



## PATIENT

Buddy Garland

## SPECIES

Canine

## BREED

Pit Bull x

## SEX

Neutered Male

## AGE

6 Years

## WEIGHT

57

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kym

## HOSPITAL NAME

Emergency AH of  
Crystal Falls

## REFERRING VET

Dr. Tateski

## INVOICE

72020

## DATE

1/7/26

## PRESENTING CLINICAL SIGNS

Presenting complaint/duration: patient has been Vomiting since Sunday, patient has been on/off wobbly when walking, patient has been neck stretching when laying down Eating/drinking normally?:no/yes Urinating/defecating normally?:yes// yes Any vomiting/diarrhea?:multiple times/ diarrhea on sunday but since resolved Any coughing/sneezing?:no/no PMHX: Vaccine history: not utd HW prevention?:no Flea/tick prevention?:no Current meds:no Diet:Heritage Ranch Wet Food/ kelp food powder topper skin supp

Abnormal PE/Chem/CBC/UA Results: CBC: mild normocytic normochromic anemia; inflammatory leukogram; adq plts Chem: hyperglobulinemia, hypercholesterolemia, mildly elevated ALT; mild hypochloremia CXR: AUS: results pending 4DX: POS - ehrlichia

## 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 **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. Right kidney measured 7.5 cm. Left kidney measured 7.5 cm.

### Adrenal Glands

The regions of the **adrenal glands** were 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 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.



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## Gastrointestinal

The **stomach** presented a mild amount of stasis with a patent pylorus. However, a portion of intestine just caudal to the stomach revealed a shadowing 1.0-1.5 cm structure followed by empty small intestine. Strong suspicion for foreign body.

## 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

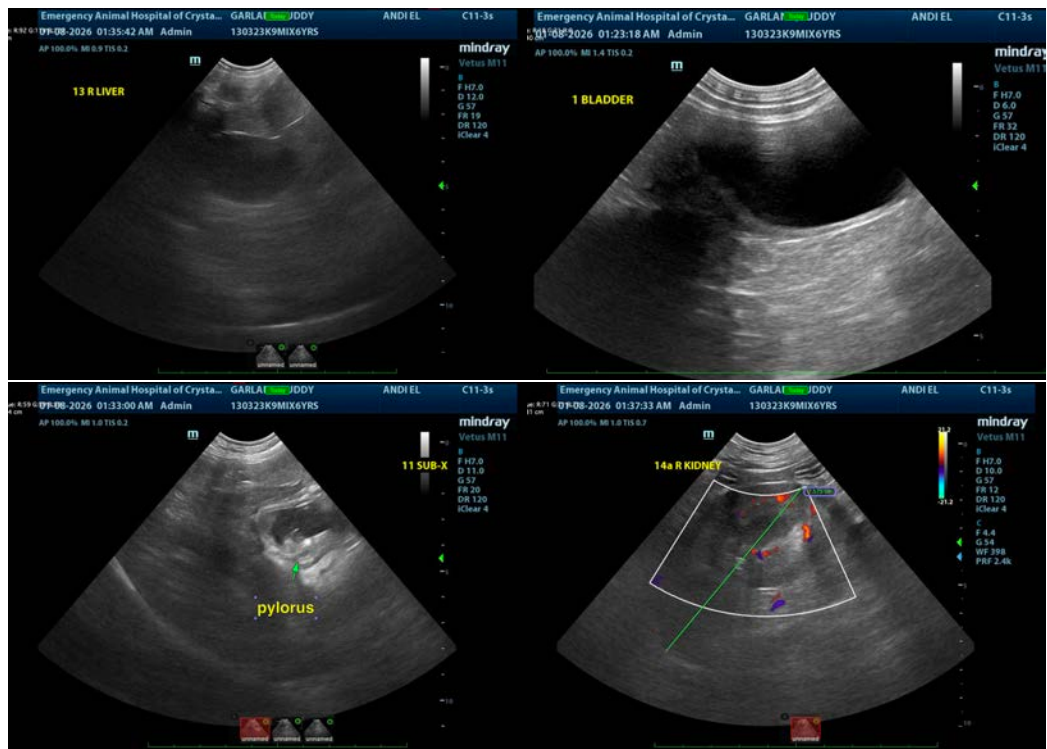
Slight free fluid noted in the caudal abdomen. Some reactive mesentery was also noted.

## ULTRASONOGRAPHIC FINDINGS

- Obstructive upper GI pattern with suspicion of foreign body.
- Slight free fluid and reactive mesentery.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend exploratory surgery in this patient. Ideally further imaging of the upper duodenum would be performed in this patient to confirm foreign body, yet all parameters are present for necessity of exploratory surgery.





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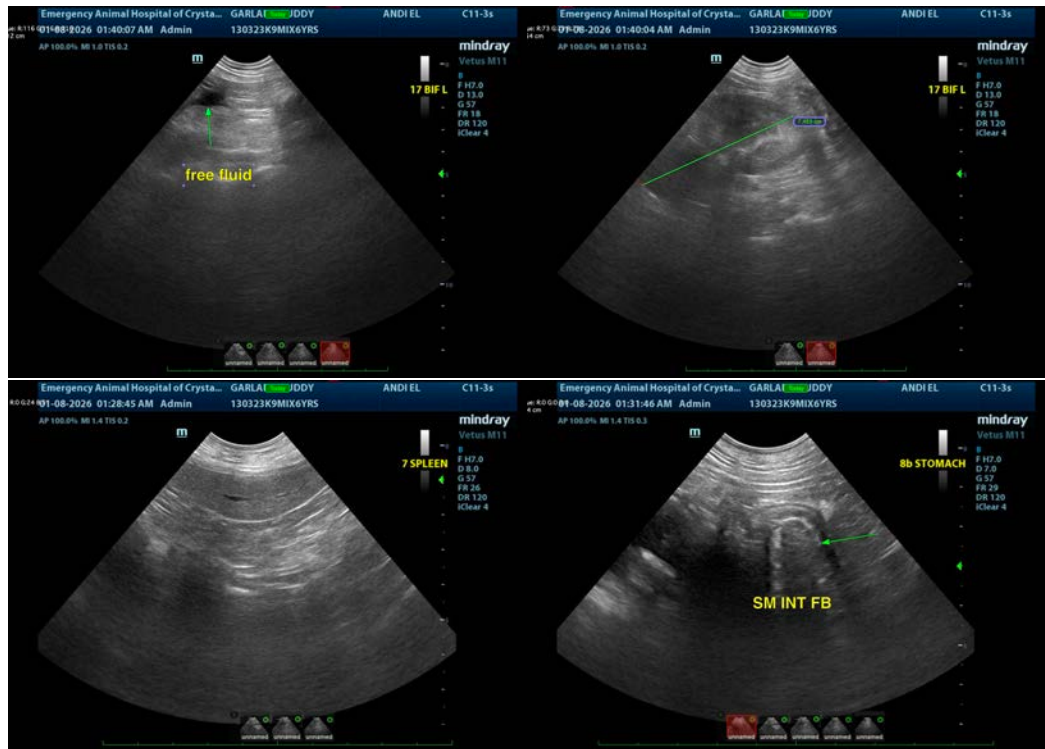
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**  
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