



PATIENT

Toro Sprout

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

3 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Mastrascusa

INVOICE

36798

DATE

2/10/26

PRESENTING CLINICAL SIGNS

Reason for Ultrasound: Suspect gastric foreign body.

Clinical Findings: Vomiting

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 pelvic urethra was imaged 3.0 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 left kidney measured 5.0 cm. The right kidney measured 5.9 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 2.13 cm x 0.47 cm. The right adrenal gland measured 1.8 cm x 0.78 cm at the cranial pole and 0.56 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.

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 was repleted with shadowing material, consistent with fabric, continuing into the small intestine and duodenum. Linear attachment was lodged in the jejunum with accordion



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pleating. A sharp shadowing structure was noted in the small intestine, may represent the metal piece noted on radiographs. Secondary pancreatic inflammation was noted. The colon was unremarkable.

Pancreas

The **pancreas** revealed mixed hypoechoic parenchymal changes in the base of the pancreas and right limb with enhanced surrounding mesentery in a region of approximately 5.0 cm.

Free Abdomen

Regional **mesenteric inflammation** was noted. Trace pockets of free fluid were noted around the intestine.

ULTRASONOGRAPHIC FINDINGS

- Gastrointestinal fabric and linear foreign body with accordion pleating
- Regional steatitis/emerging peritonitis
- Regional pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend immediate gastrotomy/enterotomy in this patient. GI biopsies are warranted. Omentopexy is likely warranted, as underlying intestinal disease may be an issue inducing pika in this patient.

If possible, photos of the foreign matter would be appreciated for teaching purposes. Please send to eric.lindquist@sonopath.com



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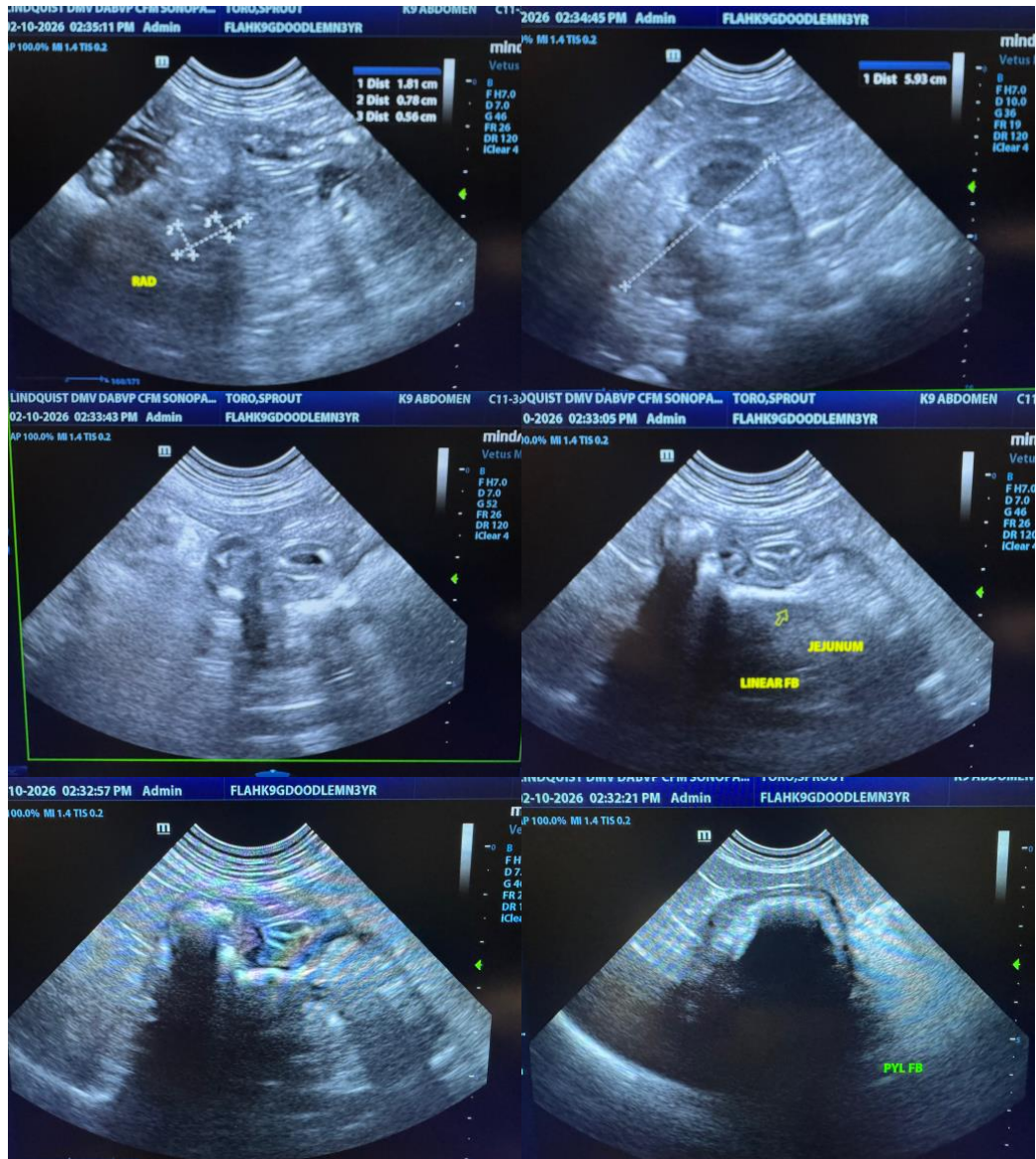
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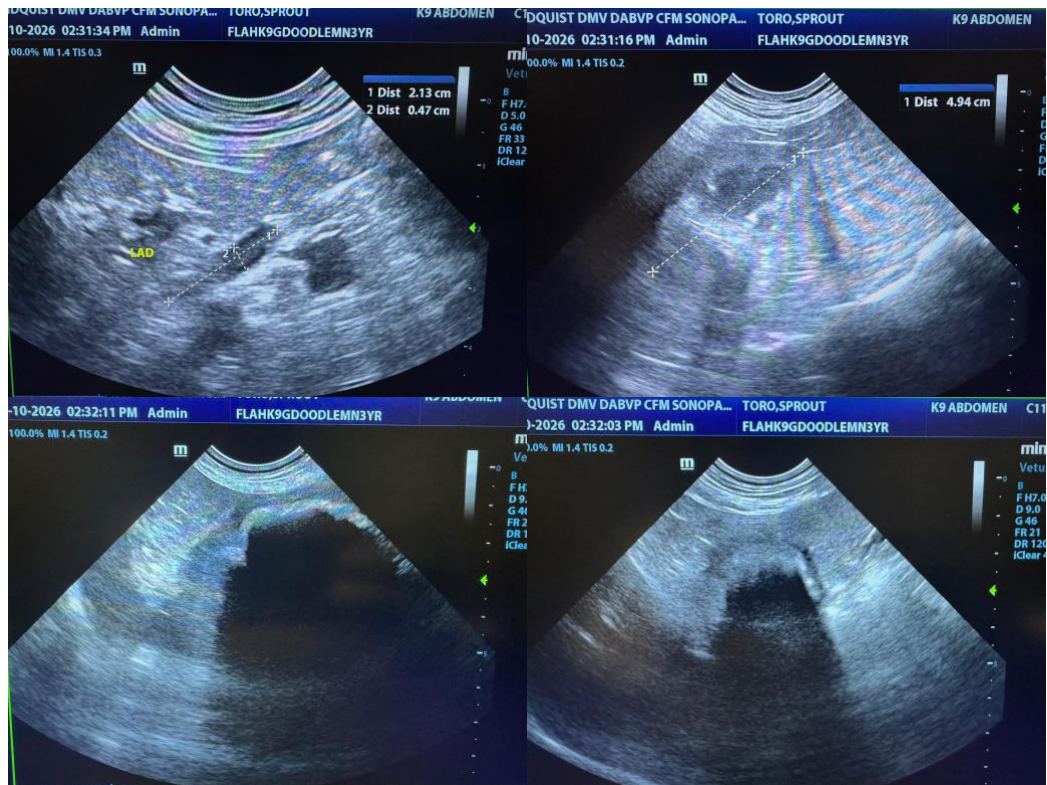
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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