



PATIENT

Guinness Richards

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

13 Years

WEIGHT

36

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg VC

REFERRING VET

Dr. Christopher Dewitt

INVOICE

36844

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Patient presents for vomiting while on maropitant. Lethargic/Depressed at home. Radiographs show a fluid filled stomach and cardiomegaly. Concern for gastric foreign body.

Abnormal PE/Chem/CBC/UA Results: PE: Tachycardia/Bounding heart rate, Mild dehydration Chem/CBC - wnl Radiographs show a fluid filled stomach and cardiomegaly.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. Occasional cortical cysts were noted. The left kidney measured 5.7 cm. The right kidney measured 5.7 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 0.6 cm.

Normal **right adrenal gland** was not visualized. **See Free Abdomen section.

Spleen

The **spleen** presented uniform parenchyma. No evidence of pathology. Caudal folding of the spleen was noted.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. The gallbladder was largely unremarkable with a minor amount of dependent debris. This is expected for this type of presentation. There was no overt pathology. This is a mild change.

Gastrointestinal

The **stomach** was overdistended with fluid. Some shadowing material appeared to be present in the upper duodenum, followed by empty small intestine. The colon was unremarkable.

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.

Free Abdomen

A mixed hypoechoic **mass** was noted in the area of the right adrenal gland; however, this could be related to the upper gastrointestinal tract. Normal right adrenal gland was not visualized.

Other

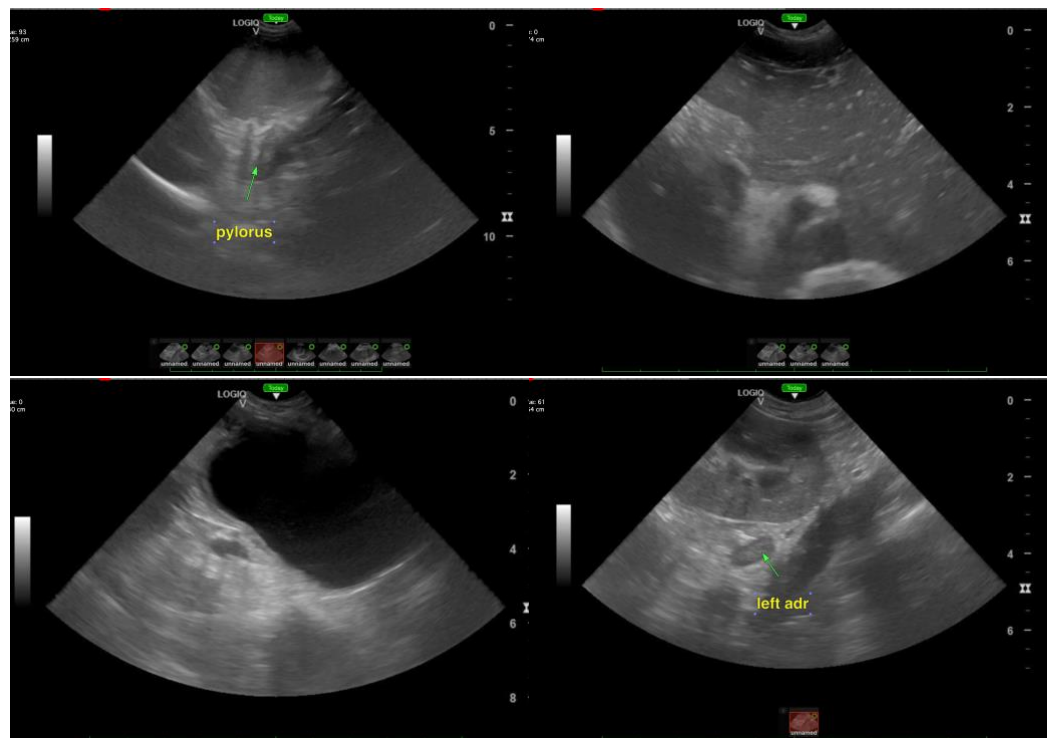
Subjective assessment of the **heart** revealed normal volumes and contractility. No evidence of masses or pericardial effusion. No evidence of clinically significant cardiac disease.

ULTRASONOGRAPHIC FINDINGS

- Delayed outflow gastric pattern, shadowing material was noted as well.
- Mass in the area of the right adrenal or portal hilus, possibly related to the delayed outflow.
- Age-related renal changes with occasional cortical cysts
- Caudal splenic folding
- Hepatopathy pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend exploratory surgery or CT evaluation for surgical planning. Note: A large amount of upper gastrointestinal artifact was obscuring some visibility of the portal hilus to allow for a more complete evaluation, however, an obstructive pattern does appear to be present.





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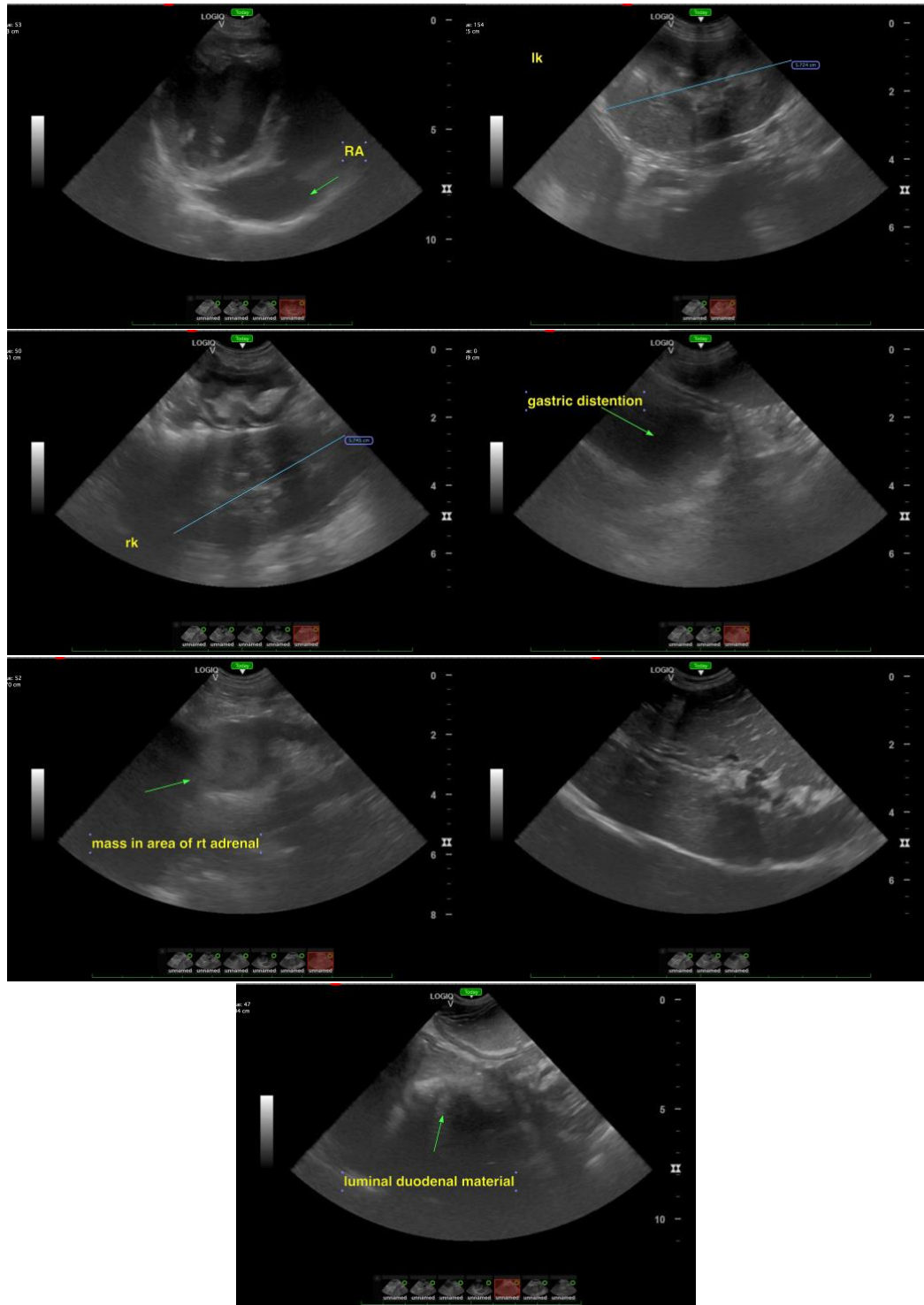
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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