



## PATIENT

Elsa Huber

## SPECIES

Canine

## BREED

Boston Terrier

## SEX

Spayed Female

## AGE

6 years

## WEIGHT

16 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Becky Barnard, LVT

## HOSPITAL NAME

Southkent VH

## REFERRING VET

Dr. Burns

## INVOICE

69514

## DATE

12/10/25

## PRESENTING CLINICAL SIGNS

History: Regurgitating after eating, barium study revealed delayed gastric emptying.  
Abnormal PE/Chem/CBC/UA Results: Delayed gastric emptying on barium study; 5 hours post administration, barium still present in stomach.

## 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 right kidney measured 3.6 cm. The left kidney measured 3.7 cm.

### Adrenal Glands

The left **adrenal gland** was visualized and recognized as having normal shape, position and echogenicity for this breed, yet is low normal in size. 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 1.1 x 0.4 cm. The region of the right 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



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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 progressively shadowing luminal material. This is most consistent with ingesta/chyme. No overt foreign matter was noted. The pylorus was patent. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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## 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.

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## ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

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Post prandial presentation.

There was no evidence of structural disease.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the stomach should be paired with post prandial timing for interpretation. Slurry feeding and GI protectant protocol can be considered proactively. Metoclopramide therapy would be appropriate. There was no evidence of significant disease. Screening's for Addison's is indicated given the breed predisposition, age and vague clinical signs as well as non-visible right adrenal gland. Occult Addison's can play a role in GI motility.

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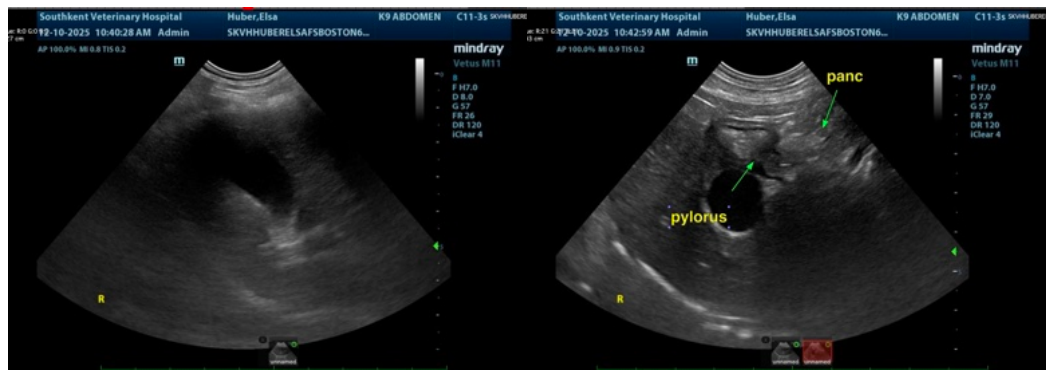
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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