



## PATIENT

Dexter Krull

## SPECIES

Canine

## BREED

Yorkie Poo

## SEX

Neutered Male

## AGE

4 Years

## WEIGHT

7.9 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Shally Gastelu

## INVOICE

72170

## DATE

11/28/25

## PRESENTING CLINICAL SIGNS

3 day history vomiting and diarrhea. Blood seen in both. Lethargic, anorexic. PE:MM tacky femoral pulses snappy Tachypneic with normal effort Tense and guarding abdomen prolonged skin tenting 11/26 O/N: EPOC -- Lac 4.56, HCT 56% CBC -- HCT 59%, Eos 0.05K, Plt 95K, Plateletcrit 0.12% Invue: Chem -- WNL Pancreatic lipase -- WNL Radiographs -- Stomach distended with heterogenous material. Gas within the pylorus. Heterogenous material appears to be in a segment of small intestine with no dilation or gas distention associated. Gas within the colon 11/27 Day: Repeat abdominal radiographs 10am - passage of some gastric contents into the SI/colon, some residual gastric contents and gas PCV/TP - 50% / 5.2 clear EPOC - BG 127

Abnormal PE/Chem/CBC/UA Results: Diagnostics: EPOC at 2am - BUN 6 (L) PCV/TP at 2am - 49/5.4 Repeat abd xrays at 12am - Radiographic findings: 1. Segmental small intestinal dilation with atypical soft tissue contents. The material either represents soft tissue opaque material or less likely undigested food. 2. Gastrointestinal distention with soft tissue material and gas. 3. Peritoneal detail loss-mid abdomen. Differentials include crowding, scant amount of peritoneal effusion and/or less likely focal steatitis/peritonitis. Comment: Partial mechanical obstruction. Consider ongoing supportive care, repeated radiographs or abdominal ultrasound. Alternatively, explorative laparotomy.

## 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. Left measured 4.0 cm. Right measured 4.8 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. Left measured 0.63 cm. Right measured 1.2 cm at the cranial pole and 0.60 cm at the caudal 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.



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## 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

**Gastric** fundic fabric type foreign body noted along with significant gastric stasis. The foreign body measured approximately 5.0 cm. The small intestine and colon appeared to be empty.

## Pancreas

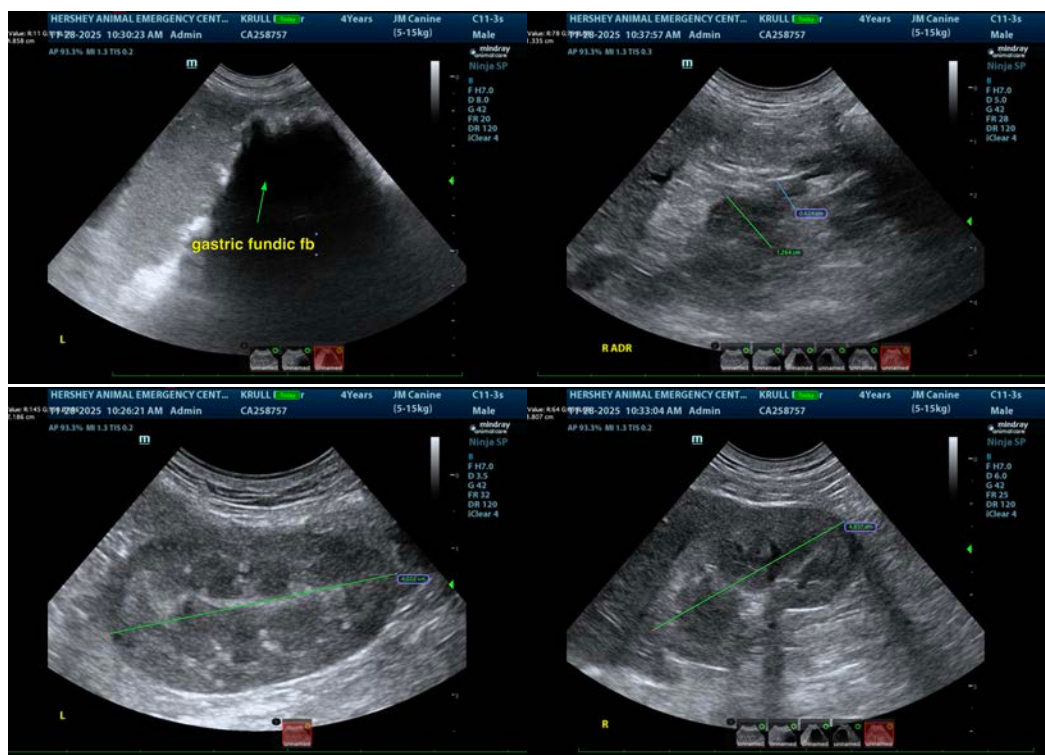
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body with stasis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery indicated.





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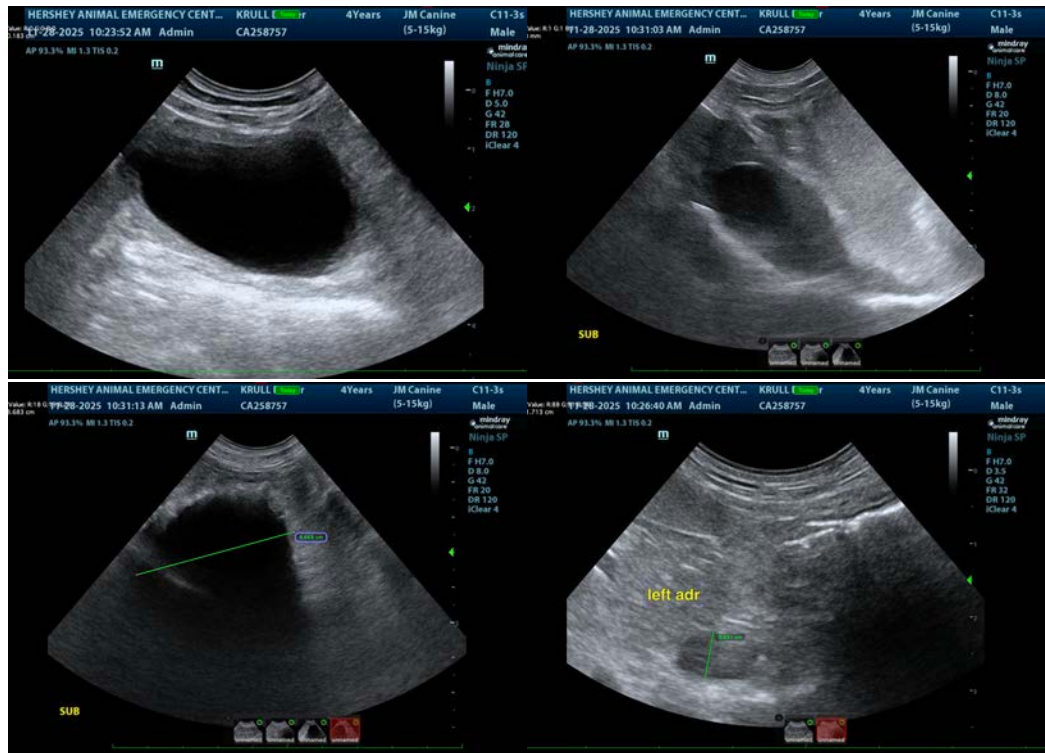
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)