



PATIENT

Bolt Crane

SPECIES

Canine

BREED

Staffordshire Bull
Terrier

SEX

Neutered Male

AGE

9 Years 10 Months

WEIGHT

32.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg
Veterinary Clinic

REFERRING VET

Dr. Vincent Tavella

INVOICE

72717

DATE

12/19/25

PRESENTING CLINICAL SIGNS

Patient presents for 24 hour history of vomiting and anorexia. Unable to keep water or food down. Abdomen was distended at home but is normal on presentation. History of Leggs perthes, Hip dysplasia, bladder tumor, Immune-mediated Polyarthritis Chronic pancreatitis, and steroid responsive colitis. Patient is on Cytopoint, Apoquel, Gabapentin, Librela, Dasuquin, Z/d low fat, Budesonide.

Abnormal PE/Chem/CBC/UA Results: PE: Dehydration, Grade 3/6 systolic heart murmur. PMI left parasternal. (New) Chem/CBC/UA - pending Radiographs - Cardiomegaly with suspect pulmonary congestion. Evidence of a gastric foreign body.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 5.1 cm. A cortical infarct was noted at the dorsal cortex of the right kidney. Right kidney measured 5.4 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. Left measured 0.50 cm.

The **right adrenal gland** was subnormal in size, measuring 0.60 cm at the cranial pole and 0.40 cm at the caudal 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

The **liver** presented uniform enlargement with hepatic vein dilation. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** was filled with fluid and echogenic material measuring approximately 3.0+ cm in the gastric fundus. Excessive gas noted. The small intestine and colon were unremarkable.



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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.

Free Abdomen

Slight pericardial and pleural effusion noted through the diaphragm.

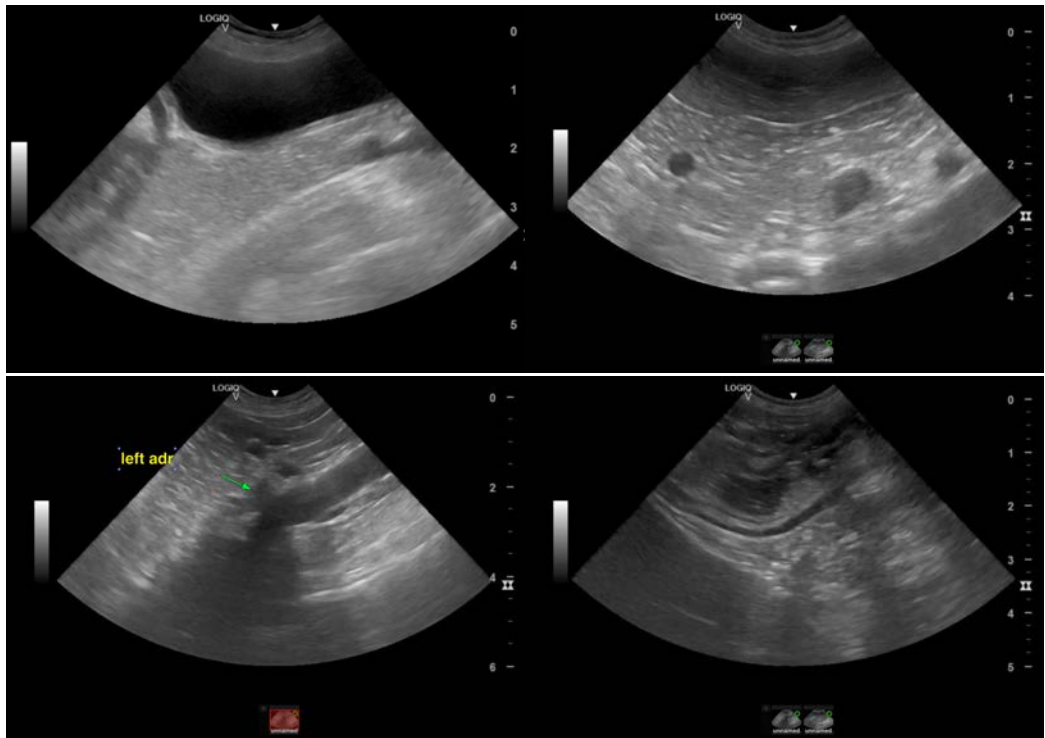
Vena cava dilation of 2.2 cm noted at the level of the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Undefined slight pericardial and potential pleural effusion
- Passive congestion liver pattern.
- Age related renal changes with slight renal infarct.
- Subnormal right adrenal size.
- Gastritis pattern with gastric luminal artifact – gas accumulation or possible foreign matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiograph evaluation recommended with focus on pathology in the caudal mediastinum. The pericardial effusion is minor and there is no evidence of tamponade. Therefore, the cardiac presentation may not be responsible for the passive congestion. However, an underlying occult neoplastic event in the heart could not be ruled out. Full doppler evaluation of the right heart warranted. Hypocontractility appeared to be present. Differentials for the pericardial effusion include immune mediated disease, vasculitis, occult neoplasia, idiopathic causes.





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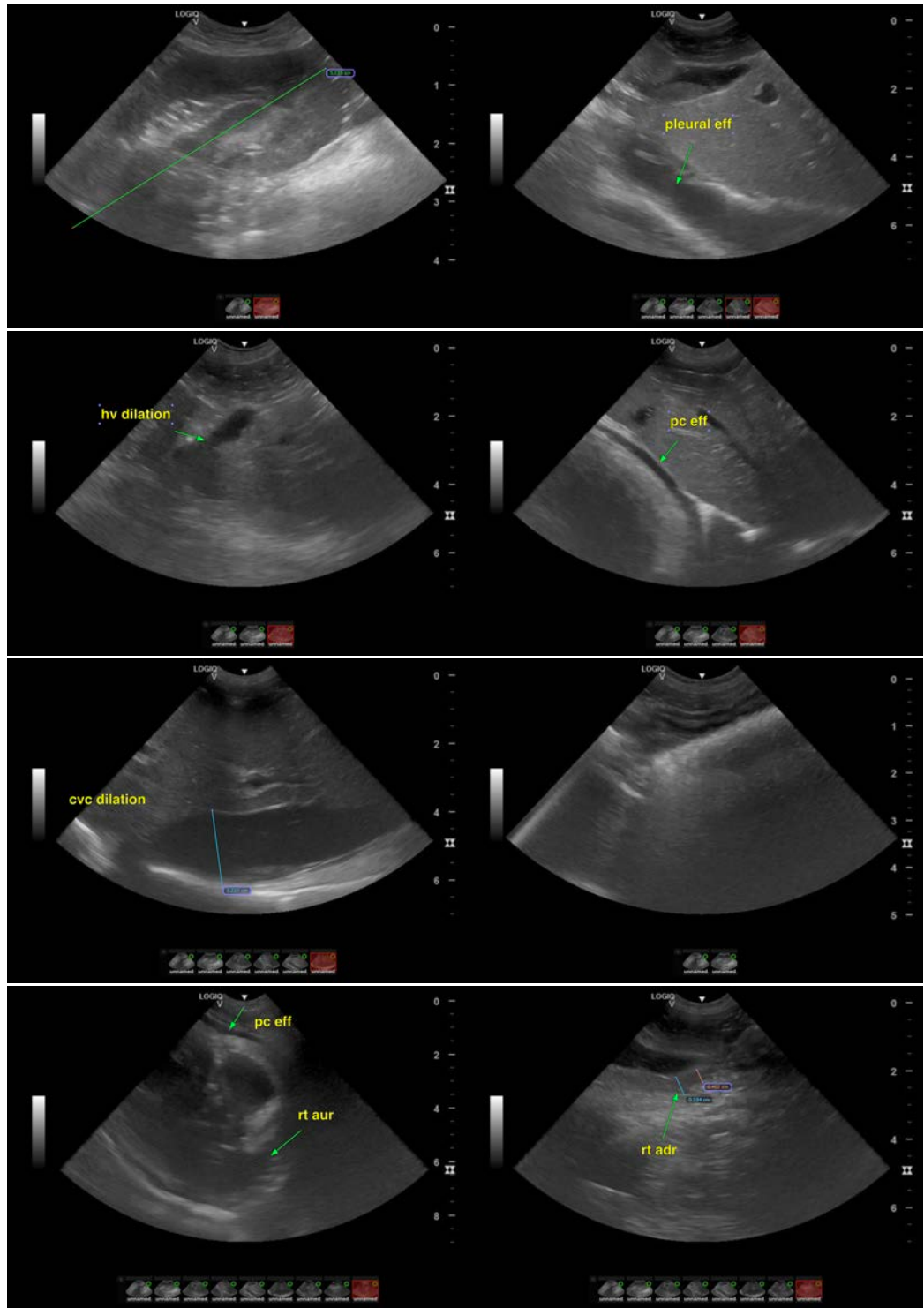
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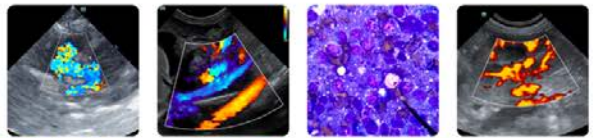
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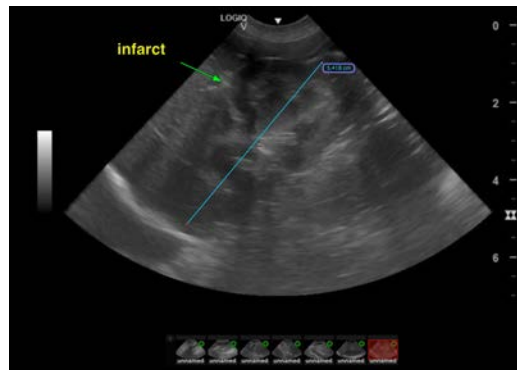
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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