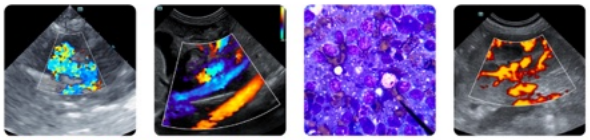

PATIENT

Riley Herman

SPECIES

Canine

BREED

Flat Coated Retriever

SEX

Spayed female

AGE

2 ½ years

WEIGHT

59.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Laura Klaassen.

HOSPITAL NAME

Animal Care Group of Lake Oswego

REFERRING VET

Dr. Juvenal

INVOICE

68404

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: - vomiting daily in AM prior to meal even after adjusting meal times
Abnormal PE/Chem/CBC/UA Results: normal exam and lab work

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 5.4 cm. The right kidney measured 5.3 cm.

Adrenal Glands

The right **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 right adrenal gland measured 0.63 cm at the cranial pole and 0.58 cm at the caudal pole. The region of the left adrenal gland was unremarkable.

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 **stomach** was filled with uniformly hyperechoic ingesta. Stasis from the stomach to the upper duodenum and portions of the jejunum followed by empty small intestine. This creates a partial obstructive pattern, yet the colon was filled with normal stool consistency. . There was some transit of chyme into the small intestine. The colon was unremarkable with normal stool content. The mesenteric lymph nodes were reactive and measured 3.0 x 0.5 cm.

Pancreas

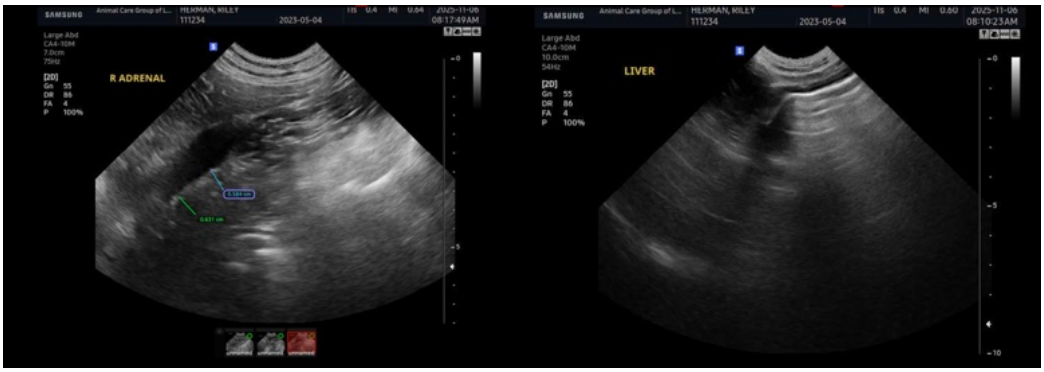
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Delayed outflow, GI pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of delayed transit is unclear. There was no overt foreign body was noted, yet I cannot completely rule out that potential. I recommend ensuring adequate hydration in this patient with solid IV fluid push. Screening for underlying Addison's is indicated as this can influence GI transit. If the patient remains with this delayed outflow pattern with dilated upper GI and followed by empty small intestine is not responding to medical management then exploratory surgery is indicated.



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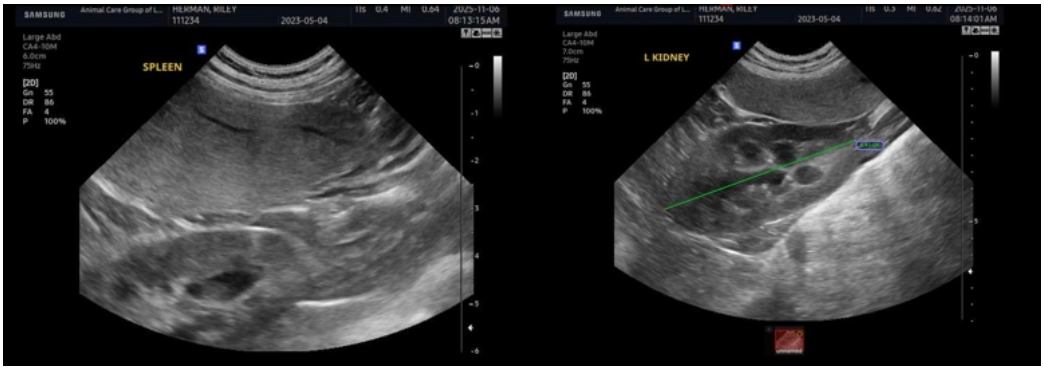

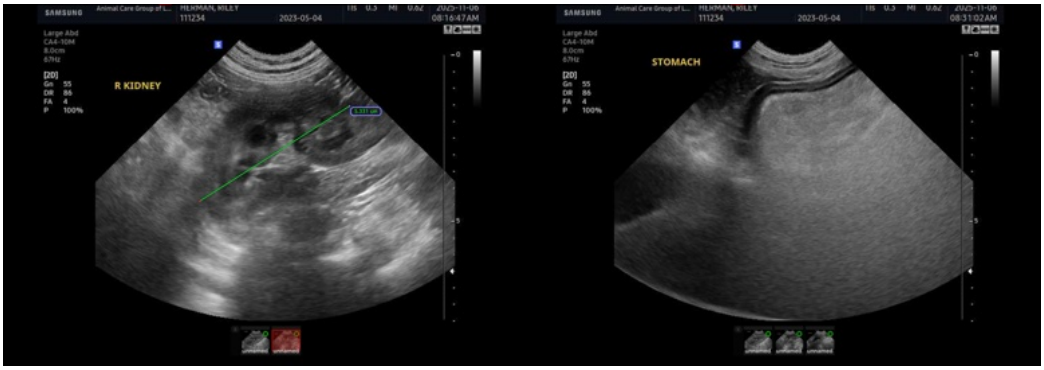

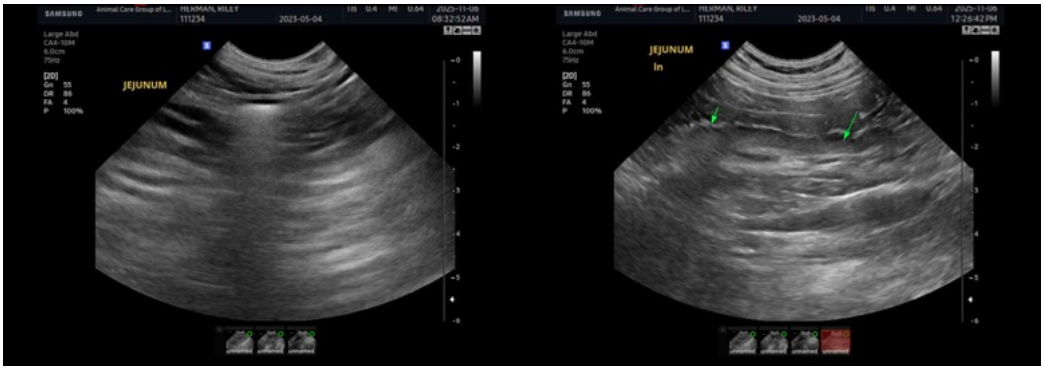

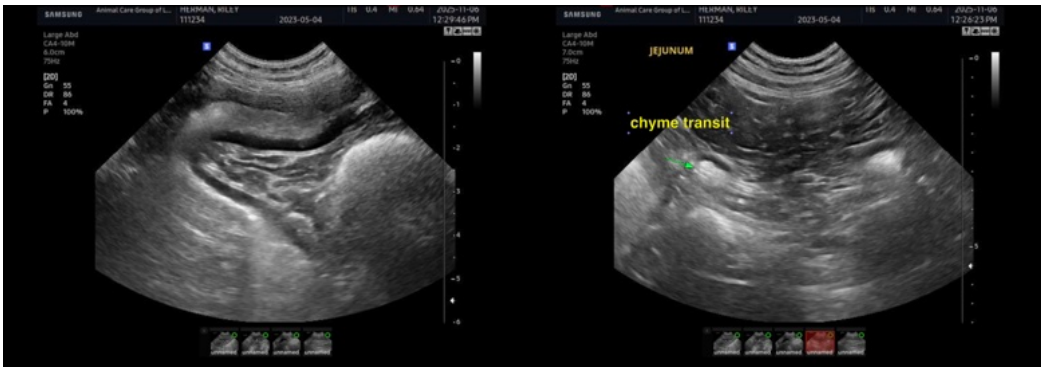

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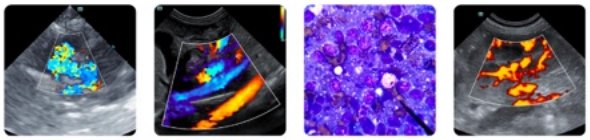

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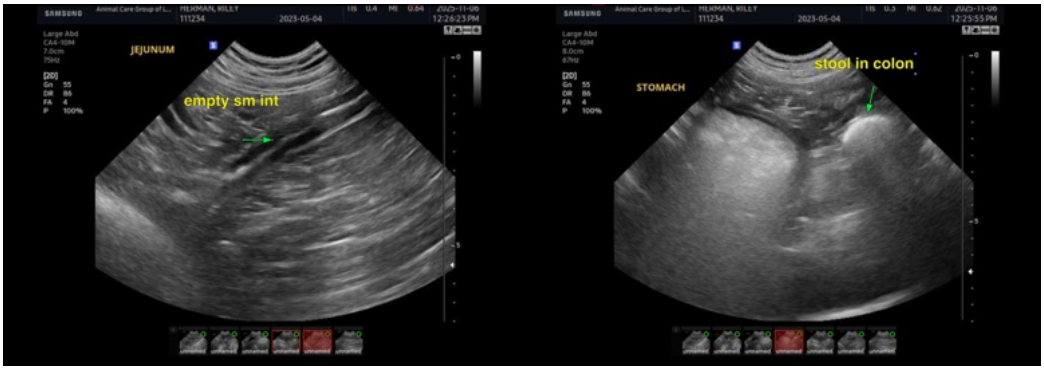

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com