



PATIENT

Stormi Heiser

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed Female

AGE

1 Year

WEIGHT

5.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

13714

DATE

02/12/26

PRESENTING CLINICAL SIGNS

- Referral from New Salem Veterinary Clinic for abdominal ultrasound.
- Chronic intermittent vomiting after eating, hyporexia; improved on famotidine BID
- Previous hospitalization (West Dakota Vet Clinic, 1/10/2026, weakness, inability to stand, shaking, anorexia, adipisia; treated with famotidine and maropitant.

Abnormal PE/Chem/CBC/UA Results: Lean (BCS 4-5/9) Abnormal BW findings from other clinic: 01/9/2026- BUN: 27 mg/dL 01/31/2026- Cortisol: 7.8 ug/dL 01/22/2026 - HGB: 19.2 g/dl, MON : 0.16 10⁹/l, PLT : 144 10⁹/l, ALP: 16 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented with a minimal amount of urine. If urinary signs are present, I recommend imaging at a full bladder. No overt evidence of pathology.

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 3.5 cm in length. The right kidney measured 3.0 cm in length.

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 0.40 cm width. The right adrenal gland measured 0.50 cm width.

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** was slightly subnormal in size yet no gross evidence of macroscopic shunting. Portal vein branching was visible, however, the portal hilus was obscured by a full stomach. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was repleted with ingesta. The majority of the small intestine was empty. Soft stool was present in the colon. Slight free fluid of unknown origin was present. Some partial delayed outflow was noted in portions of the small intestine. Cannot rule out a partial obstruction yet no overt foreign body was present.

Pancreas



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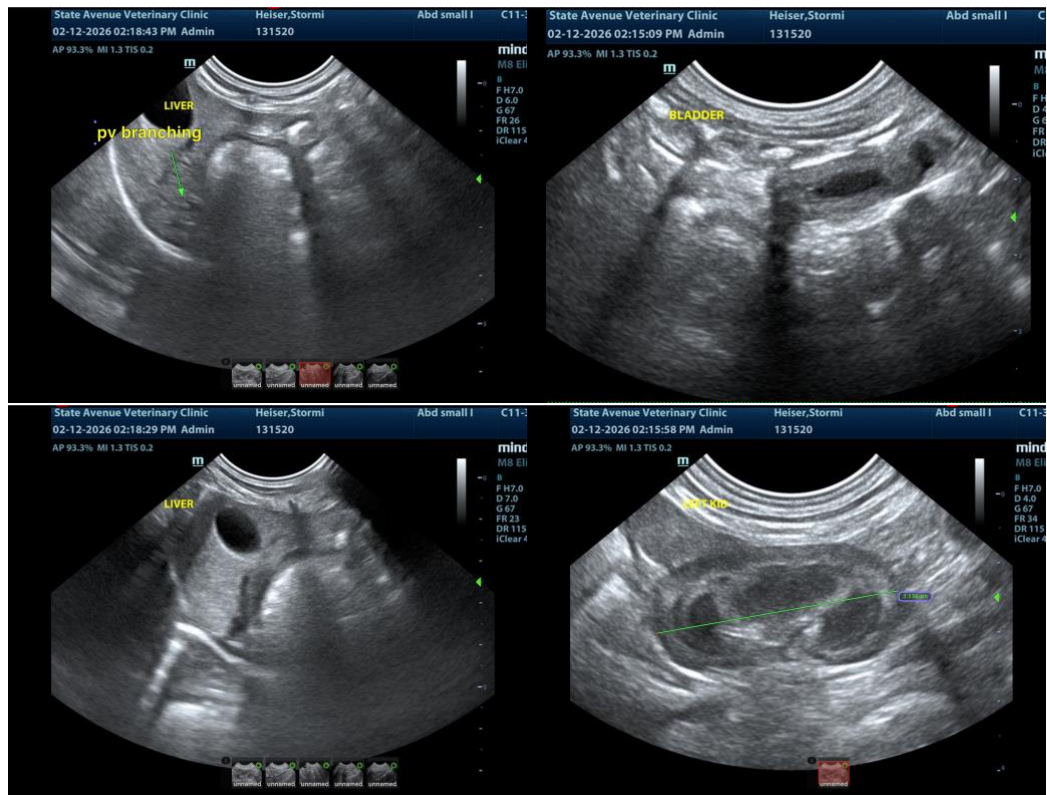
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Microhepatica.
- Delayed outflow Gi pattern with undefined slight free fluid- the partial intestinal obstructive pattern may be owing to regional intestinal dysfunction yet partial obstruction is not visible owing to GI artifact.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is too old to have physiologic free fluid. The fluid should be monitored carefully. Recommend 24-hour NPO (if able to maintain the patient NPO clinically) and recheck sonogram with further imaging of the pyloric outflow, portal hilus and intestinal drought. If accessible. Ultrasound guided abdominocentesis of the small pockets of fluid would be indicated to assess for a potential septic abdomen. Bile acid profile is warranted.





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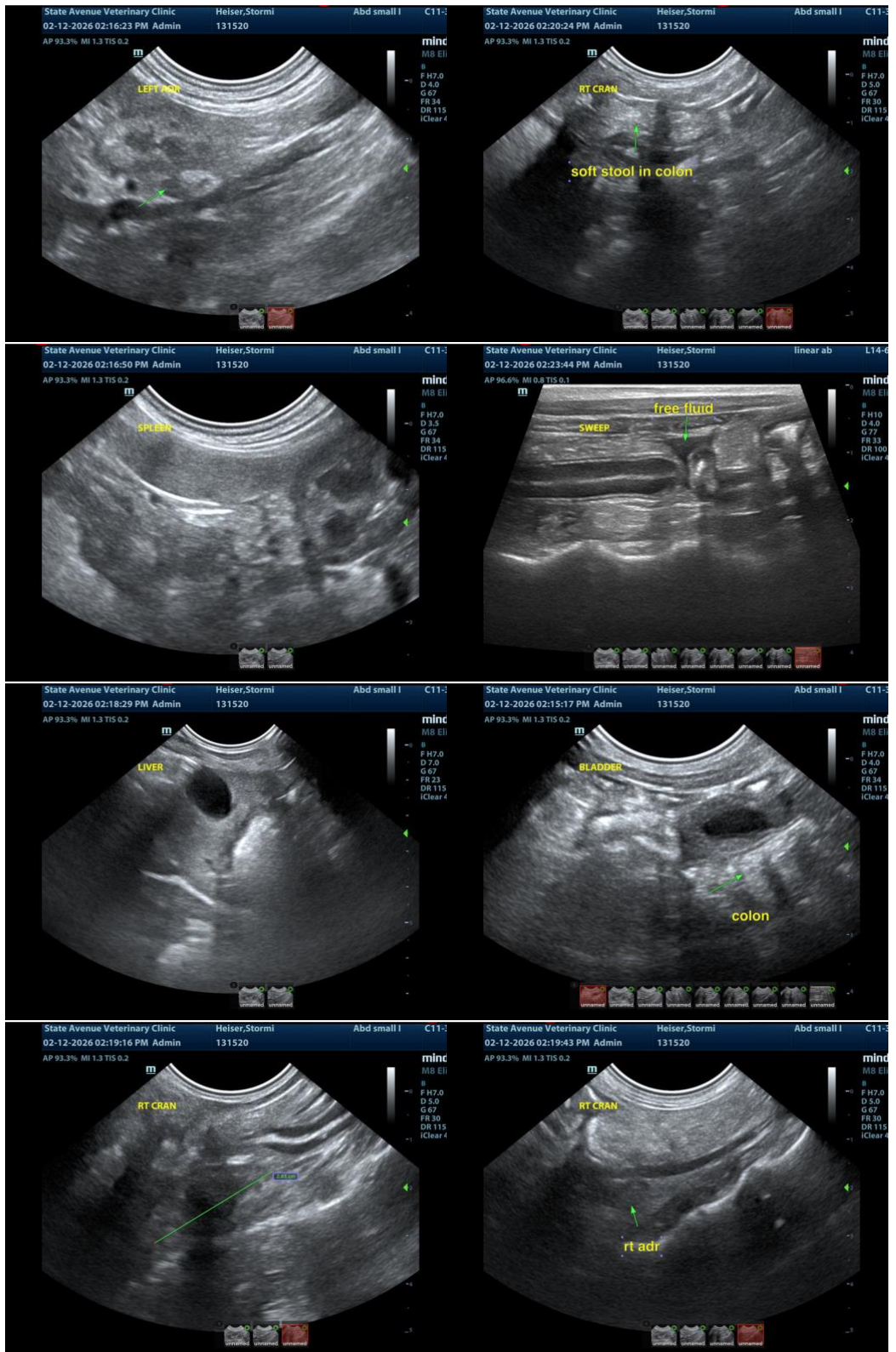
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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