



## PATIENT

Stella Beasley

## SPECIES

Canine

## BREED

Lab

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

23.2 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Wayland

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Dr. Wayland

## INVOICE

72190

## DATE

11/29/25

## PRESENTING CLINICAL SIGNS

V+ Thursday night. Hasn't been able to keep anything down since. Watery stools with blood present noticed last night, and V+ had flecks of blood. Ate a bunch of grass Thursday morning. BAR otherwise, Drinking normally, has appetite, Rice and a probiotic treat, did leave some food in her bowl so O thinks she may be eating less but still very appetent.

Abnormal PE/Chem/CBC/UA Results: General Appearance: Stella is lethargic, lying on the couch in the exam room with her head in the owner's lap. She will pick her head up and interact with the examiner, but will not get up voluntarily. Cardiovascular: Moderate tachycardia present with a HR between 150 and 180. No apparent source of pain is present that would indicate a cause for the elevated HR. Hydration: Appears mildly dehydrated as MM are slightly dry, but skin turgor is normal. Abdomen: Abdominal palpation is soft. CBC: White blood cell count 6.5 thousand (normal). However, bands are suspected. Scattergram is consistent with an emerging inflammatory response. Pancreatic lipase: 38 (normal).

## 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 3.0 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 kidneys measured 7.0 cm each.

### Adrenal Glands

The **left adrenal gland** was 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 0.50 cm.

The region of the **right adrenal gland** was imaged, no evident pathology.

### 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



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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 some shadowing material in the stomach, and areas of intestinal dilation with linear material followed by empty small intestine. A 7.0 cm infarcted lipoma or mesenteric abscess is noted. There is not an obvious intestinal obstruction. However, some linear material is noted in the stomach, which may represent grass, linear foreign body, or possible parasitic disease.

### **Pancreas**

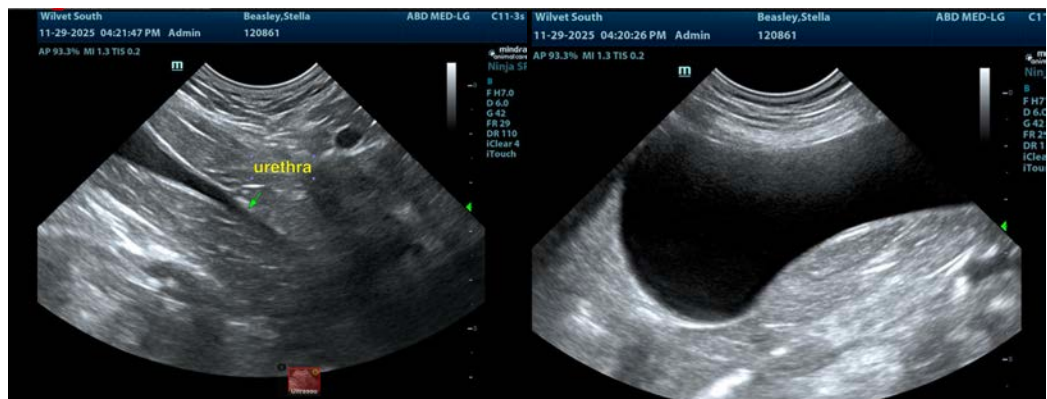
Heterogeneous changes were noted in the right **pancreatic limb**.

### **ULTRASONOGRAPHIC FINDINGS**

- Gastroenteritis with possible linear material and mildly inflamed mesenteric abscess or infarcted lipoma.
- Potential pancreatitis.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mesenteric abscess or infarcted lipoma appeared to be somewhat inflamed. Given that surgical intervention is necessary for the large mesenteric abscess or infarcted lipoma, exploratory GI surgery indicated to assess for linear material. Fecal test indicated to assess for any evidence of parasitic disease.





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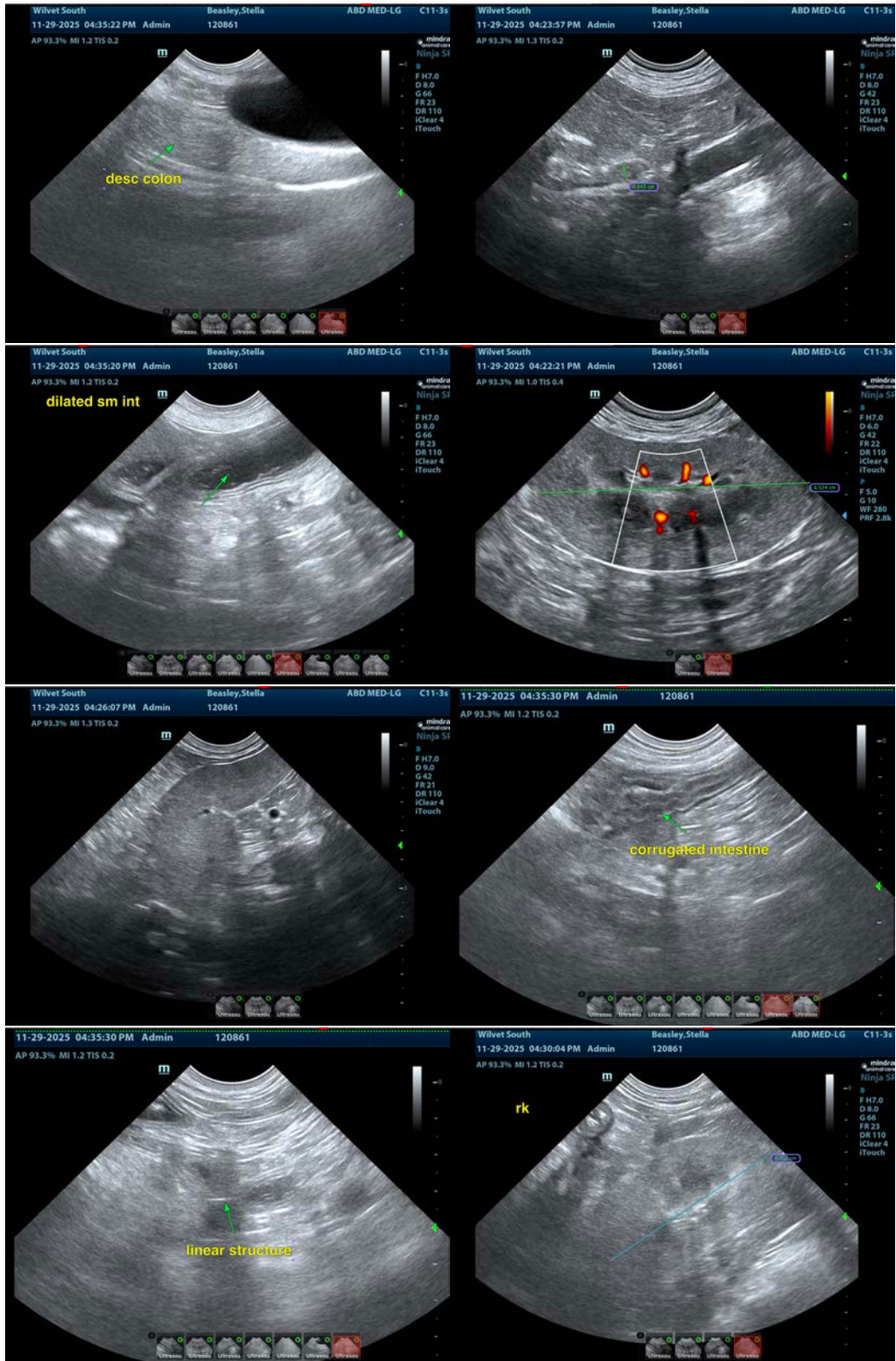
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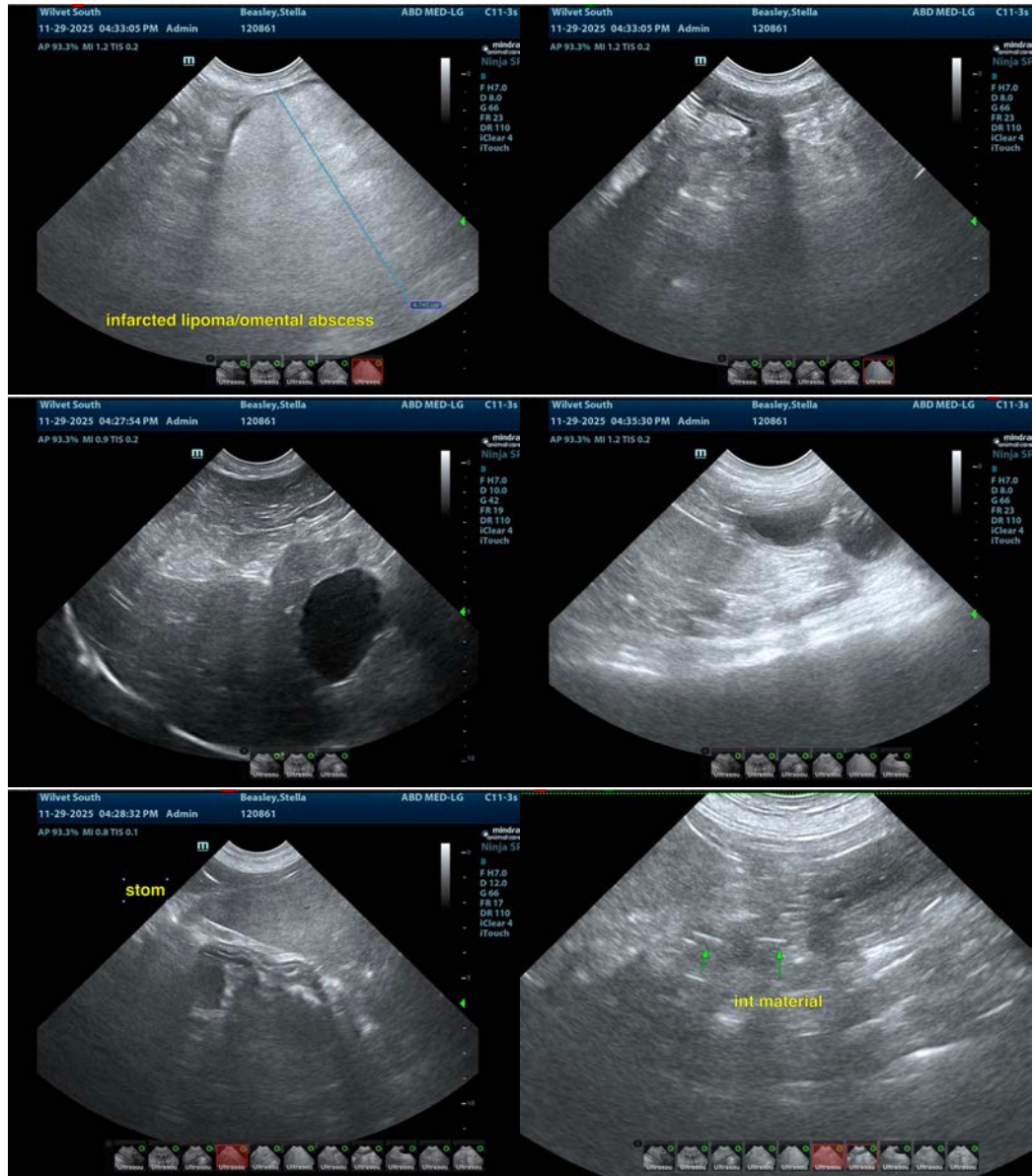
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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