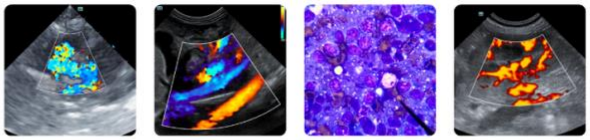

PATIENT

Blanche Applestone

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

8 Years

WEIGHT

78

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kathleen Laux

HOSPITAL NAME

Rondout Valley VA

REFERRING VET

Dr. Kathleen Laux

INVOICE

36794

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Owners noticed patient became lethargic overnight and did not want to eat this morning. Owners also noticed pale mucous membranes and black tarry stool.

Abnormal PE/Chem/CBC/UA Results: Alb 2.3, BUN 38, Glucose 136, Total Protein 3.9, Globulin 1.5, RBC 3.8, HGB 7.8, HCT 26.1, WBC 17, Neu# 13.9, Mon# 0.5, RTC 146, PT 14.0s, aPTT 103.4, PLT 124

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 right kidney measured 7.1 cm. The left kidney measured 6.57 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 1.67 cm x 0.49 cm at the cranial pole and 0.52 cm at the caudal pole. The right adrenal gland measured 0.9 cm at the caudal pole and 1.1 cm 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.

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

The **stomach** in this patient presented shadowing luminal material. In additional to the luminal material in the stomach, some gastric wall thickening was noted creating a mass effect. The small intestine and colon were unremarkable.

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Pancreas

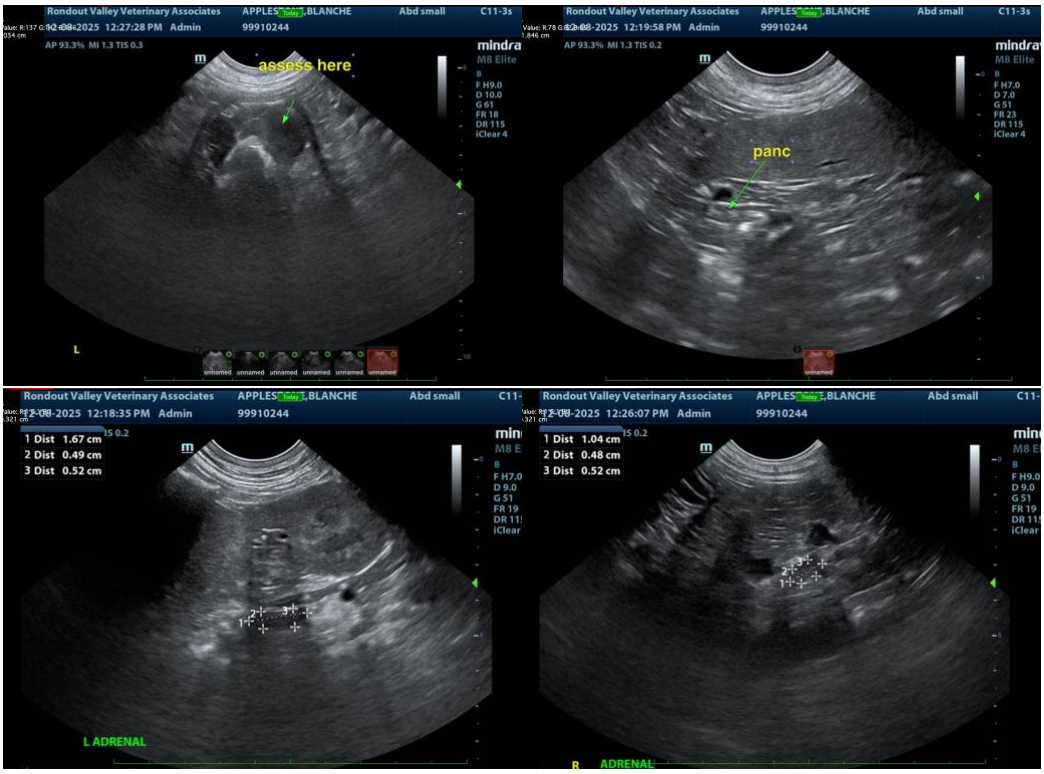
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastric luminal material and concentric luminal or mural thickening- concern for gastric neoplasia or embedded foreign matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery is indicated with expectation of evacuation of the stomach and gastric biopsies. Prognosis is guarded. GI blood loss may be the underlying cause of the anemia in this patient.



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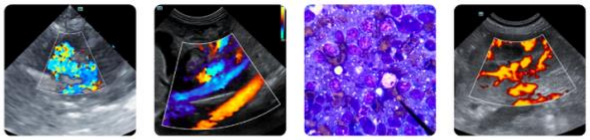

Clinical Sonography & Telecytology
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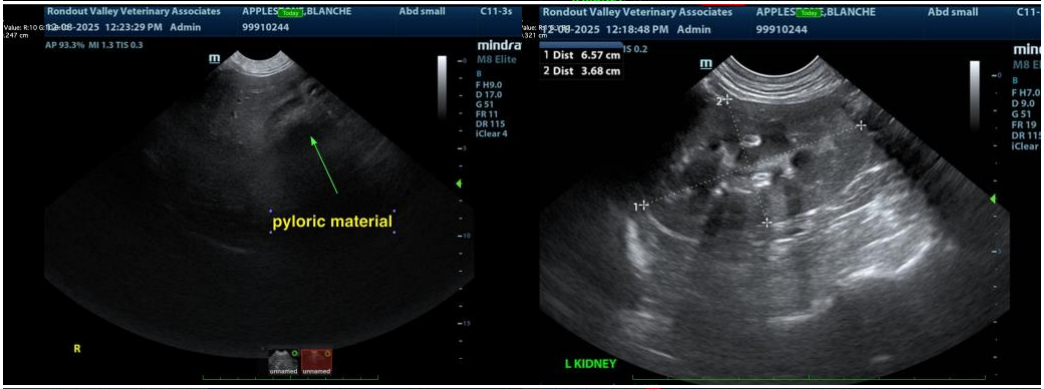

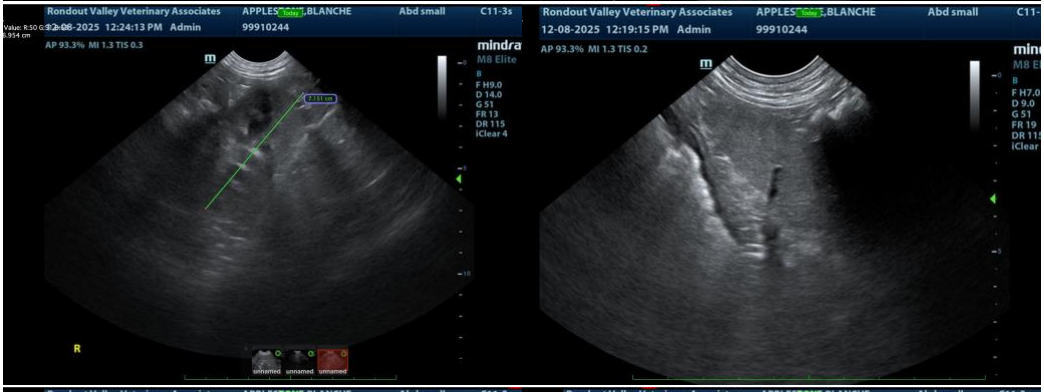

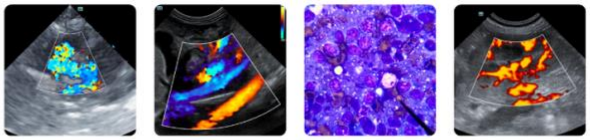

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com