



PATIENT

Bates Smutzler

SPECIES

Canine

BREED

Wirehaired Pointing
Griffon

SEX

Male

AGE

4 Years 9 Months

WEIGHT

57.80 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

States Avenue VC

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

36793

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Onset of vomiting, anorexia, and lethargy ~1.5–2 days ago. - Not eating or drinking; will eat snow, not water. - Vomiting: Mucous, yellow-brown material; no blood observed. - Marked lethargy; reduced activity; less interactive than usual. - Seeking out cold surfaces (lying in sternal recumbency on snow). - Bowel movements: None since Friday other than walnut-sized stool this morning; not eating since onset. - Prolonged urination posture noted Friday; no hematuria; intact male, possibility of prostatic involvement. - Surgical history: Foreign body (disposable glove) removal ~2 years ago; prior sock ingestion (self-resolving or handled). - No known recent foreign body ingestion; missing leather glove several months ago. - Recent increased activity: Daily hunting prior to onset; possible mild weight loss attributed to activity. - Behavioral history: Fearful of veterinary handling due to previous surgery, requires muzzle for exams, owner assists with restraint. - Intact male.

Abnormal PE/Chem/CBC/UA Results: Ultrasound and rads performed under sedation (Dexmedetomidine and butorphanol); Gas present in cecum, full colon, some gas in small intestine/stomach; no obvious radio-opaque foreign body. LYM 0.82, NEU 12.83, MCH 26.2, Glucose 125.

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 region of the prostate was unremarkable.

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 5.6 cm. The right kidney measured 5.6 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. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 1.12 cm at the cranial pole and 0.7 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. Cranial and caudal folding of the spleen 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



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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

The upper **gastrointestinal tract** was unremarkable. However, the distal small intestine revealed areas of hyperperistalsis and minor luminal dilation, followed by empty small intestine, but there is a section of approximately 4.0 cm – 5.0 cm of distal small intestine which revealed luminal material, appears to be partially obstructive with an abnormal wall thickness of 0.57 cm. The remainder of the bowel measured 0.3 cm. Soft stool was noted in the colon.

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.

Free Abdomen

Slight **free fluid** was noted adjacent to the abnormal bowel.

ULTRASONOGRAPHIC FINDINGS

- Transiting luminal material in the distal small intestine, partial obstructive pattern.
- Slight free fluid adjacent to the abnormal bowel.
- Splenic fold

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, GI protectants, and recheck sonogram in 24 hours could be considered, however, given the slight free fluid noted, exploratory surgery may be the best option. I'm more concerned about the viability of a portion of intestine in this patient, as it may have a primary mural lesion and dysfunction with secondary obstruction of material that would normally transit. The slight free fluid is concerning and renders the situation a surgical urgency, however, at times, these will manage medically, yet that is not my direct recommendation. If only medical management is utilized, then recheck sonogram in 24 hours is indicated, still surgical resection should involve a resection and anastomosis, ideally guided by intraoperative ultrasound, as well as removal of the abnormal luminal material, nevertheless, I feel that the bowel dysfunction is likely the primary issue owing to prior disease.



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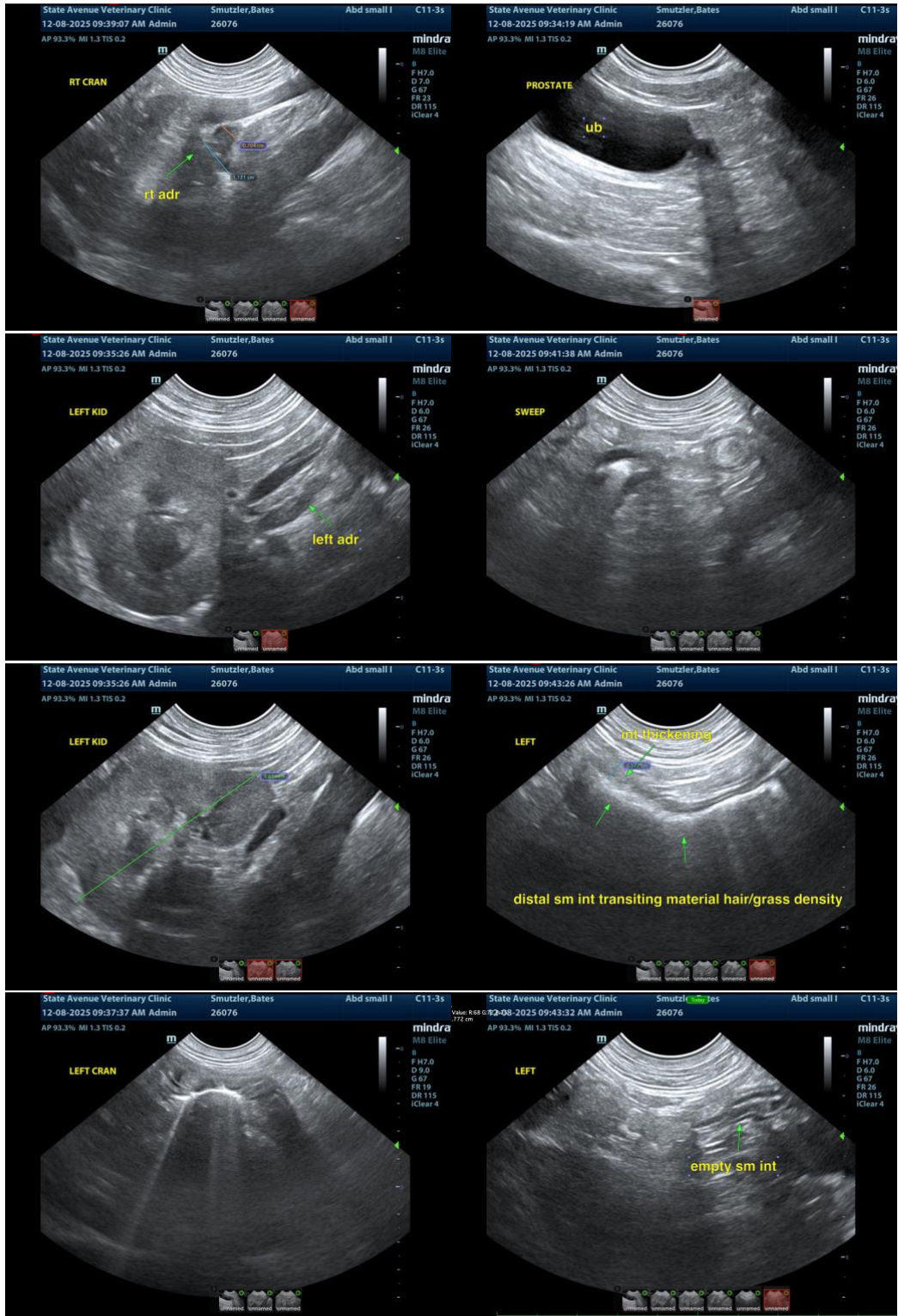
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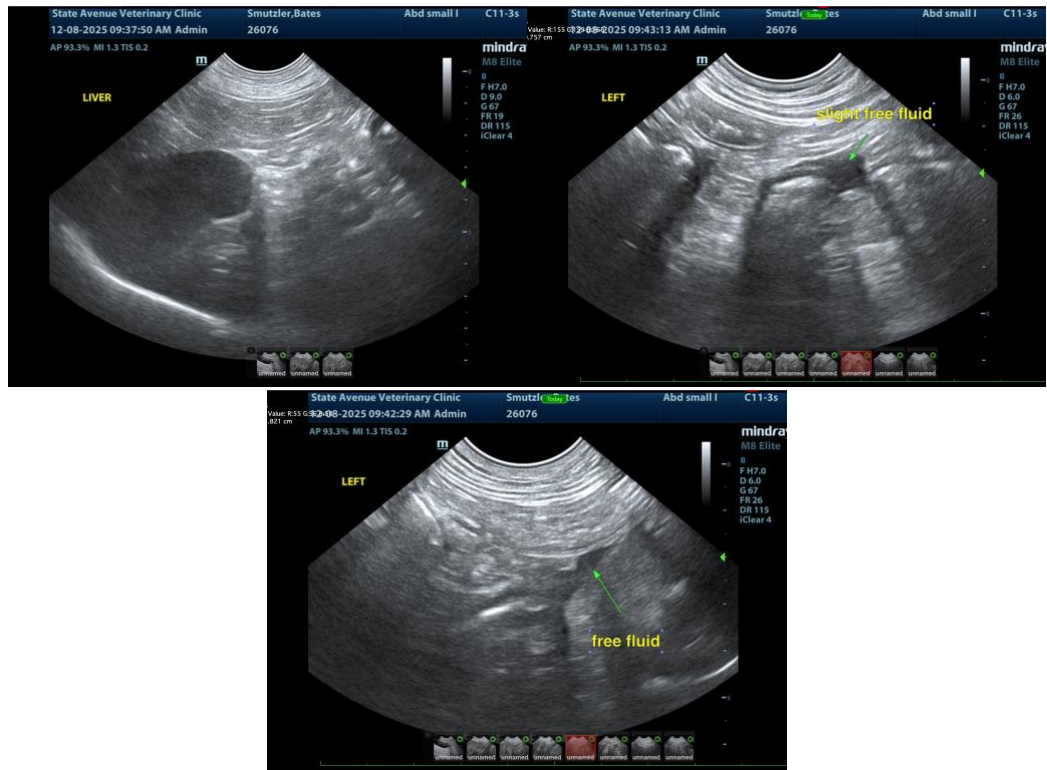
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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