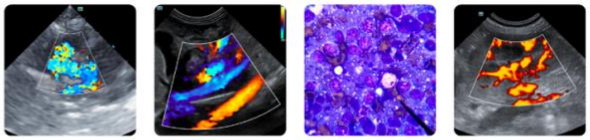

PATIENT

Daisy Eisenhuth

SPECIES

Canine

BREED

Puggle

SEX

Spayed Female

AGE

8 Years

WEIGHT

20 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

INVOICE

35820

DATE

2/13/26

PRESENTING CLINICAL SIGNS

Presented for a dental yesterday but elevated WBC. Radiographs indicated possible gastric FB. Induced emesis with no production of FB. Fasted another 24hrs and repeat radiographs still concerning. Induced emesis again today prior to U/S. No vomiting or abnormal behavior.

Abnormal PE/Chem/CBC/UA Results: PLI: 46, ALT: 283, RBC: 9, HCT:49, WBC: 18.9, neut:16, lymph: 1.8, mono:0.8

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 **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 5.0 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 right adrenal gland measured 1.86 cm x 0.65 cm. The left adrenal gland measured 1.62 cm x 0.65 cm.

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** itself was unremarkable. Some striating bile was noted in the **gallbladder**, which was overdistended, consistent with emerging mucocele. This is likely secondary to the GI issues.

Gastrointestinal

The **stomach** revealed shadowing dense gastropyloric foreign material, measuring 2.66 cm, consistent with plastic or wood or similar material. Some pyloric hypertrophy was also noted. The small intestine was unremarkable. Some transit of chyme appeared to be occurring. Hard stool was noted in the colon. Cannot rule out passing foreign matter in the colon as well.

Pancreas

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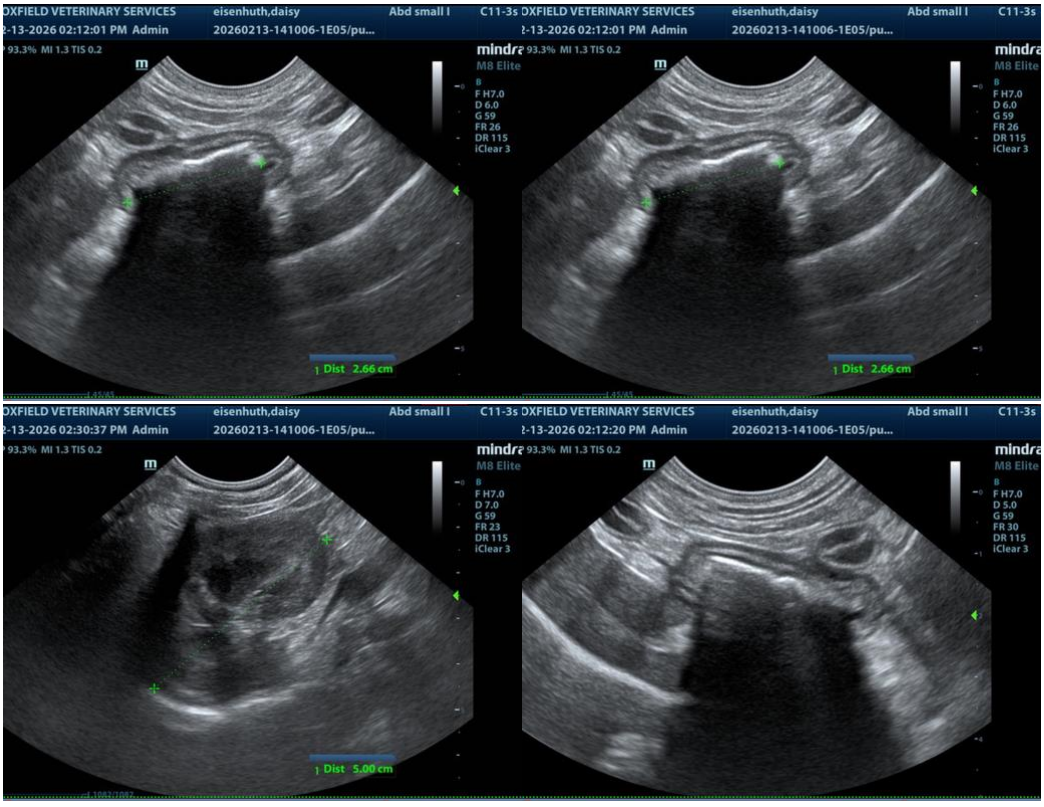
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body with chronic gastritis pattern and hard stool in the colon
- Emerging gallbladder mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastric biopsies, manual expression of the gallbladder, and liver biopsy, given the liver enzyme elevations, are all valid interventions. Otherwise, endoscopy could be considered. Ursodiol over a 6-8 week period +/- gallbladder motility study could be considered.



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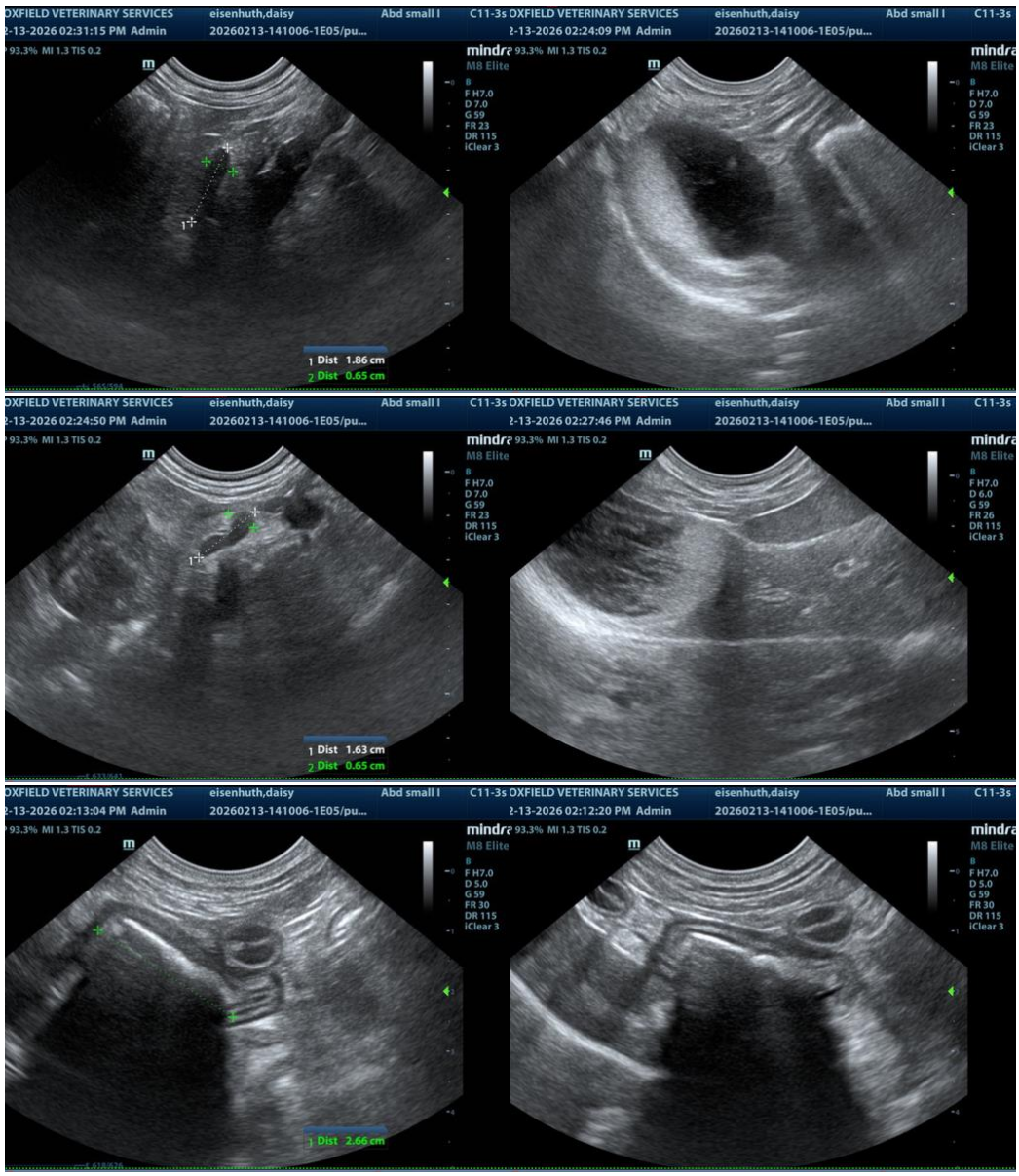

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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