



PATIENT

Milo Shrepit

SPECIES

Canine

BREED

Doberman

SEX

Male Neutered

AGE

7 years

WEIGHT

28.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lacovides

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Bargaen

INVOICE

10927

DATE

12/11/2025

PRESENTING CLINICAL SIGNS

About 1-2 month history of vomiting. Usually happens about 5-8h after feeding. Also, will vomit overnight. Has been on omeprazole in the past with some success. Has been on Rx and raw food trials with no resolution. Latelt dog is less enthusiastic about food but is still eating well. Normal BM monday, o says can't have BM now, Dog eats in am, vomits food by about 3 pm, on and off throughout night. Metaclop trial unrewarding Drinks water ok. Acvtivity is ok. BM-n. Dog lives in rural and is outside so dietary indiscretions are quite possible according to owner. Today has progressed to anorexia and in-spite of cerenia injection yesterday dog vomited last night. After today's scan dog has been transferred to local emergency clinic for in-hospital supportive gi care on IV fluids. Med hx: Nov 24: metoclopramide 5mg, 2 tabs bid 2 hours prior to meals. .3mg/kg Dec 10; cerenia inj 2.8cc cerenia 60m q24 tgh.

Abnormal PE/Chem/CBC/UA Results: 5kg weight loss in 3 weeks Abdomen palpation is normal Barium swallow/abd films - normal esophagus, air distension of SI CBC/Chem/T4 - Mild eosinophilia, mild leukocytosis hyponatremia, hypokalemia, hypochloremia.

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 were 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. Left kidney measures 7.0 cm with slight pinpoint mineralizations noted. Right kidney measures 7.0 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. Left adrenal measures 0.67 cm at the caudal pole and 0.6 cm at the cranial pole. Right adrenal measures 0.66 cm at the caudal pole and 1.4 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 were noted.

Liver



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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 and common bile duct were unremarkable.

Gastrointestinal

The **stomach** presented a minor amount of luminal material. The upper small intestine was dilated and hyperperistaltic. The dilated small intestine was followed by empty small intestine creating an obstructive pattern. The colon was unremarkable.

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.

Pancreas

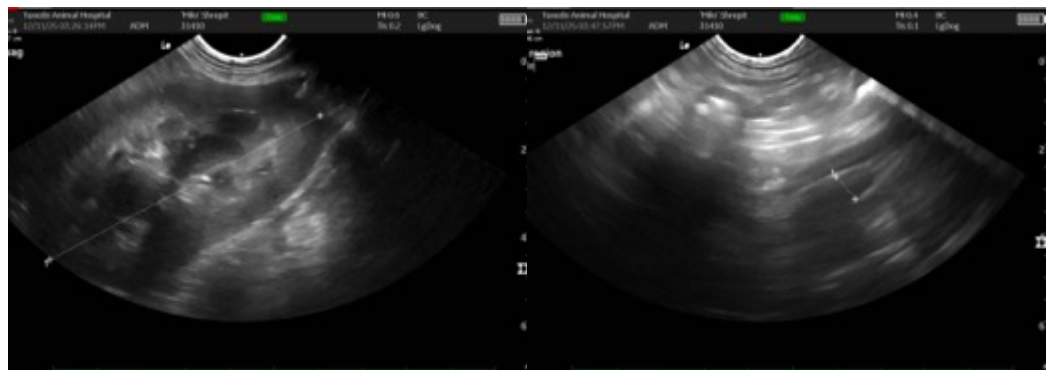
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour, measuring up to 1.0 cm x 0.50 cm. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Dilated, hyperperistaltic upper small intestine – obstructive pattern.
- Reactive mesenteric Lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The exact cause of obstruction was not evident. Recommend exploratory surgery to assess for cause of dysfunction which may be non-visible foreign body, intestinal mass, intestinal torsion or adhesions all possible.





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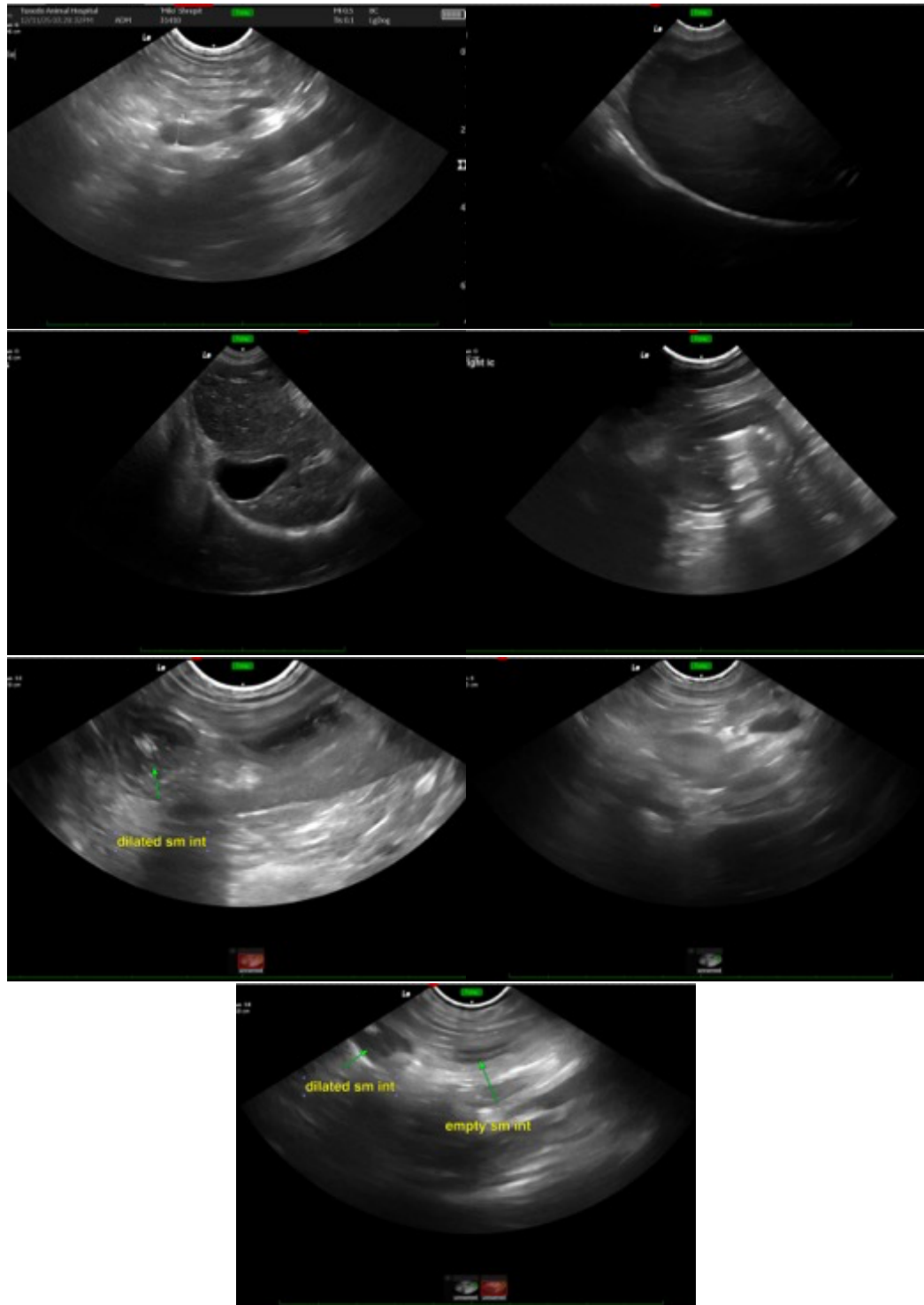
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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