



PATIENT

Maggie Detweiler

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed Female

AGE

6 Years

WEIGHT

25.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

12108

DATE

11/05/25

PRESENTING CLINICAL SIGNS

Whelped 10/29- still birth 10/30, presented for emergency c section 11/1 - ruptured uterine horn with dead puppy and pus, septic abdomen. was improving yesterday and was eating now declining again. is on icu care with central line, oxygen dependent, unasyn, baytril, etc progressing anemia, sepsis, hypoalbuminemia, pneumonia has had 1 blood transfusion

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 **uterus** was empty with minor mucosal remodeling. Minor excessive thickening was noted. The uterus measured 1.6 cm. Reactive mesentery was noted associated with the uterus. Slight free fluid was visualized between the uterine horns and the dorsal caudal bladder. Clean separation of the uterus from the bladder was not evident and cannot rule out adhesions on the bladder itself.

The **kidneys** revealed normal size and contour with minor increased cortical echogenicity. Some loss of corticomedullary detail was present. The left kidney measured 7.26 cm in length. The right kidney measured 7.7 cm in length.

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. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.40 cm width at the cranial pole.

The **right adrenal gland** was mildly heterogenous with slightly enlarged cranial pole measuring 1.9 cm width at the cranial pole and 0.60 cm width at the caudal pole.

Spleen

The **spleen** presented with hypoechoic nodules at the caudal pole (potential infarct). Power doppler assessment of portions of the caudal pole of the spleen were non-vascular.

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** was filled with ingesta or shadowing foreign matter. The presentation should be matched with post prandial timing. The material in the stomach measured 3.7 cm. Normal peristalsis did not



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appear to be present which would suggest a gastric foreign body. The small intestine and colon were unremarkable.

Pancreas

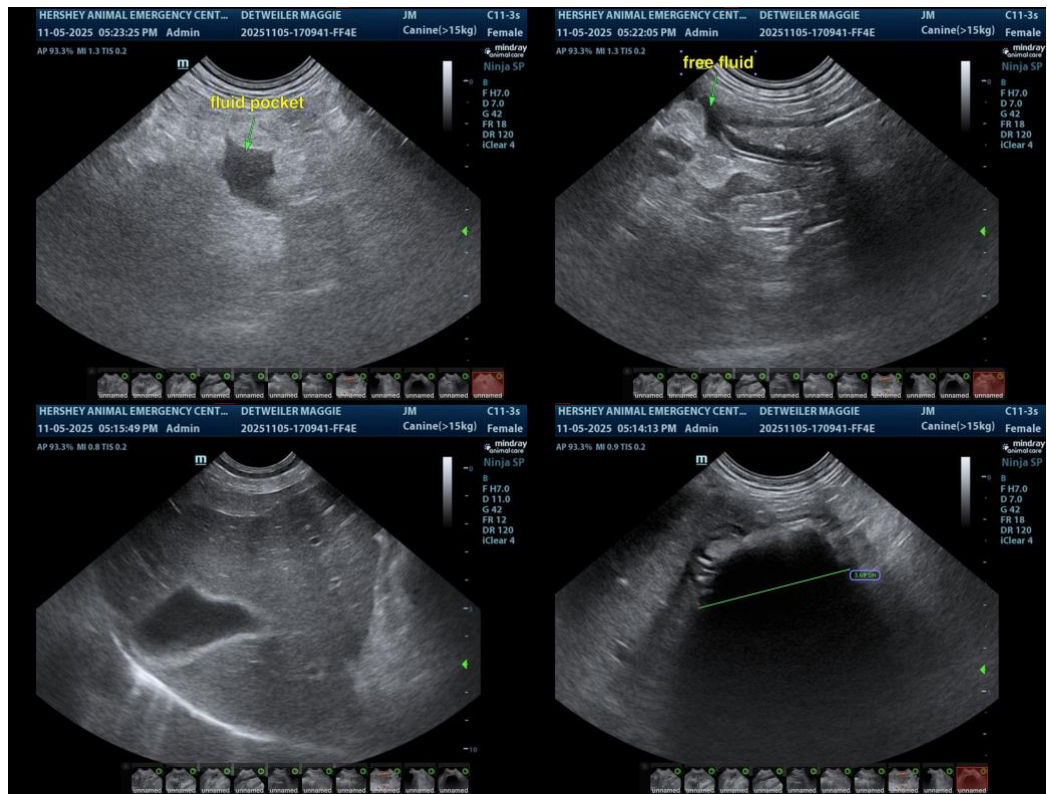
Reactive mesentery was noted around the pancreas and mid abdomen with areas of fluid pockets and potential tissue necrosis.

ULTRASONOGRAPHIC FINDINGS

- Splenic infarct- splenitis or neoplastic event possible.
- Strong concern for gastric foreign body such as fabric or material.
- Thickened irregular uterus with potential adhesions to the dorsal bladder wall.
- Peritonitis presentation with multiple pathologies.
- Slight irregularity of the right adrenal gland- likely hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I strongly recommend exploratory surgery in this patient with expectations towards abdominal lavage, liberation of adhesions, ovariohysterectomy are all likely in this patient's best interest. Splenectomy and gastrotomy could also be justified. Prognosis is very guarded.





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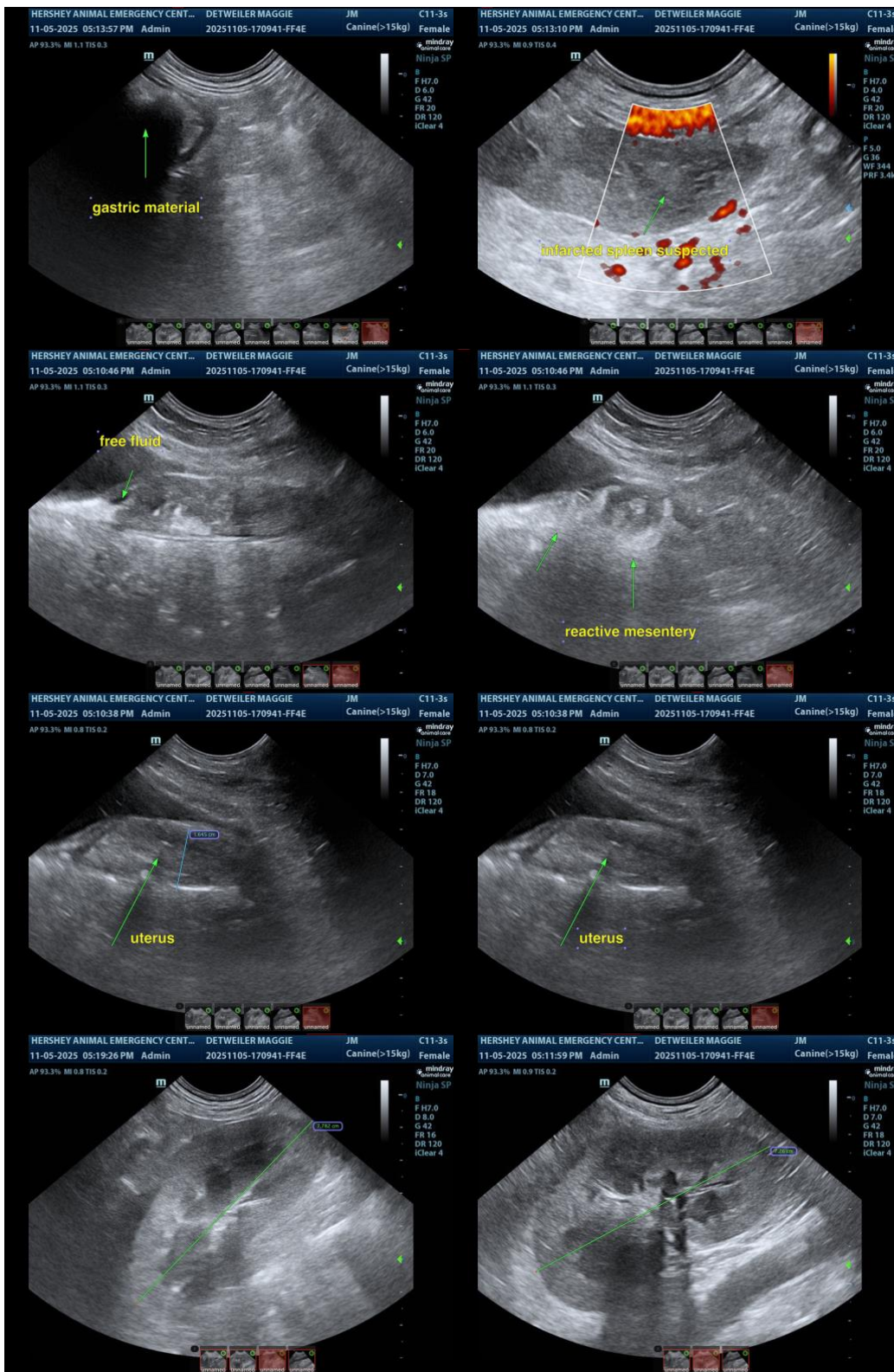
Dr. Cara Sinopoli

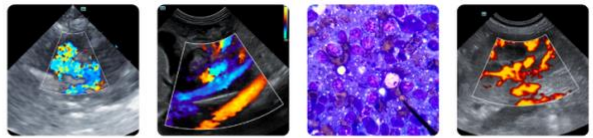
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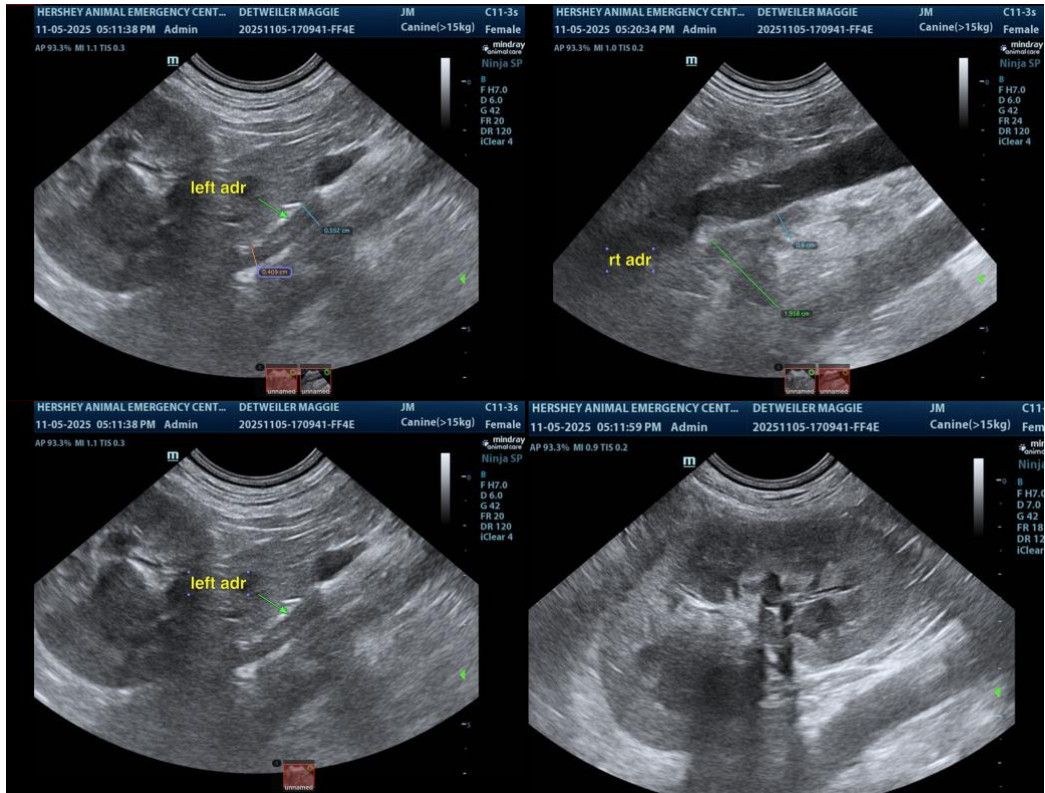
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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