



DATE PRESENTING CLINICAL SIGNS

11/16/25

Patient History: Acute onset of vomiting with diarrhea on Wed. In the initial vomit the owner reports seeing pieces of mushroom (no pictures, unknown if toxic).

PATIENT

Leo Cook

Current Medications: N/A.

Labwork Results: Labwork not submitted.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: DVM requested.

Imaging Performed by: Andi Parkinson, BS, RDMS.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mix

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.

SEX

Neutered Male

The **kidneys** were swollen and slightly echogenic with pericapsular fluid and inflammatory pattern. The right kidney measured 5.1 cm. The left kidney measured 4.8 cm. Trace free fluid noted adjacent to the left kidney with enhanced mesentery suggestive renal insult.

AGE

11/15/25

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 2.25 cm x 0.70 cm at the cranial pole and 0.69 cm at the caudal pole. The left adrenal gland measured 1.02 cm x 0.73 cm at the cranial pole and 0.61 cm at the caudal pole.

WEIGHT

87 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

Spleen

The **spleen** was folded upon itself caudally. It 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.

HOSPITAL NAME

Mason Dixon Animal
Emergency

REFERRING VET

Dr. Parr

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.

INVOICE

71850

Gastrointestinal

The **gastric** wall was mildly hypertrophied yet lumen was empty. No evidence of obstructive disease or foreign body. Some spastic small intestine noted. Fecal foley catheter placed in this patient. No evidence of colonic disease noted.

Pancreas

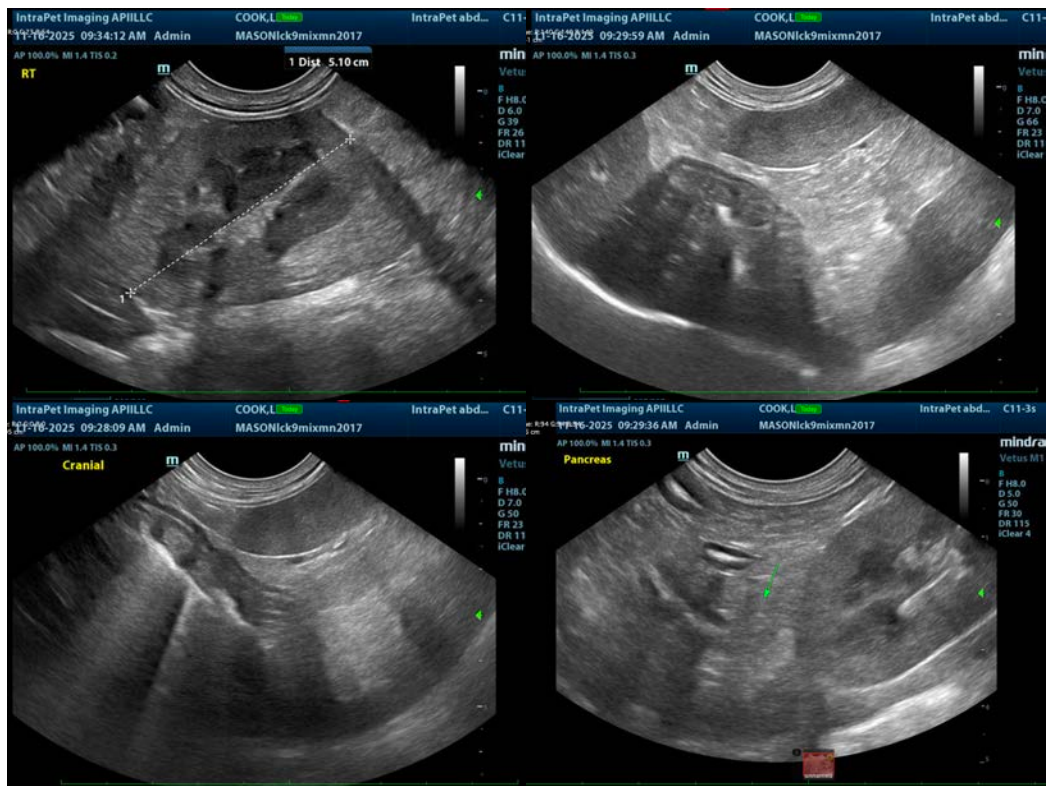
Minor heterogeneous **pancreatic** changes noted, consistent with minor inflammation.

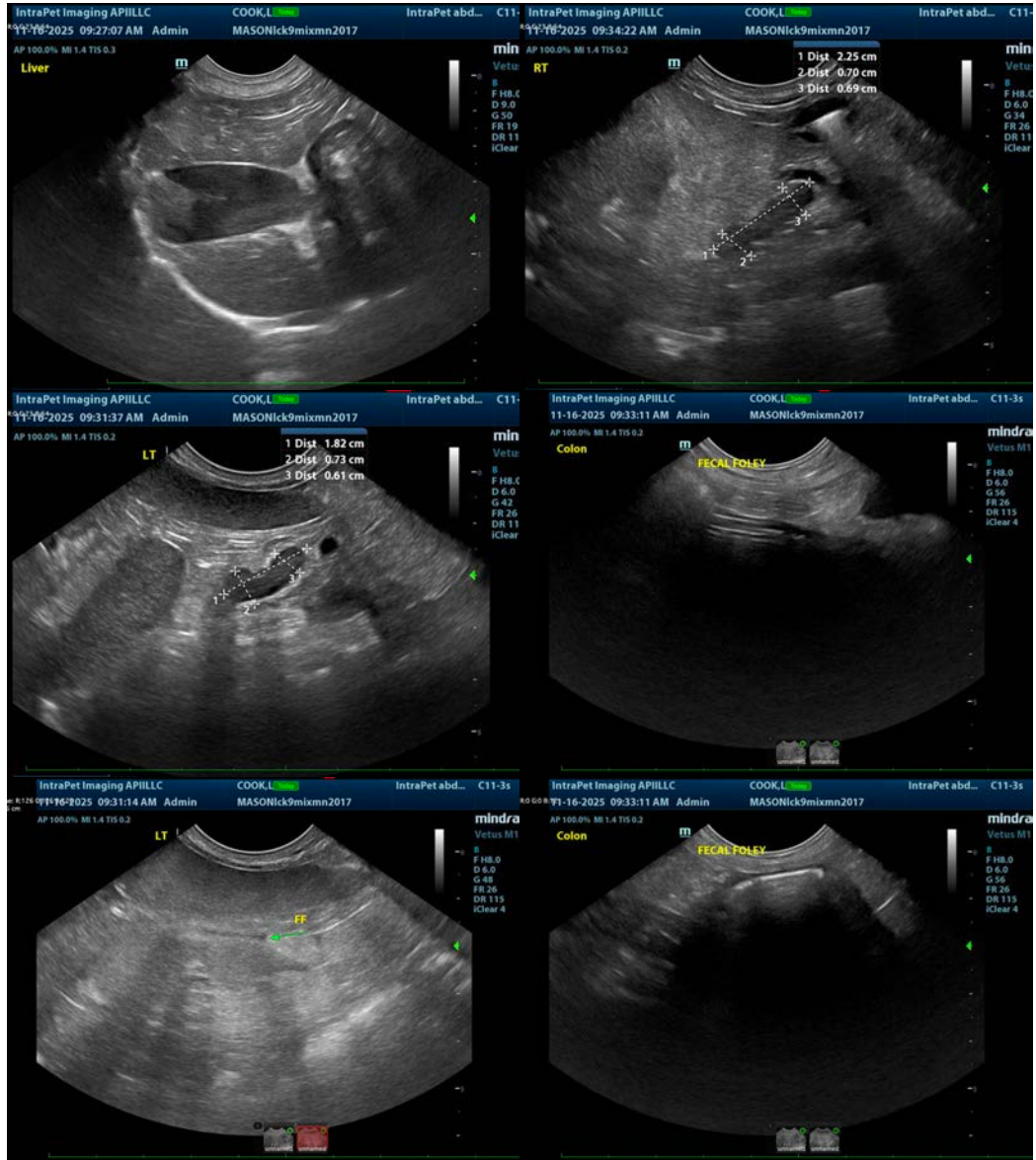
ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis and minor pancreatitis.
- Suspect acute renal insult.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup warranted in this patient. Leptospirosis or toxin exposure should be considered. Leptospirosis titers warranted. Management should be based on CBC/Chem/UA and sonographic findings.





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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