



DATE PRESENTING CLINICAL SIGNS

01/09/2026

Patient History: Acute onset hematemesis starting early this morning (approximately 3-4 AM) - Client's daughter's mother found blood in vomit around 7 AM - Dog woke owner 4 times overnight to go outside - No vomiting prior to this morning - No access to household cleaners, trash (kept outside), or rat poison (traps intact) - No missing toys or chew objects - Diet: Purina One (no recent changes) - No people food given - Not lethargic prior to today - Two other dogs in household are unaffected - Obtained from breeder in Pennsylvania - Overdue for rabies vaccine

PATIENT

Harley Olschewski

SPECIES

Canine

Current Medications: Protonix, ondansetron, buprenorphine
Labwork Results: Diagnostics not attached, reported as: abdominal x-rays- mild GI gas pattern, possibly something in the stomach vs wall thickening, increased soft tissue region caudal to the stomach on the lateral

BREED

Labrador Retriever

AFAST/TFAST- no FF, bloodwork with a PT pending
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SEX

Neutered Male

Imaging Performed by: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

01/09/2022

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.

WEIGHT

98.8 pounds

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 6.85 cm in length. The right kidney measured 6.66 cm in length.

INTERPRETED BY

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IVUSS

Adrenal Glands

HOSPITAL NAME

Animal Emergency
Hospital

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 3.08 cm x 0.90 cm width at the caudal pole and 0.77 cm width at the cranial pole. The right adrenal gland measured 3.15 cm x 0.90 cm width at the cranial pole and 0.76 cm width at the caudal pole.

REFERRING VET

Dr. Willer

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.

INVOICE

13067

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** was thickened without loss or mural detail. No evidence of foreign bodies. Prominent rugae noted. Muscularis hypertrophy was noted with some area of hyperechoic mucosal inclusions and suggestive of mucosal ulcerative disease given the patient's history, however, no transmural changes were noted. A slight linear nonobstructive hyperechoic structure was present measuring approximately 1.0 cm to 2.0 cm in diameter. This appears to be luminal and does not appear to be penetrating into the gastric wall.

Pancreas

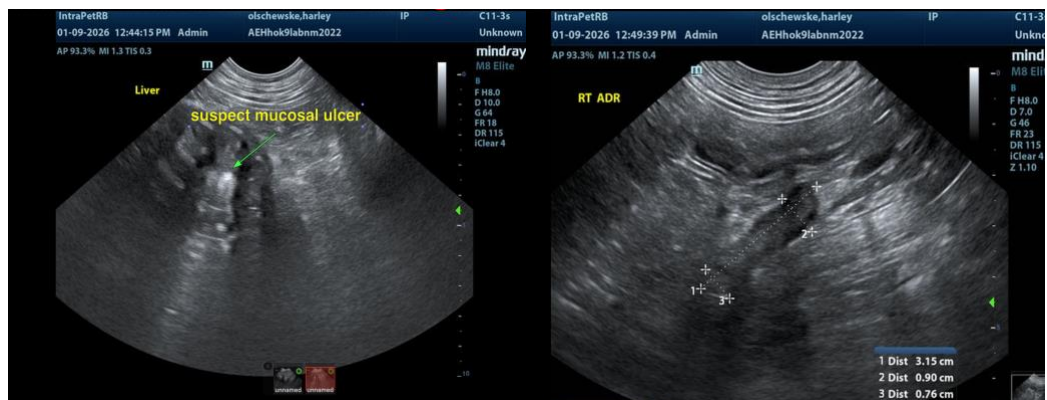
The **pancreas** presented hypoechoic, irregular and swollen with hyperechoic surrounding fat consistent with pancreatitis.

ULTRASONOGRAPHIC FINDINGS

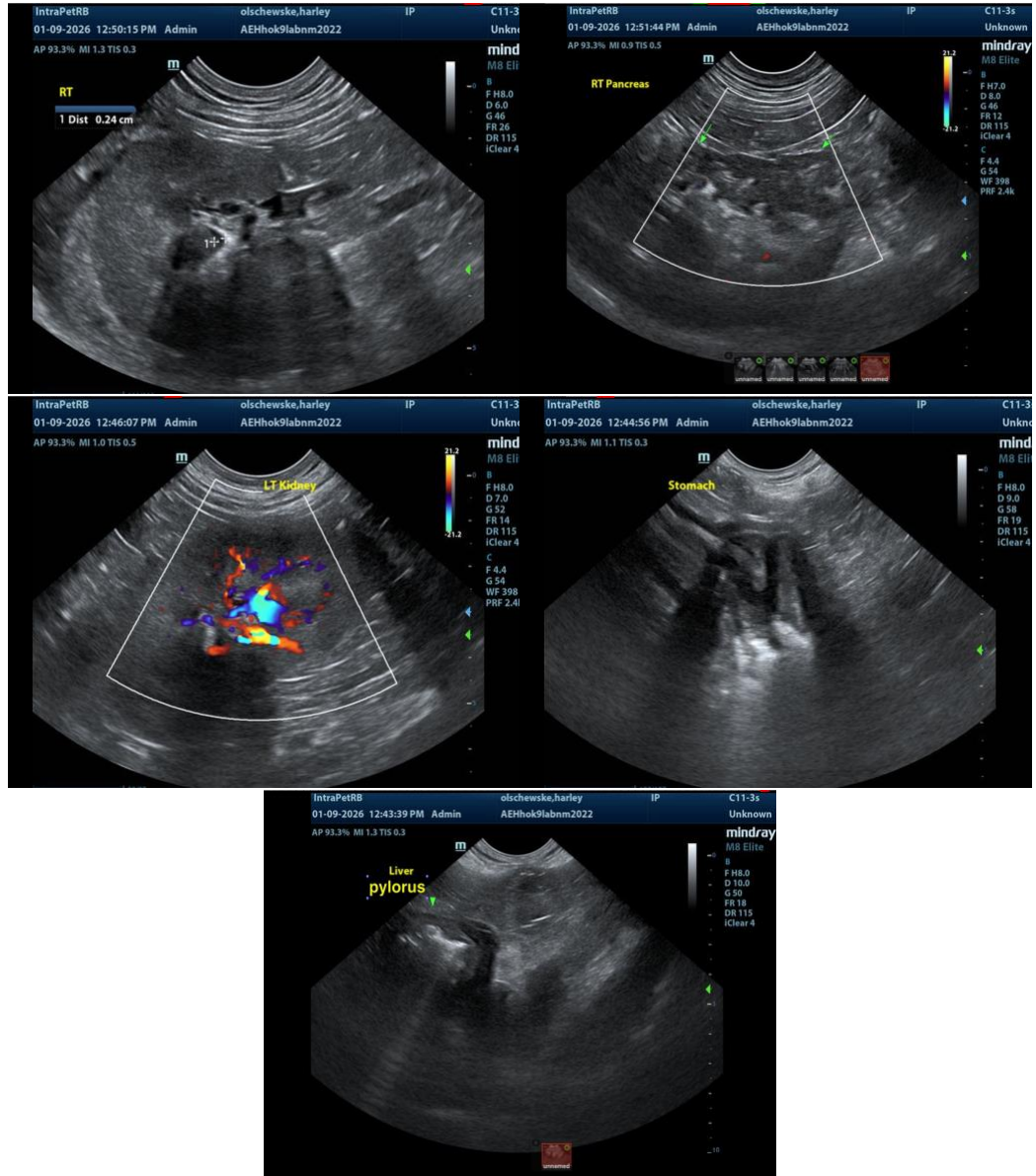
- Gastritis.
- Minor pancreatitis pattern
- Possible luminal foreign matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protective protocol, treatment for pancreatitis and recheck sonogram in 48 hours to assess for persistence of the linear structure (which was only present in two views). Minor ulcer or mucosal ulcers are suspected. 24-48 hour NPO followed by slurry feeding is recommended. If clinical signs persistent, gastroscopy is indicated.







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.

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