



PATIENT

Zero Nottingham

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

8 Years

WEIGHT

35 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

12585

DATE

12/05/25

PRESENTING CLINICAL SIGNS

Slow picky eater in recent months, reluctant to eat kibble, so O gave him a new food topper (turkey bone broth, minimal ingredient) Tues morning & night. Out of nowhere started having explosive diarrhea on wend morning and continued for 24 hours, Thurs morning diarrhea was mucus. Wend night did not eat, Thursday morning took a few bites of kibble, last night ate bland chicken/rice (vomited it all up by 4 am this morning). Vomited once on Thursday during the day and this morning at 4 am. Lethargic since yesterday. No access to fish, not around other dogs (because dog reactive). Throughout 2025 - has been increasingly slow/reluctant to eat kibble and eating lots of grass.

Abnormal PE/Chem/CBC/UA Results: Hydration: Moderate dehydration Abdomen: Tense on palpation, not overtly painful Sedated rectal exam: red-brown liquid diarrhea with foul odor. No anatomical defects noted. CBC: Hct 51.4%, normal leukogram & PLT. EPOC: Glu 134 (H), rest NSF. Resting Cortisol: 1.54 Three-view abdominal rads: Gas & fluid distended colon.

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 6.2 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The **adrenal glands** were flattened and isoechoic. The left adrenal gland measured 0.40 cm width. The right adrenal gland measured 0.80 cm width at the cranial pole and 0.68 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.

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

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The **stomach** revealed gastric artifact. Luminal visibility was not overtly possible. The cecum was dilated in this patient. The small intestine and colon were unremarkable.

SPECIES

Pancreas

Canine

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.

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Mixed

ULTRASONOGRAPHIC FINDINGS

SEX

- Small flattened adrenal glands.
- Gastric gas.
- Cecal stasis.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

8 Years

No evidence of obstruction. Given the subnormal cortisol, full ACTH stimulation test is warranted as Addisonian crisis may be an issue. The tense abdomen is likely owing to gastric gas accumulation. 24-hour NPO, IV fluid support and GI protectants are all indicated. Recheck sonogram after 24-hour NPO may prove more effective on visibility of the stomach in particular.

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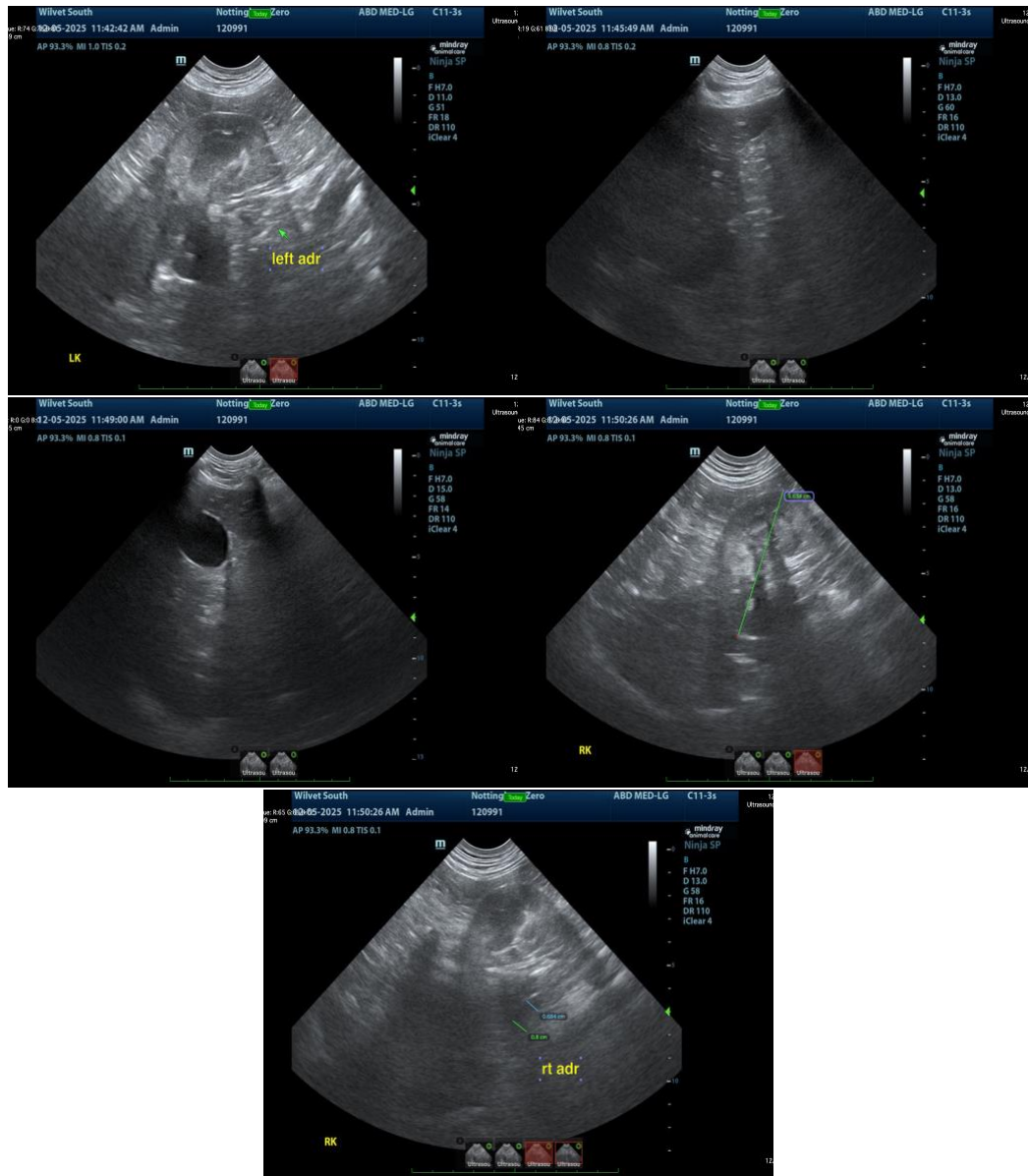
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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