



PATIENT

Lady Riley

SPECIES

Canine

BREED

German Shepherd

SEX

Female

AGE

6 Months

WEIGHT

47 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Eure

HOSPITAL NAME

Moyock Animal
Hospital

REFERRING VET

Dr. Tracy Eure

INVOICE

13820

DATE

02/16/26

PRESENTING CLINICAL SIGNS

- Lady has had a history of vomiting everyday an hour or two after eating for approximately 1 1/2 to 2 weeks. She will eat, but reluctantly. She has a history of eating pieces of a small plastic toy and also destroyed a tennis ball in the previous 2 weeks.

Abnormal PE/Chem/CBC/UA Results: Lady is BAR today. Vital signs are WNL. Bloodwork was NSF (See attached) Radiographs revealed a large amount of gas in the SI and LI today but no obvious foreign material.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra to a depth of 1.0 cm were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 6.3 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The **left adrenal gland** was not visualized.

The **right adrenal gland** appeared small measuring approximately 5.0 mm in width at the caudal pole and 8.0 mm in width at the cranial pole.

Spleen

The **spleen** presented mildly enlarged and uniform. The spleen was folded upon itself which is typical for this breed.

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 mid to distal **small intestine** appeared to be dilated, followed by empty small intestine creating an obstructive pattern. The exact cause of the obstruction was unclear, however given the presentation



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and clinical history, I recommend exploratory surgery in this patient. Non-visible foreign body or intestinal torsion is suspected. The stomach presented with a minor amount of retention of ingesta.

Pancreas

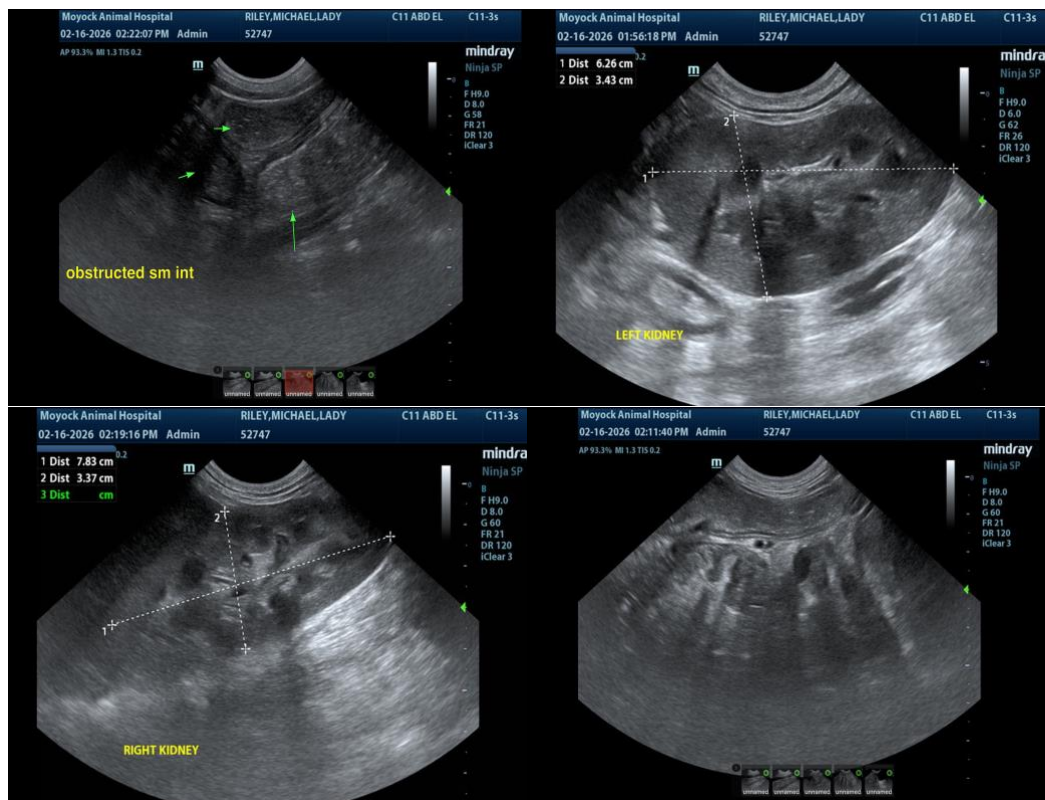
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Dilated small intestine with gastric ingesta.
- Folded spleen- normal breed variant.
- Urinary bladder sediment.
- Small right adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fecal test first to ensure a worm burden is not causing the partial obstructive pattern given that a definitive foreign body cannot be found. Otherwise, exploratory surgery is indicated if no evidence of worm burden is present.





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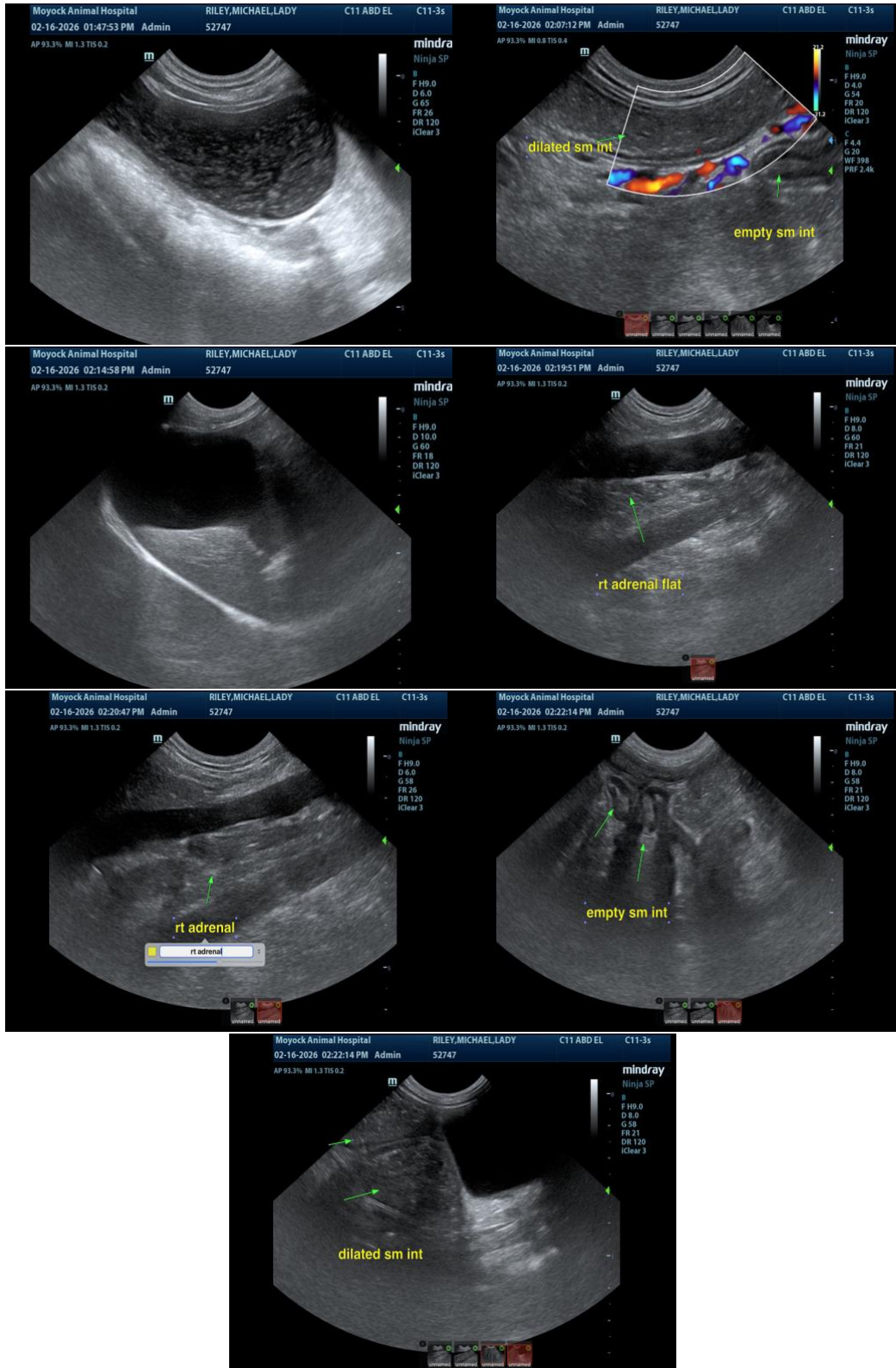
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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