



PATIENT

Akira Davidson

SPECIES

Canine

BREED

German Shepherd x

SEX

Intact Female

AGE

8 Years

WEIGHT

61 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Anne Todd

INVOICE

72191

DATE

11/29/25

PRESENTING CLINICAL SIGNS

Pt lethargic today, not eating, not drinking. No vomiting/diarrhea. Hiding.

Abnormal PE/Chem/CBC/UA Results: See attached labs: -Leukocytosis (23.54k/ul) -Neutrophilia with bands (21.55k/ul) -Low BUN -Low Amylase See attached labs: Empty stomach, gas filled loop of intestine

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 right kidney measured 7.54 cm. The left kidney measured 6.8 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 adrenal gland measured 2.13 cm x 0.55 cm. Right adrenal gland measured 2.48 cm x 1.19 cm at the cranial pole and 0.70 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.

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** revealed some shadowing material occupying the pyloric outflow. The echotexture is that of ingesta or possible hair or grass accumulation. A portion of small intestine appeared to be dilated with



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luminal chyme followed by empty small intestine. Regional intestinal dysfunction suspected. However, full obstructive pattern is not present. The upper small intestine was hyperperistaltic and spastic.

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.

Other

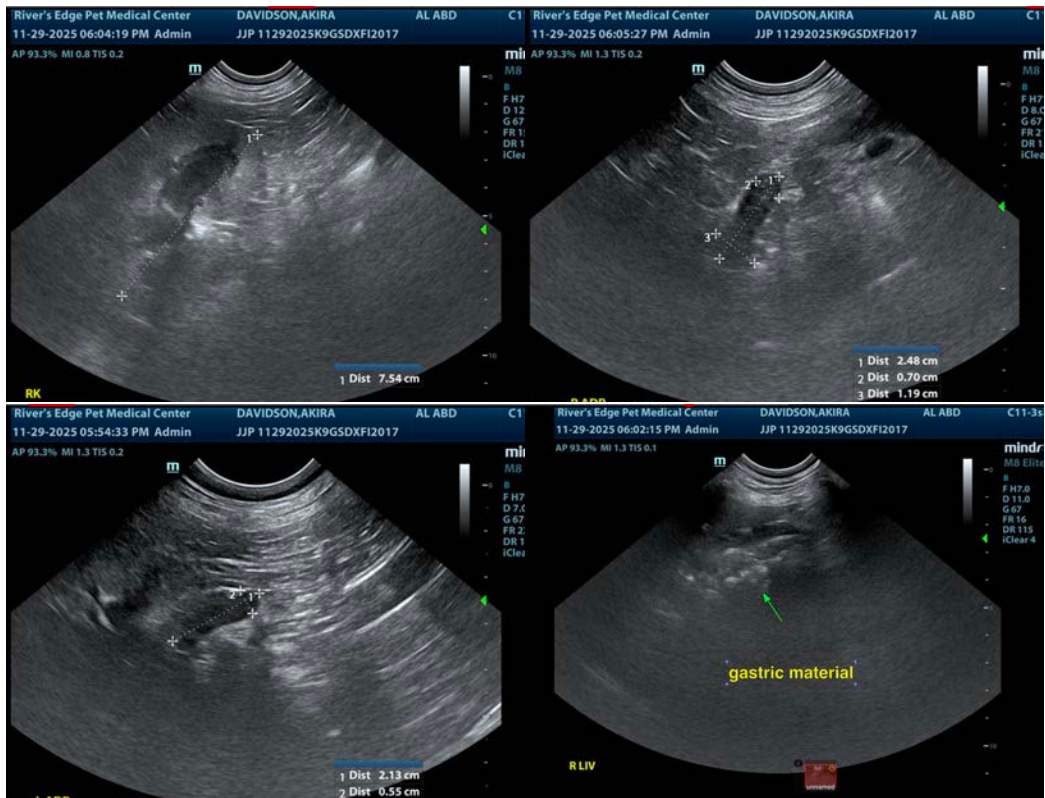
The uterine base was imaged, measuring 8.0 mm. No evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

- Shadowing material in the pyloric outflow with dilated small intestine followed by empty small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend 12-18 hour NPO With IV fluid support and recheck sonogram if the patient is stable. If declining, then exploratory surgery indicated. Recheck sonogram SDEP #13 and #14 position recommended after NPO status to assess. If the pattern is persistent, then exploratory surgery indicated.





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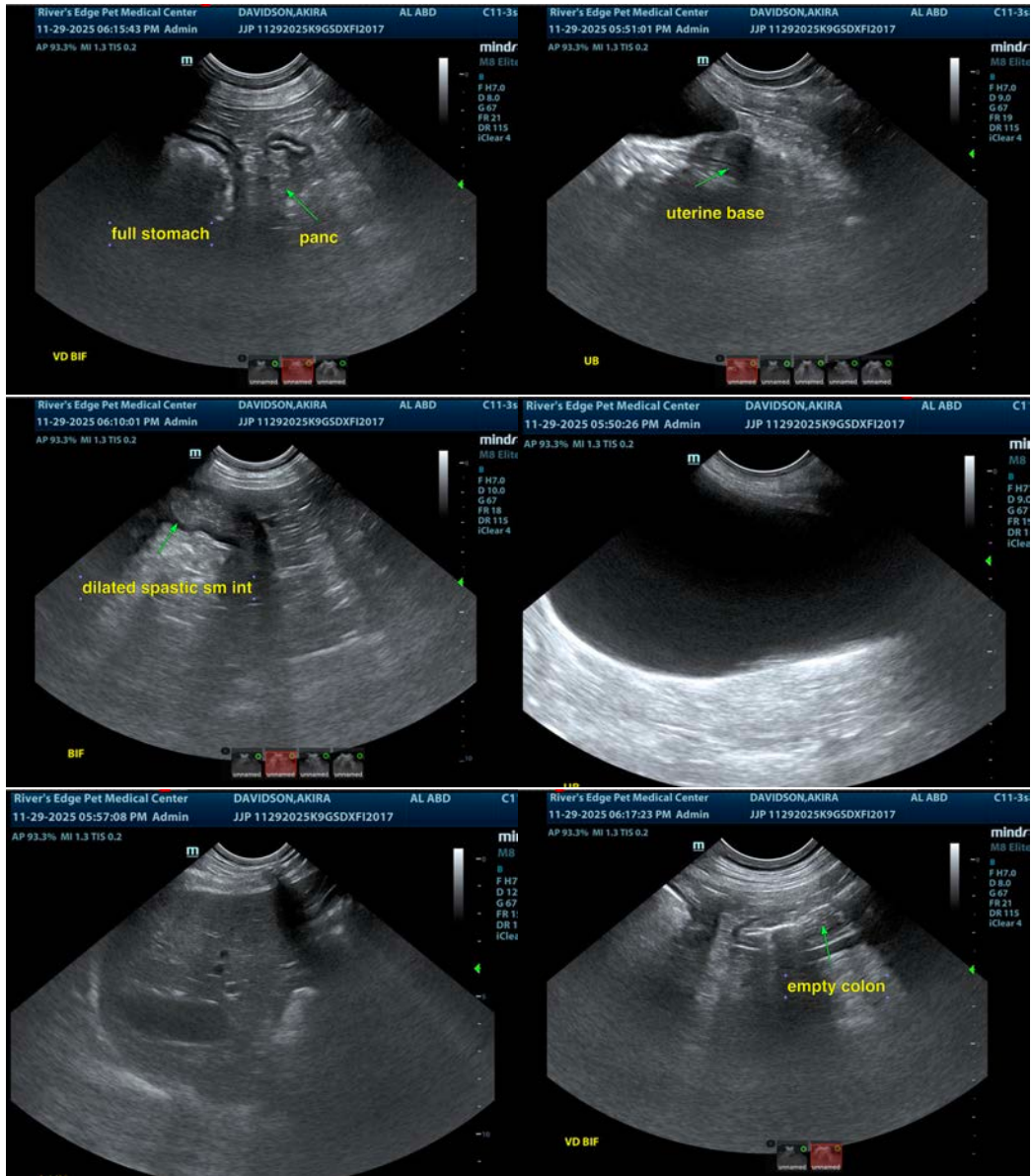
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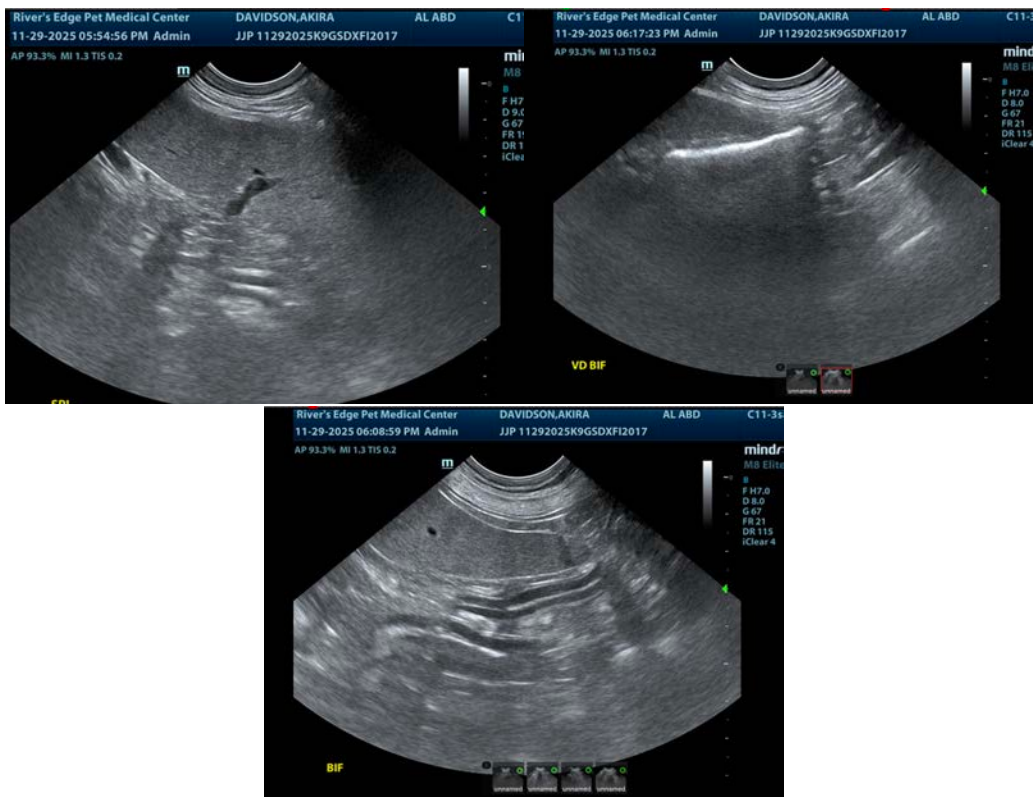
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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