



PATIENT

Katie Larkin

SPECIES

Canine

BREED

Labrador

SEX

Female

AGE

10 ½ years

WEIGHT

58 lbs

PRESENTING CLINICAL SIGNS

History: Vomiting and slightly lethargic, O found the patient eating bones. Patient was fasted this morning.

Abnormal PE/Chem/CBC/UA Results: ALKP 1,024, Cholesterol 363, Albumin 4.1

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.9 cm. The right kidney measured 6.4 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 cranial pole of the left adrenal gland measured 0.87 cm and the caudal pole measured 0.97 cm. The right adrenal gland measured 1.1 cm at the cranial pole and 0.64 cm at the caudal pole.

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

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 was noted.

REFERRING VET

Dr. Whitesell

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Liver

DATE

12/9/25

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

The **stomach** was over distended with chyme. A 3.2 cm shadowing structure was noted in the pyloric outflow. Transit of chyme was occurring. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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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.

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ULTRASONOGRAPHIC FINDINGS

Gastric foreign body with partial obstructive pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming the patient was n.p.o. at the time of the sonogram, smaller structures as well as larger shadowing structures were present. I recommend imaging this patient just prior to surgery. Otherwise, endoscopy could be considered. However, the larger structures may be difficult to retrieve. The gastric material would be consistent with bone material or. Similar.

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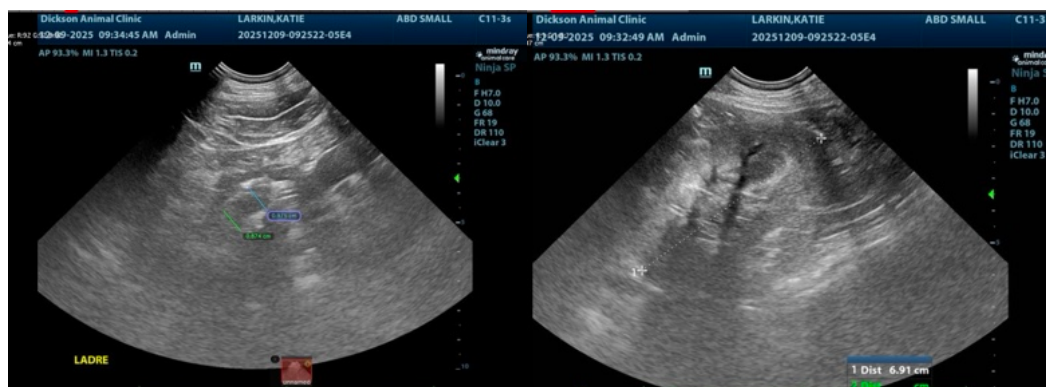
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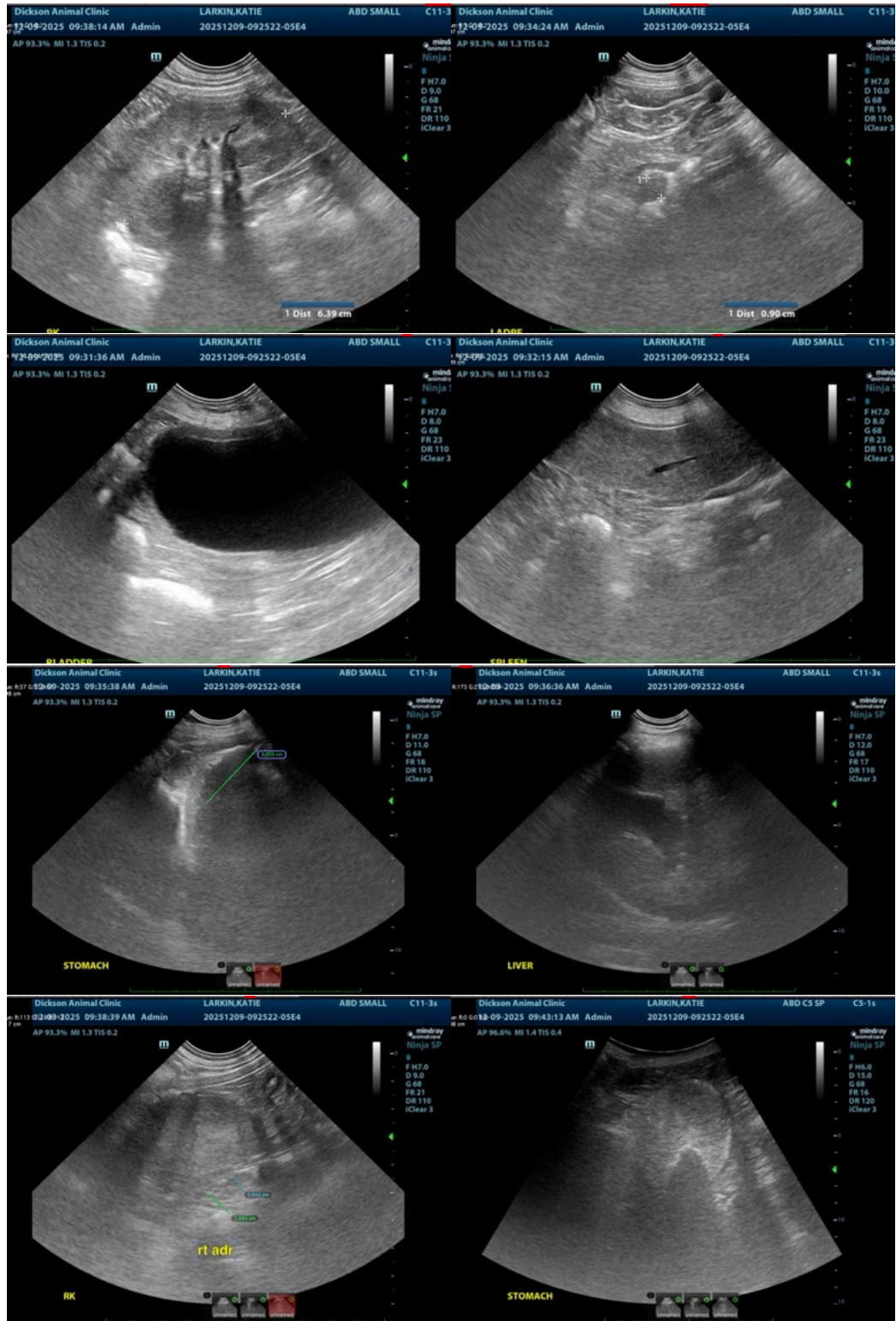
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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