



PATIENT

Whiskey Haynes

SPECIES

Canine

BREED

Aus Shep Mix

SEX

Intact Male

AGE

4 Years

WEIGHT

23 kg

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (Canine &
 Feline), Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

AEC of the High
 Country

REFERRING VET

Dr. Crosbie

INVOICE

35222

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: P presented last night to ER for vomiting 8-9 times, restless, whining not drinking, did not want to lie down. NPO since arriving to E clinic - regurgitated yellow/greenish fluid immediately prior to US, Uncomfortable when Pushing on R Cran abdomen Rad report: segmental small intestinal distension with heterogeneous intraluminal content, Moderate prostatomegaly.

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 were noted. Ureteral papillae were normal.

The **prostate** revealed mild irregular enlargement, measuring 4.3 cm, with edema lines and swollen contour, consistent with BPH and prostatitis.

The **testicles** were imaged and found to be uniform. No evident pathology.

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 7.24 cm. The left kidney measured 7.13 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 2.55 cm x 1.29 cm at the cranial pole and 0.66 cm at the caudal pole. The left adrenal gland measured 1.73 cm x 0.38 cm at the caudal pole and 0.5 cm at the cranial 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.



PATIENT

Whiskey Haynes

SPECIES

Canine

BREED

Aus Shep Mix

SEX

Intact Male

AGE

4 Years

WEIGHT

23 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

AEC of the High
Country

REFERRING VET

Dr. Crosbie

INVOICE

35222

DATE

1/5/26

Gastrointestinal

The **stomach** was overdistended with fluid. Some floating linear material was noted in the stomach. The pylorus revealed slight thickening with luminal fluid. No overt obstruction was noted. The duodenum was uniform and empty with no evidence of pathology. The colon was thickened yet empty in this patient.

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.

Free Abdomen

Slight **free fluid** was noted in the caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

- Prostatitis pattern
- Undefined free fluid in the caudal abdomen
- Gastric stasis with some linear nonobstructive material

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot completely rule out linear foreign body in this patient, however, an anchor at the base of the tongue could be an issue. Recommend oral examination to assess the back of the tongue for a potential linear foreign body, however, I cannot follow the linear structures into the small intestine and there is no evidence of accordion pleating that is usually present with linear foreign body. There is some level of gastritis and gastric stasis. Endoscopy could be considered. Ultrasound guided abdominocentesis of the caudal abdominal free fluid is indicated. It's possible that the free fluid may be deriving from ruptured prostatic cyst, given the prostatic pathology, as such a cyst would not be overtly visible post-rupture. Management for gastroenteritis is indicated. 24-hour NPO, IV fluid support, GI protectants, plasma expanders, recheck sonogram of the pyloric outflow/GI tract, and tapping of the free fluid are all indicated. I'm hesitant to send this patient to surgery, as complete obstructive pattern is not present and the linear structures within the stomach could very well be simple grass or similar organic nonobstructive material.



PATIENT

Whiskey Haynes

SPECIES

Canine

BREED

Aus Shep Mix

SEX

Intact Male

AGE

4 Years

WEIGHT

23 kg

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

AEC of the High Country

REFERRING VET

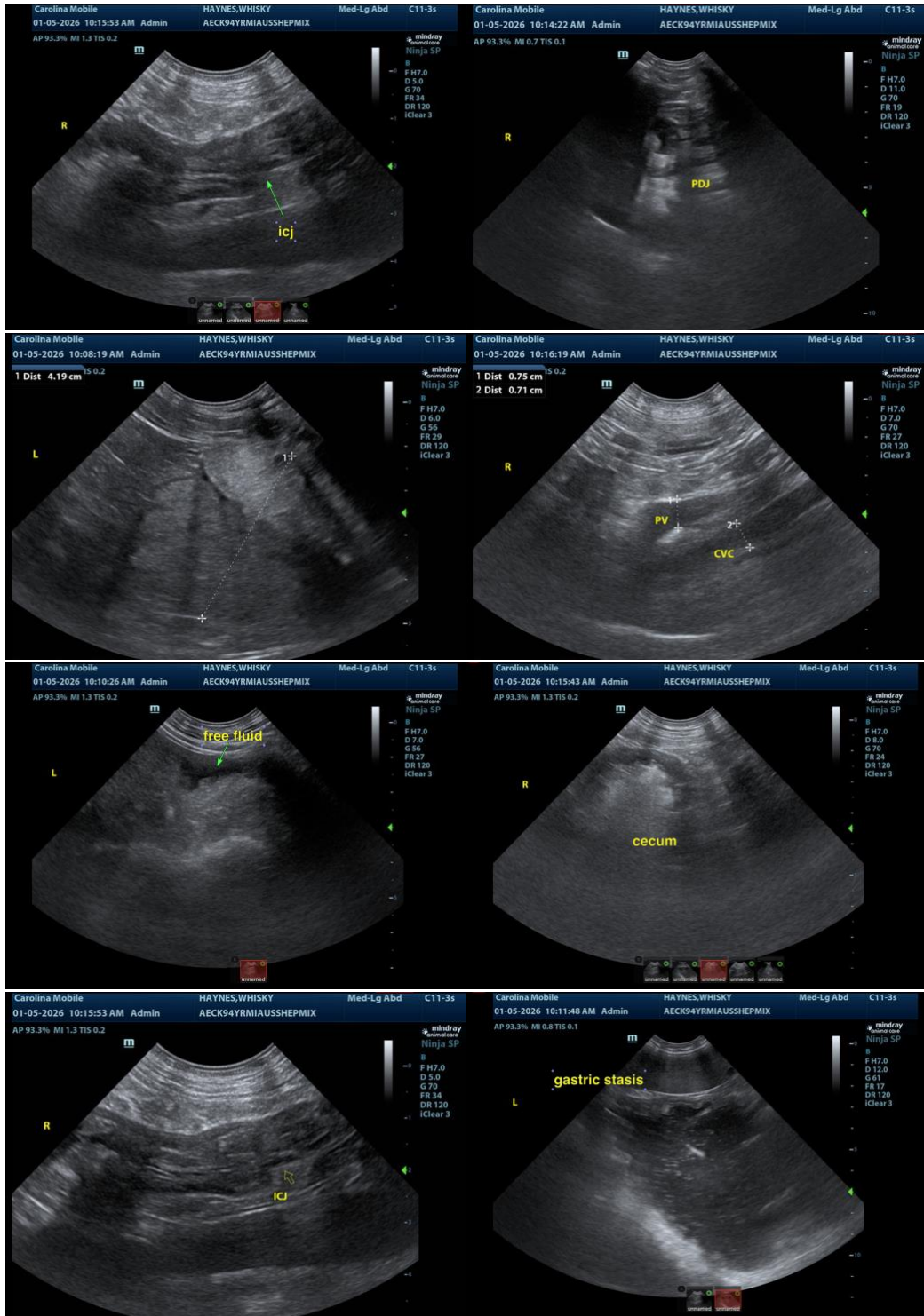
Dr. Crosbie

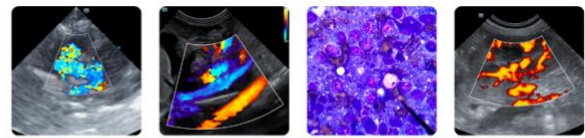
INVOICE

35222

DATE

1/5/26





PATIENT

Whiskey Haynes

SPECIES

Canine

BREED

Aus Shep Mix

SEX

Intact Male

AGE

4 Years

WEIGHT

23 kg

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (Canine &
 Feline), Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

AEC of the High
 Country

REFERRING VET

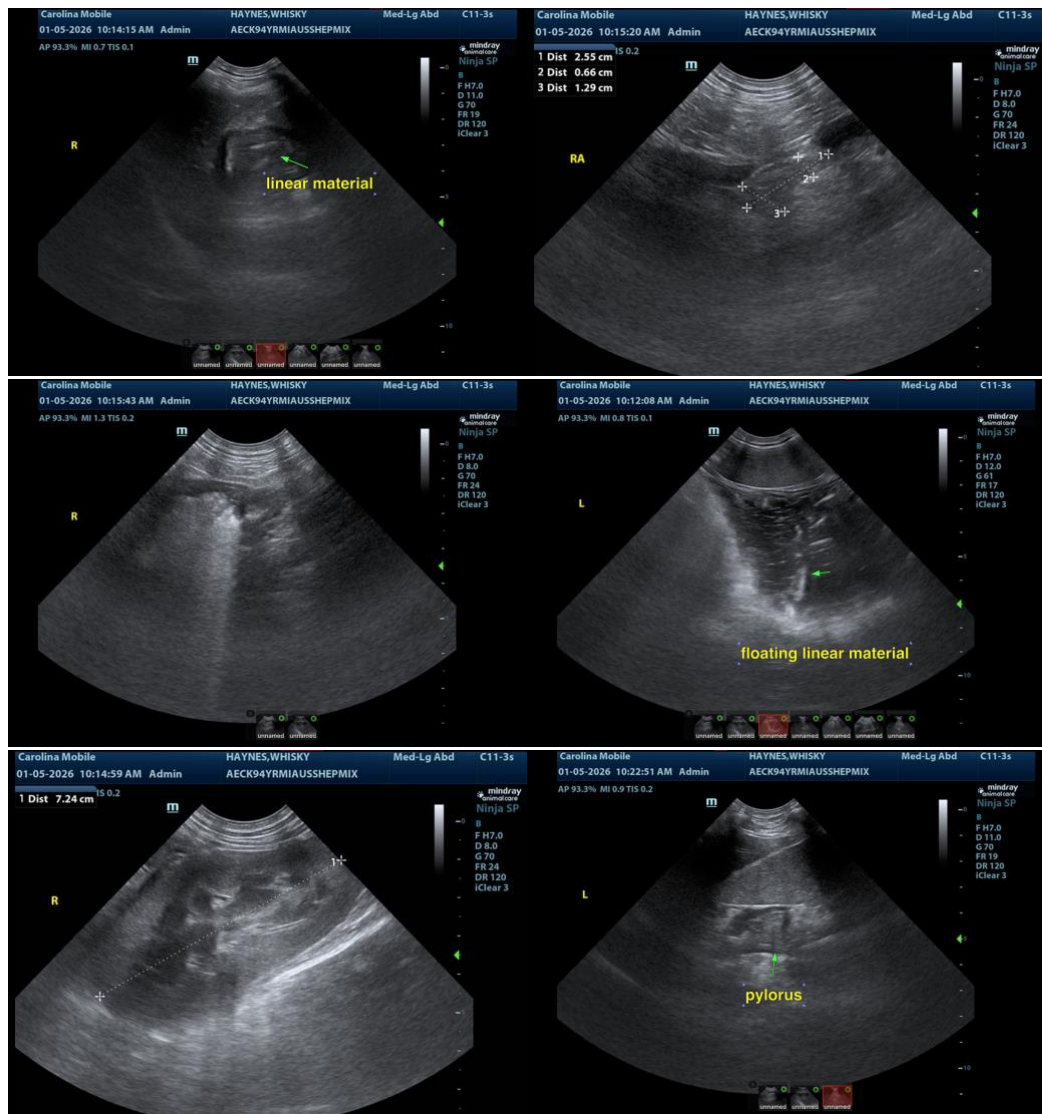
Dr. Crosbie

INVOICE

35222

DATE

1/5/26



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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com