



PATIENT

Brock Pinedo

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered male

AGE

9 years

WEIGHT

38 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Sanchez

INVOICE

69213

DATE

12/1/25

PRESENTING CLINICAL SIGNS

History: -Chronic history of intermittent episodes of vomiting and diarrhea -Previous DVM changed food to Rx GI food since July 2025 -Good response to Metronidazole, Cerenia, and probiotics but symptoms return once medications are finished -Patient was dewormed with Panacur
PE: BCS 4/9 CBC: NAF Chem: NAF Digital fecal scan: NPS Radiographs: multiple areas of gas in SI (no dilation); gas in LI, remainder unremarkable

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 5.76 cm. The right kidney measured 5.6 cm.

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 2.07 x 0.5 cm. The right adrenal gland was not visualized.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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The **stomach** was filled with progressively shadowing material. This may represent ingesta and medications depending on when the patient ate prior to sonogram. However, soft foreign matter cannot be ruled out. Transit of chyme was normal. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

Shadowing gastric material.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was n.p.o. then endoscopy should be considered or gastrotomy with a sonogram performed just prior to surgery would be indicated. Unless the patient was not n.p.o. at the time of the sonogram then a recheck sonogram is recommended at full n.p.o. status. Screening for Addison's is indicated to rule out underlying disease.

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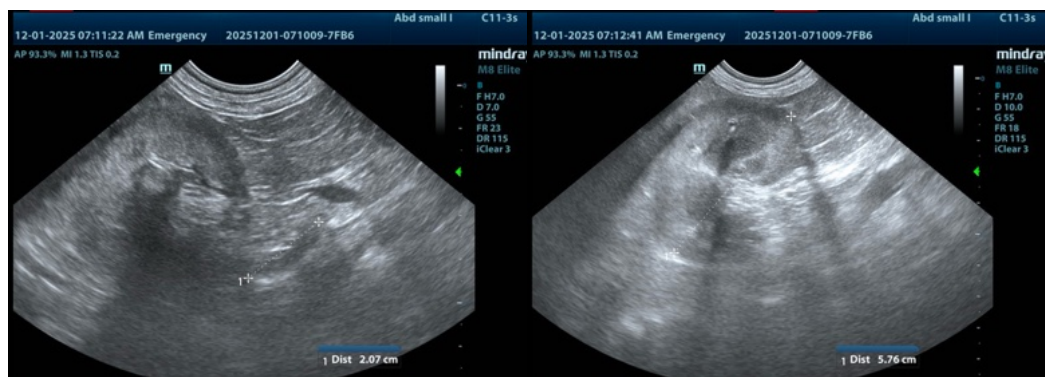
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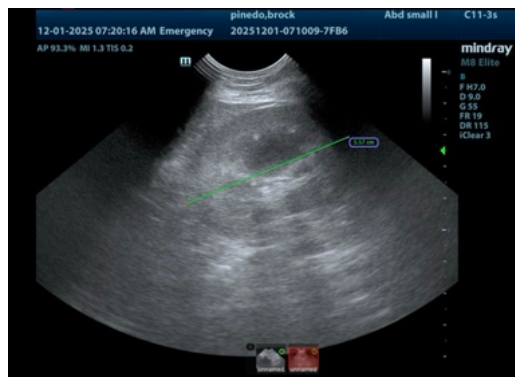
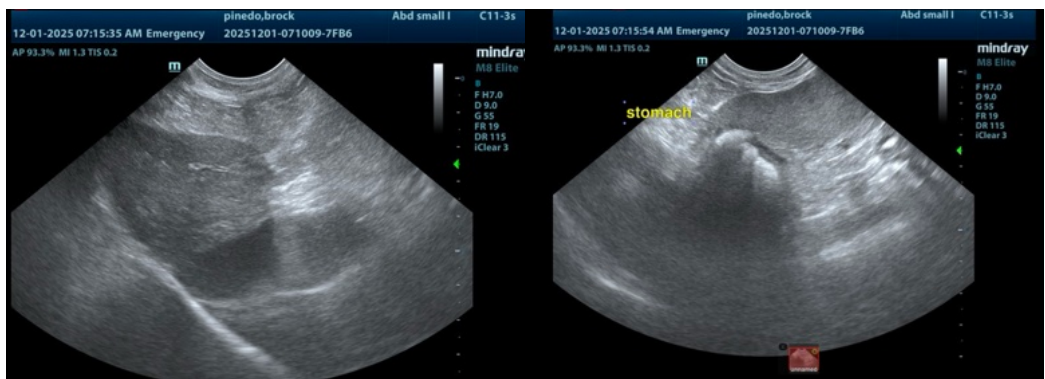
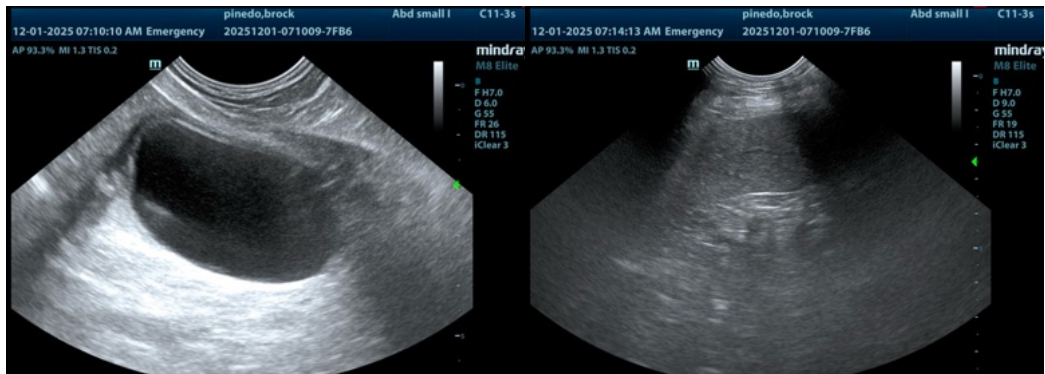
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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