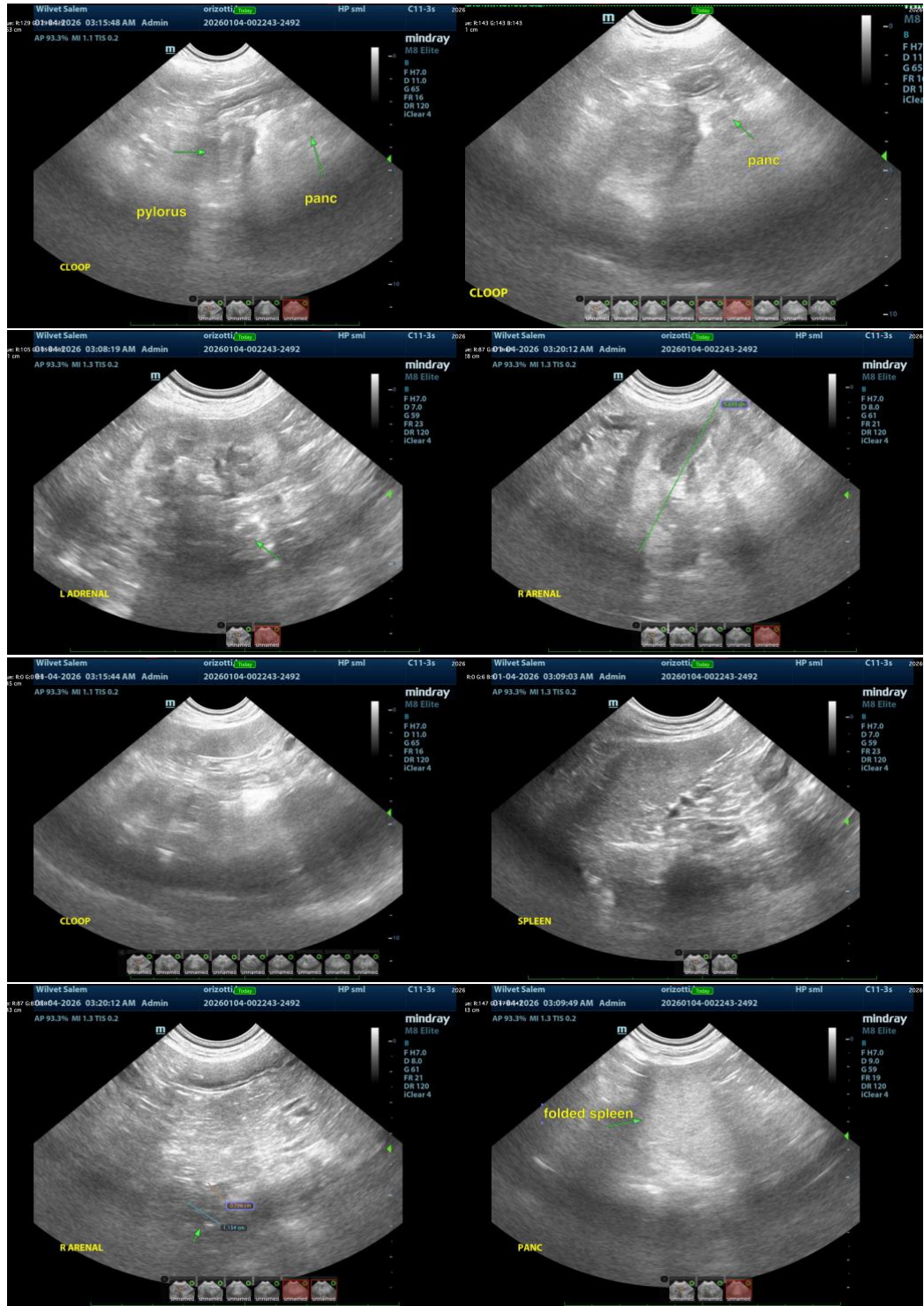
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@SonoPath.com](mailto:info@SonoPath.com)