



PATIENT

Finley Alba

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

3 years

WEIGHT

30.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Seyler

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Seyler

INVOICE

68985

DATE

11/25/25

PRESENTING CLINICAL SIGNS

BRIEF HISTORY: less than 24 hours discomfort, acting off
DIAGNOSTICS: Radiographs with interpretation: Stomach moderately distended with gas and soft tissue material with striations (consistent with known grass ingestion), small areas of radio opaque bits in colon and stomach consistent with dietary indiscretion. FU Radiographs 11/25
FINDINGS: The abdominal serosal detail is normal. The stomach is slightly smaller compared to prior images, contains a moderate volume of homogenous soft tissue opacity and only a small volume of gas. Additionally, some granular mineral opaque material is projecting into the lumen. The small intestine is unremarkable and uniform in size. The are small mineral opacities, that could be located in the small intestine on the prior images are no longer seen, the small intestine is homogeneously soft tissue opaque. Formed feces is present in the colon. The size and shape of the liver and spleen are within normal limits. The urinary tract is unremarkable. There are 7 lumbar vertebra and a symmetric lumbosacral transitional vertebra. Otherwise no significant changes are noted in the extra-abdominal structures.
CONCLUSIONS: - Moderate gastric distension. Differentials include functional (hypomotility for example due to pancreatitis/peritonitis, pylorospasm) or mechanical. Potential etiologies for mechanical pyloric obstruction include hypertrophic pyloric stenosis, inflammation or fibrosis, neoplasia, polyp, mucosal antral hypertrophy, foreign bodies.
Abnormal PE/Chem/CBC/UA Results: Otherwise normal abdomen. No evidence of intestinal mechanical obstruction.
COMMENTS: Depending on the patient's clinical signs, repeat radiographs after approximately 8 to 12 hours of fasting can be considered. Alternatively, abdominal ultrasonography could be performed.
PHYSICAL EXAM: BAR, IVC in place. HL ausc WNL. mm pk. Comfortable with abd palp. pulses strong. EPOC - unremarkable. Diagnostics 11/25 CBC - unremarkable Fecal testing negative (imagyst OP, giardia snap ELISA)
PLAN: LRS 111mL/hr (1.5x maint) Buprenorphine 0.02mg/kg IV TID Cerenia 1mg/kg IV SID

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 **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 6.6 cm. The right kidney measured 5.6 cm.

The iliac trifurcation was unremarkable.

Adrenal Glands

The **adrenal glands** were not visualized.



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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 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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of overt visceral disease responsible for the clinical signs. Even though the adrenal glands were not visualized, screening for underlying Addison's is indicated. There was no evidence of visceral disease responsible for abdominal discomfort. Orthopedic pain should be considered as a potential/referred back pain.



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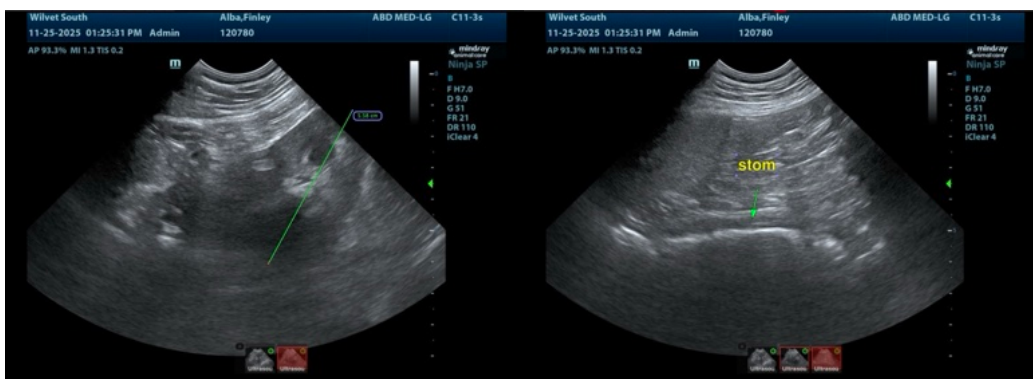
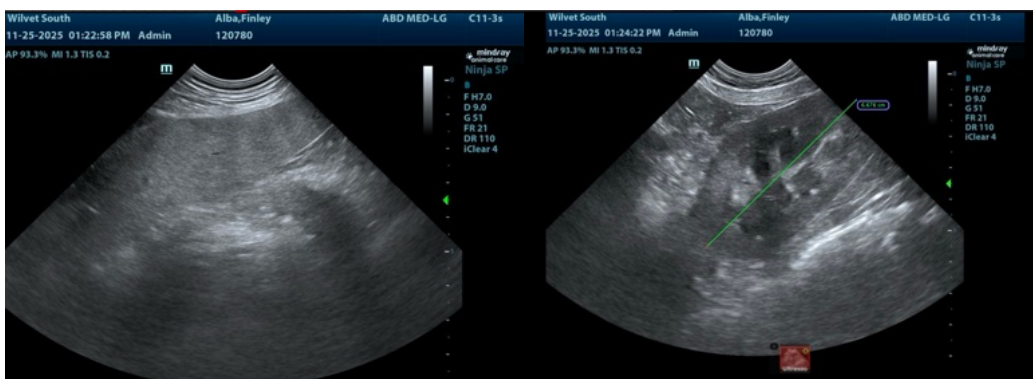
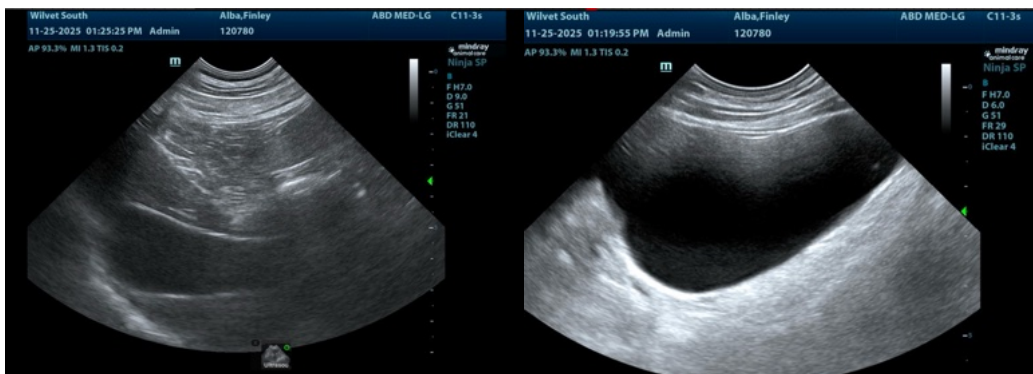
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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