



PATIENT

Echo Condit

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

4 Years

WEIGHT

4.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Silver Creek Animal
Clinic

REFERRING VET

Dr. Ceremuga

INVOICE

12880

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: - previous history of acute pancreatitis diagnosed at e-clinic in Dec 2022, treated supportively and recovered -presented to us on 12/1/2025 for intermittent vomiting, and weight loss. -treated supportively for suspected pancreatitis. pt has continued to have intermittent GI symptoms since that visit (occasional vomiting, diarrhea, decreased appetite, and weight loss (lost 0.5kg in 1 month) ABNORMAL Labwork Values - mild leukocytosis (neutrophilia) -moderately elevated cPL Will email full lab results Current Medications -Cerenia 8mg PRN q24, Metronidazole 60mg po q12

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) 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. The left kidney measured 3.94 cm in length. The right kidney measured 4.13 cm in length.

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. The left adrenal gland measured 1.59 cm x 0.38 cm width at the cranial pole and 0.51 cm width at the caudal pole. The right adrenal gland measured 1.90 cm x 0.43 cm width at the cranial pole and 0.85 cm width 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. The spleen was folded upon itself cranially.

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.

Gastrointestinal



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The **stomach** in this patient revealed shadowing gastric material measuring approximately 6.0 cm consistent with fabric type material. The small intestine and colon were unremarkable. Some transit of chyme appeared to be occurring in the duodenum and small intestine. The gastric foreign material appears to be localized to the stomach at the time of the sonogram yet the echotexture of the material in the stomach is not consistent with ingesta unless a Nylabone or similar material has been ingested.

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.

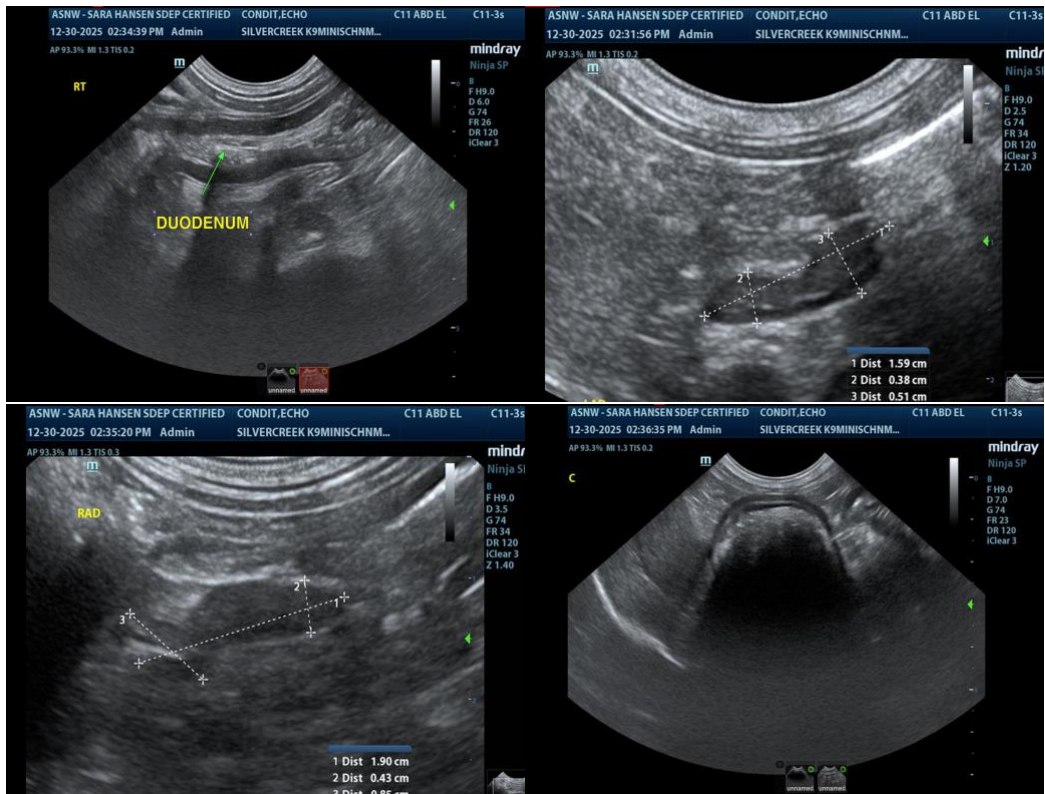
ULTRASONOGRAPHIC FINDINGS

- Folded spleen.
- Gastric foreign body- consistent with fabric type material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrotoomy and GI biopsies are warranted to rule out underlying disease.

According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.





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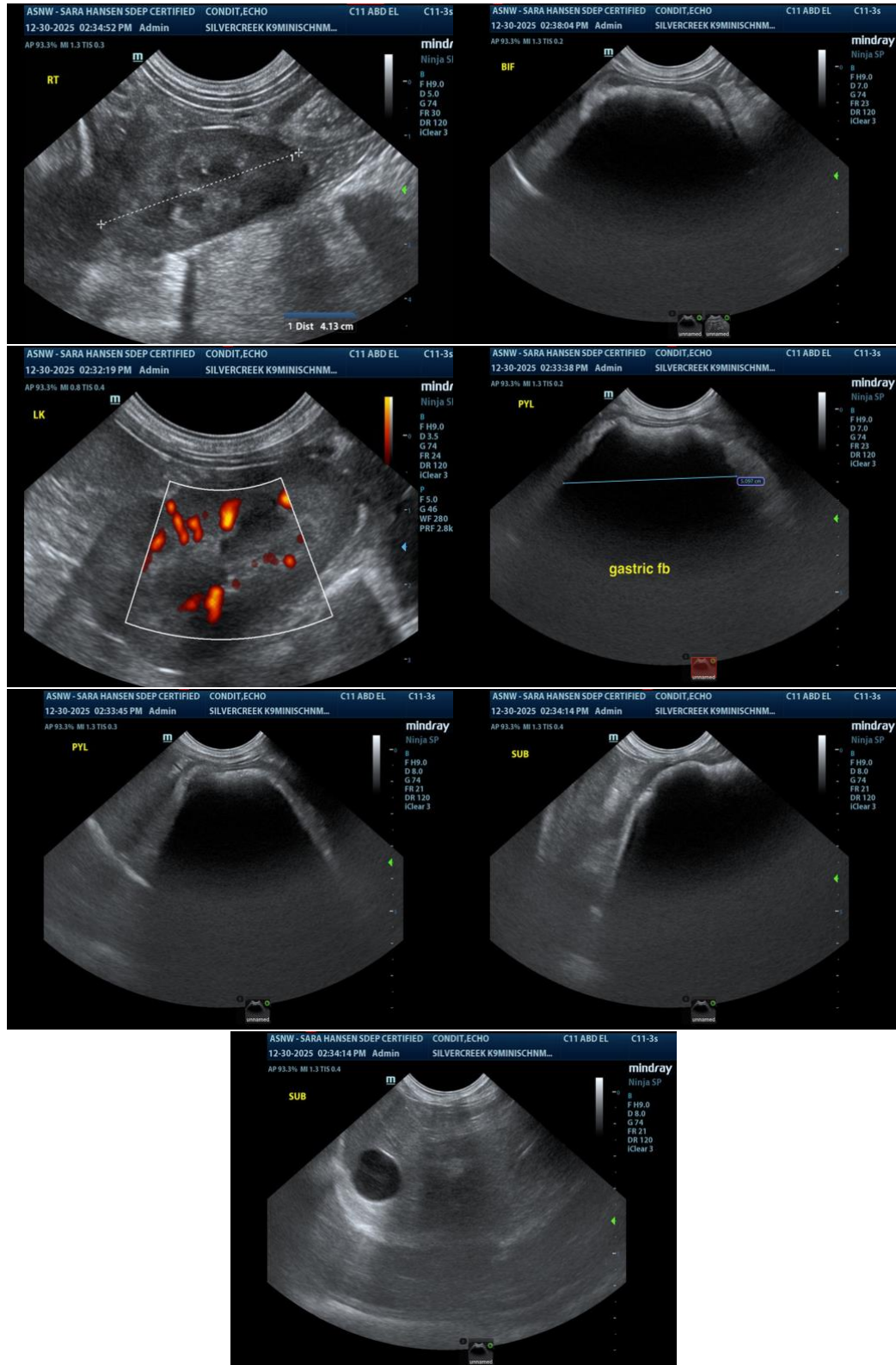
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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