



PATIENT

Bean Adamovich

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

6 years

WEIGHT

2.08 kgs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Honsted

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Honsted

INVOICE

69581

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: patient presented for vomiting blood and bloody stool started this morning not eating
Abnormal PE/Chem/CBC/UA Results: CPL abnormal

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. Slight pyelectasia was noted in the left kidney. Slight pinpoint mineralization was noted in the kidneys. The left kidney measured 2.9 cm. The right kidney measured 3.3 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.

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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. Some striating bile was noted in the gallbladder, yet full mucocele formation is not present. No adjunctive inflammation was noted.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

Pancreas

The **pancreas** was mixed echogenic to hyperechoic changes enveloping portions of the pancreas and upper gastrointestinal tract. This is consistent with pancreatitis. The inflammation was not extensive.

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis and pancreatitis pattern.

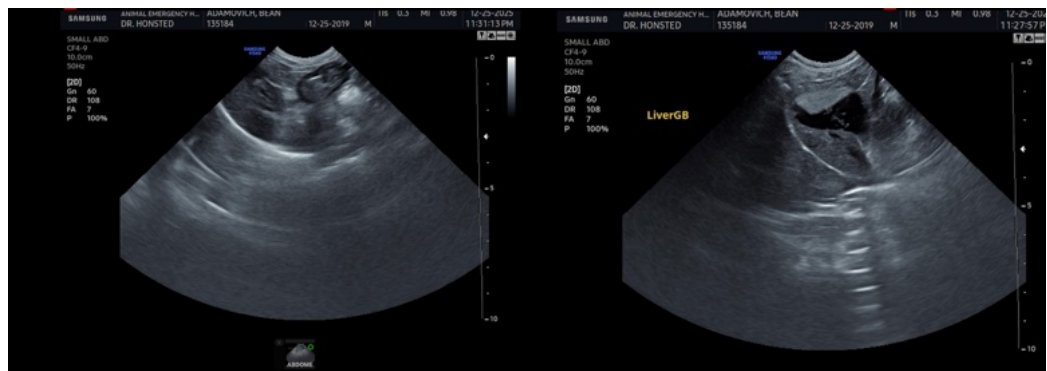
Renal pyelectasia, likely owing to fluid therapy.

Minor renal mineralization.

Gallbladder sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care and 24 hour n.p.o., GI protectants are all indicated. Ursodiol therapy is warranted over the next 6-8 weeks and proactively eliminate the gallbladder.





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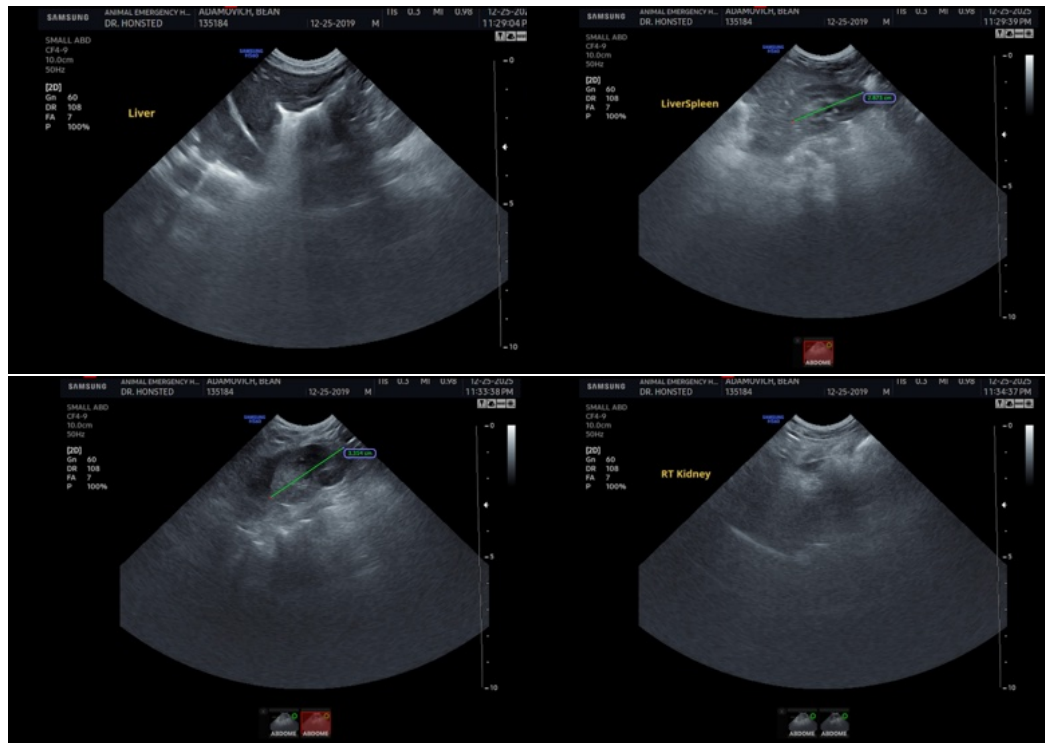
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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