



PATIENT

Henry Burgin

SPECIES

Canine

BREED

Bichon Frise

SEX

Male

AGE

1 year

WEIGHT

14.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Meier Gast

HOSPITAL NAME

Meier VC

REFERRING VET

Dr. Meier Gast

INVOICE

68369

DATE

11/5/25

PRESENTING CLINICAL SIGNS

History: Concern for linear foreign body. Vomiting and lethargic since Tuesday.

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 4.1 cm and the right kidney measured 4.4 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. The right adrenal gland measured 0.44 cm at the cranial pole and 0.38 cm at the caudal pole. The left adrenal gland measured 0.51 cm at the caudal pole and 0.46 cm at the cranial 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 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.



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Gastrointestinal

The **gastric** wall presented a significant amount of inflammation around the pyloric outflow with pyloric hypertrophy and a shadowing cloth type foreign body that measured 1.5 cm. Concurrent regional inflammation was noted. The small intestine was largely unremarkable other than minor hyperperistalsis. There was no obvious linear attachment was noted, yet this cannot be completely ruled out.

Pancreas

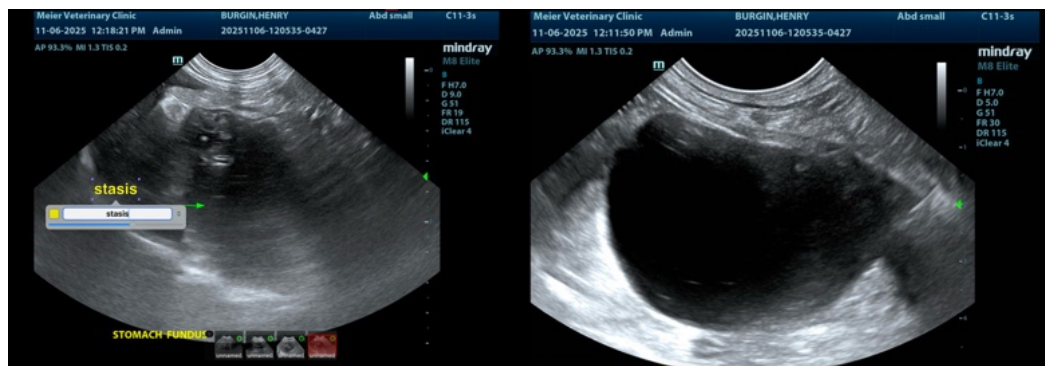
The **pancreas** was mildly swollen and hypoechoic in the right base. This is consistent with concurrent pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body and gastric hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery is indicated or endoscopy could be considered with foreign body retrieval. However, full thickness pyloric biopsies are strongly recommended given the pyloric wall thickening. I do not see a linear attachment, however, I cannot rule it out. Pyloric wall biopsy and foreign matter retrieval as well as tissue culture are all indicated. Assess for foreign body attachment under the tongue at the time of sedation.





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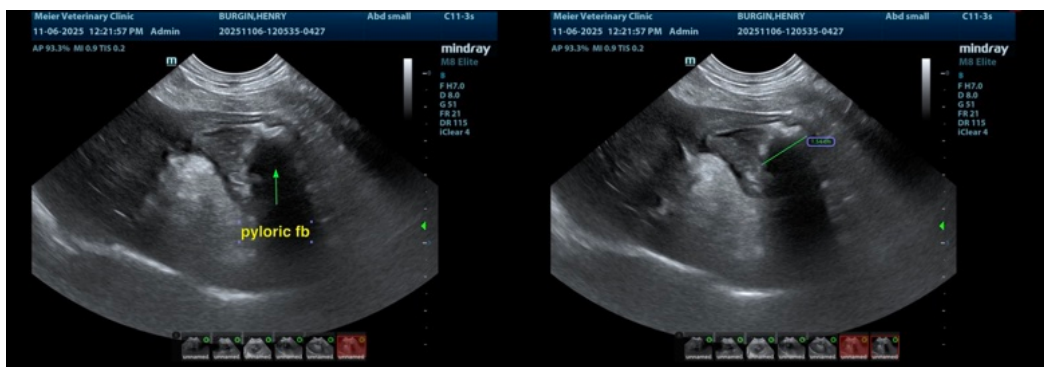
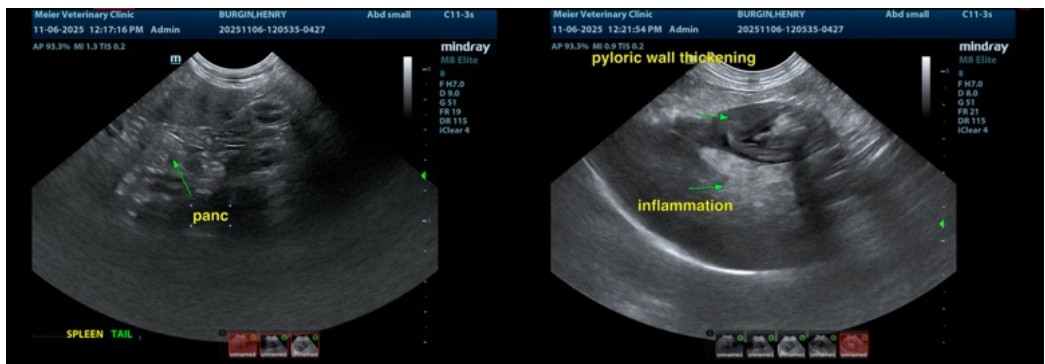
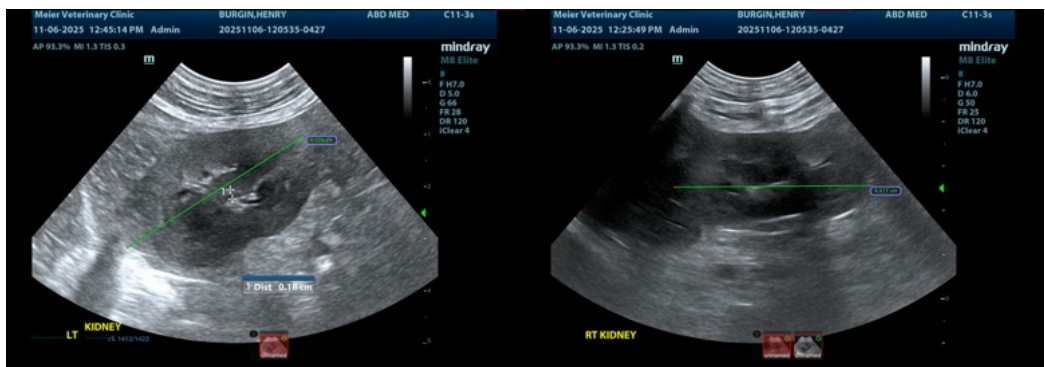
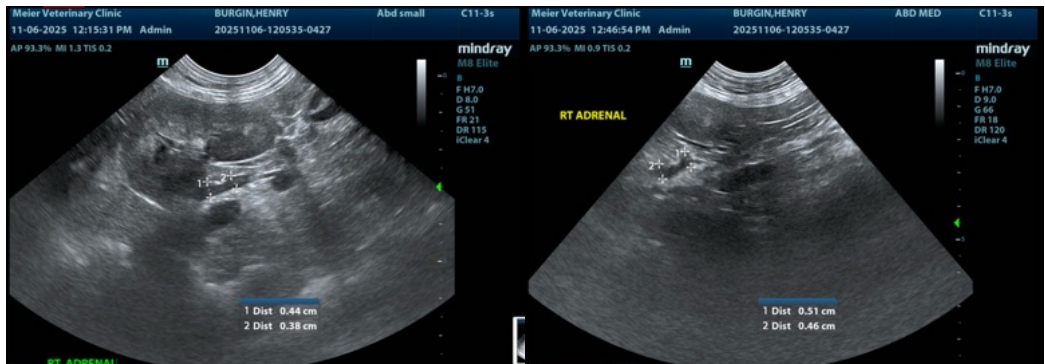
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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