



PATIENT

Maric Bradshaw

SPECIES

Canine

BREED

Husky x

SEX

Neutered Male

AGE

8 Years

WEIGHT

31.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle, RVT

HOSPITAL NAME

Orchard Veterinary
Care

REFERRING VET

Dr. DeWalt

INVOICE

72690

DATE

12/19/25

PRESENTING CLINICAL SIGNS

Vomiting daily for the last week, has been vomiting food, and little interest in food. On PE:MM: Pale pink, very tacky CRT: prolonged T 38.2 P 102 R 24 Chest: Pronounced arrhythmia that is associated with breathing but has moments or irregularity. Abdominal Palpation: Doughy in abdomen, stomach feels distended. Very malodourous.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC elevated Chem: BUN elevated Sodium low Potassium low - needing to be supplemented

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 measured 6.1 cm. Right kidney measured 6.7 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 measures 0.55 cm at the cranial pole and 0.57 cm at the caudal pole. Right measures 1.3 cm at the cranial pole and 0.55 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** 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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

The gastrointestinal tract revealed severe colonic dilation. The majority of the upper gastrointestinal tract was unremarkable and empty. However, there is an area of approximately 2-3 cm of irregular tissue or intestine approximately 2.0 cm cranial to the apex of the urinary bladder that necessitates further interrogation. Potential mass or irregular intestine in that region.

Pancreas

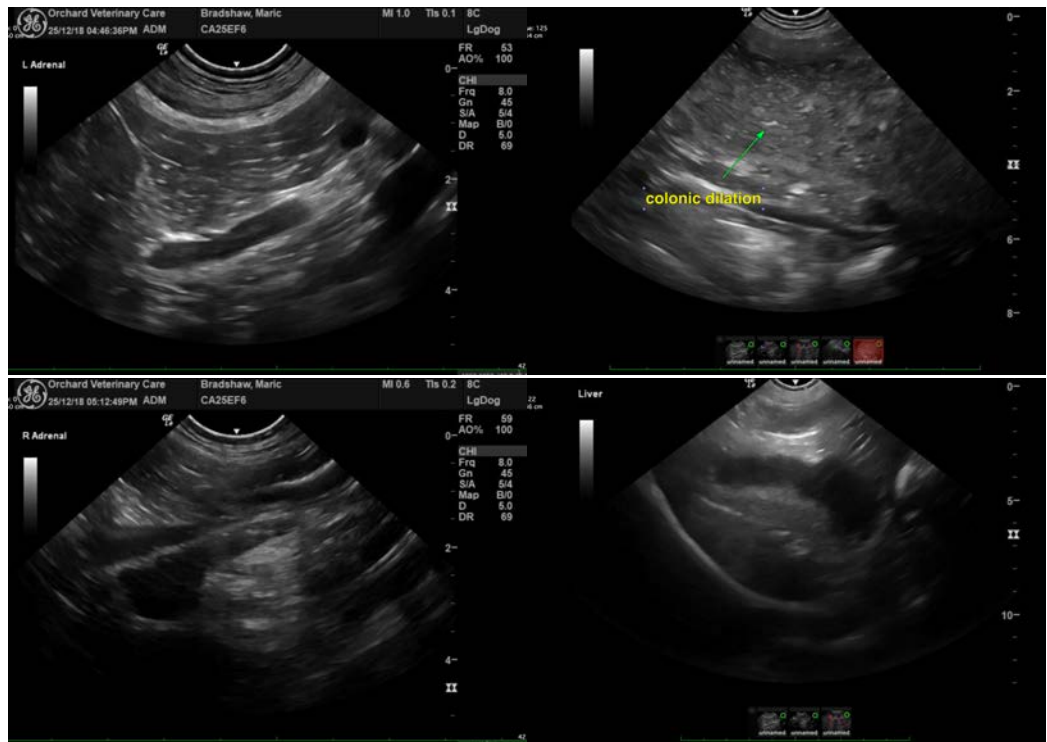
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Severe intestinal dilation with fluid filled bowel, appears to be colon as it enters into the pelvic inlet. However, further imaging necessary.
- Questionable region in the caudal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Colorectal imaging warranted from a perineal approach to assess for possible stricturing pathology, or barium enema may be appropriate. However, further imaging of the region in question cranial to the urinary bladder would be indicated. Otherwise, normal abdomen.





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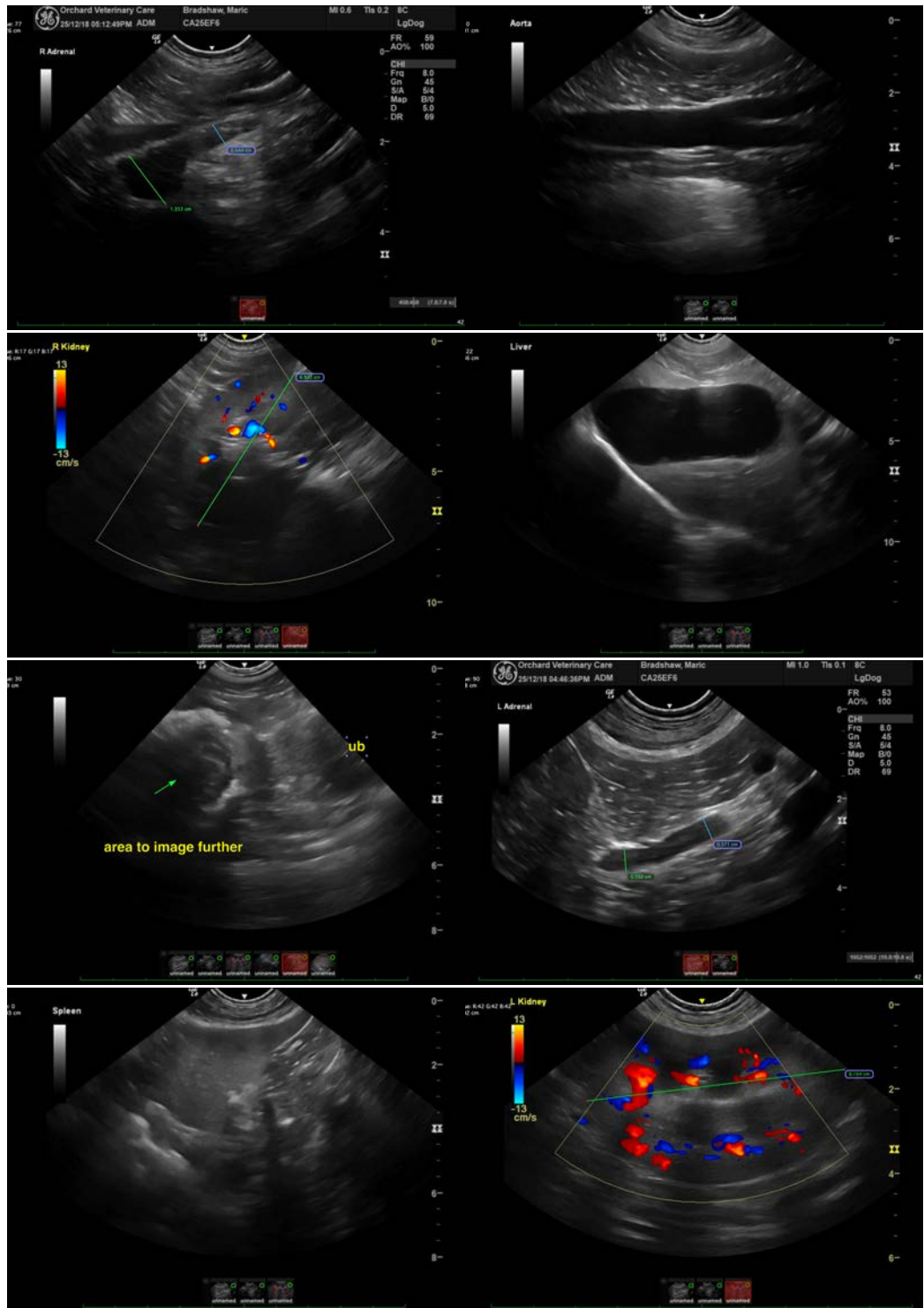
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com