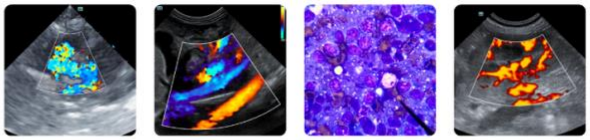


PATIENT

Winston Moldowan

SPECIES

Canine

BREED

Smooth Collie

SEX

Intact Male

AGE

11 Months

WEIGHT

26.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Bowmont Animal Clinic

REFERRING VET

Dr. Lebouldus

INVOICE

12588

DATE

12/05/25

PRESENTING CLINICAL SIGNS

Presented for acute hemorrhagic enteritis and hematemesis last 24-36 hrs. Patient had a similar bout one month ago and responded to symptomatic treatment. Patient has normal demeanor and has appetite.

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

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. The left kidney measured 6.6 cm in length. The right kidney measured 5.09 cm in length.

Adrenal Glands

Both **adrenal glands** were subnormal in size. The left adrenal gland measured 0.38 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland measured 0.42 cm width at the caudal pole and 0.28 cm width at the cranial pole.

Spleen

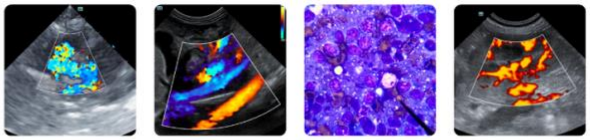
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen was folded upon itself caudally.

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. The portal vein vena cava ratio was 1:1.

Gastrointestinal

The **stomach** revealed a shadowing foreign matter measuring 1.0 cm. The stomach was filled with ingesta. Area of spastic small intestine and regional stasis were noted with dilated small intestine followed by an empty small intestine yet no overt cause of obstruction was noted. This is likely the dynamic going with the spasming, however, cannot completely rule out the potential of foreign matter.



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Pancreas

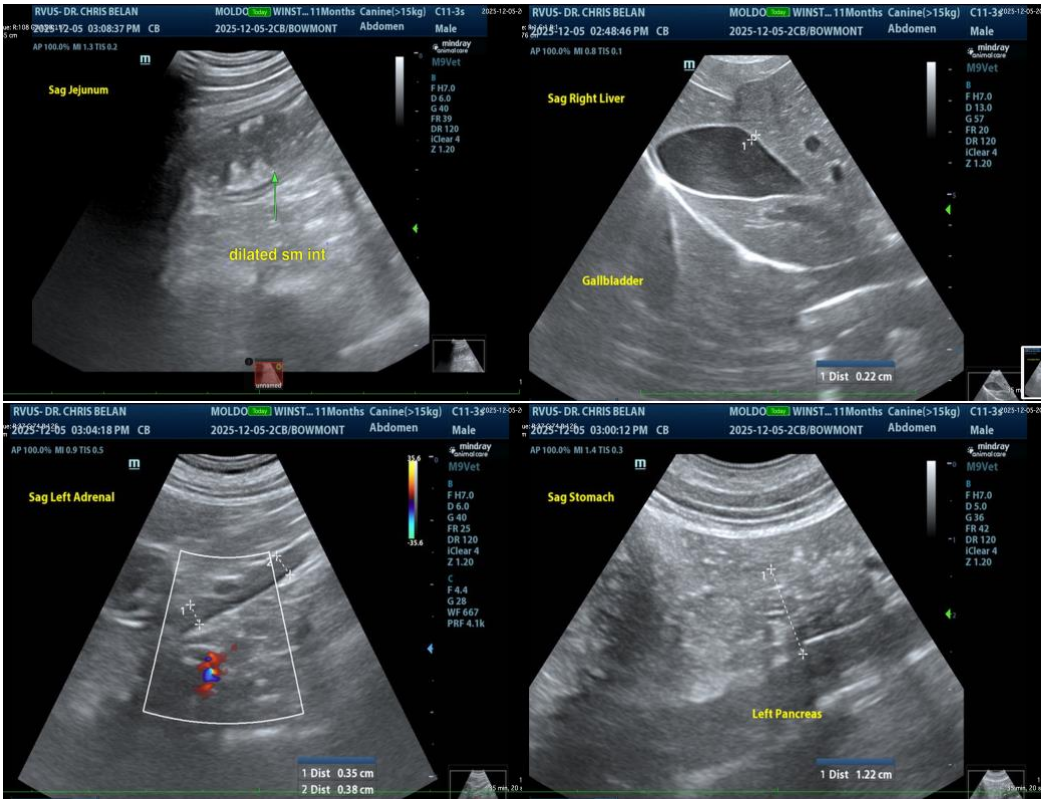
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted. The left limb of the pancreas measured 1.2 cm.

ULTRASONOGRAPHIC FINDINGS

- Gastric shadowing structure.
- Folded spleen.
- Subnormal bilateral adrenal glands.
- Spastic small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's warranted as this would also support a premise of potential effector organ dysfunction by the GI tract given the recurrence of clinical signs. Recommend 24-hour NPO, GI protectants, IV fluid support and broad-spectrum antibiotics to treat for enterotoxins with recheck sonogram to allow for dissipation of gas under medical management and allow for further imaging of the pyloric outflow in particular but also the spastic bowel to assess if the partial obstructive pattern is persistent.



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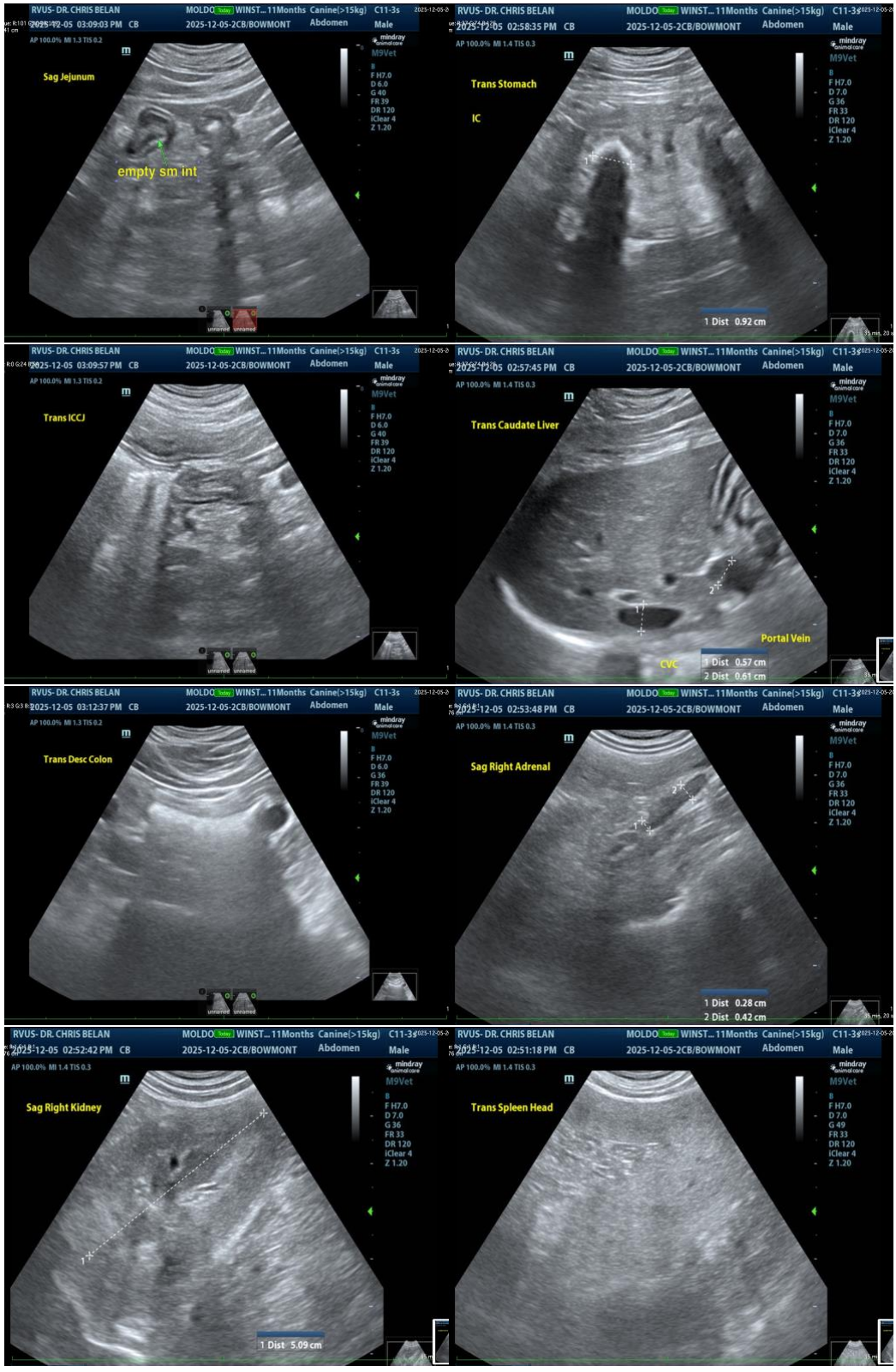

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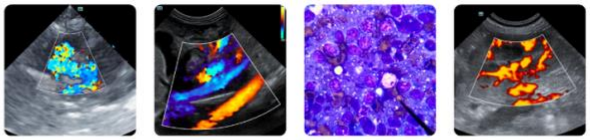

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Educational Teleconsultation Services™

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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, Owner, Founder -- SonoPath.com

info@SonoPath.com