



## PATIENT

Sioux Lessard

## SPECIES

Canine

## BREED

Shetland Sheepdog  
Mix

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

67.6 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Katy

## HOSPITAL NAME

Elizabeth Animal  
Hospital

## REFERRING VET

Dr. Jennifer Redus  
DVM

## INVOICE

13524

## DATE

02/02/26

## PRESENTING CLINICAL SIGNS

- Vomiting and Lethargic. Will vomit her entire meal, undigested with a lot of clear liquid. A week ago she came in with a bird feather in her mouth, the other dog vomited up the bird. Eats a lot of deer poop. First time she vomited there was a little black something, about mouse size, possibly part of a sock. Still wants to eat. Unsure of last bowel movement. Laying around more. Bad gas and burping a lot. History of eating a silicone BBQ brush that had to be removed

PE: Behavior/Mentation: inactive but alert Hydration: Dehydrated Ears: Bilateral moderate inflammation and moist brown exudate AU Musculoskeletal: Advanced arthritis in both carpi Chem/CBC MCHC 31.5 g/dL, 32-37.9 g/dL WBC 3.72 K/ $\mu$ L, 5.05-16.76 K/ $\mu$ L Neutrophils 1.41 K/ $\mu$ L, 2.95-11.64 K/ $\mu$ L PDW 8.9, 9.1-19.4 fL Potassium, 6.5 mmol/L, 3.5-6.8 mmol/L

## 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 6.6 cm in length. The right kidney measured 5.76 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 2.7 cm x 0.60 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland measured 2.33 cm x 0.71 cm width at the cranial pole and 0.63 cm width 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. The spleen was folded upon itself cranially.

### Liver

The **liver** revealed slight increased portal markings. The gallbladder and common bile duct were unremarkable.

### Gastrointestinal



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The **stomach** was over-distended with echogenic chyme. Chyme transit was present in the small intestine. The pylorus was obscured owing to some shadowing material in the stomach.

**Pancreas**

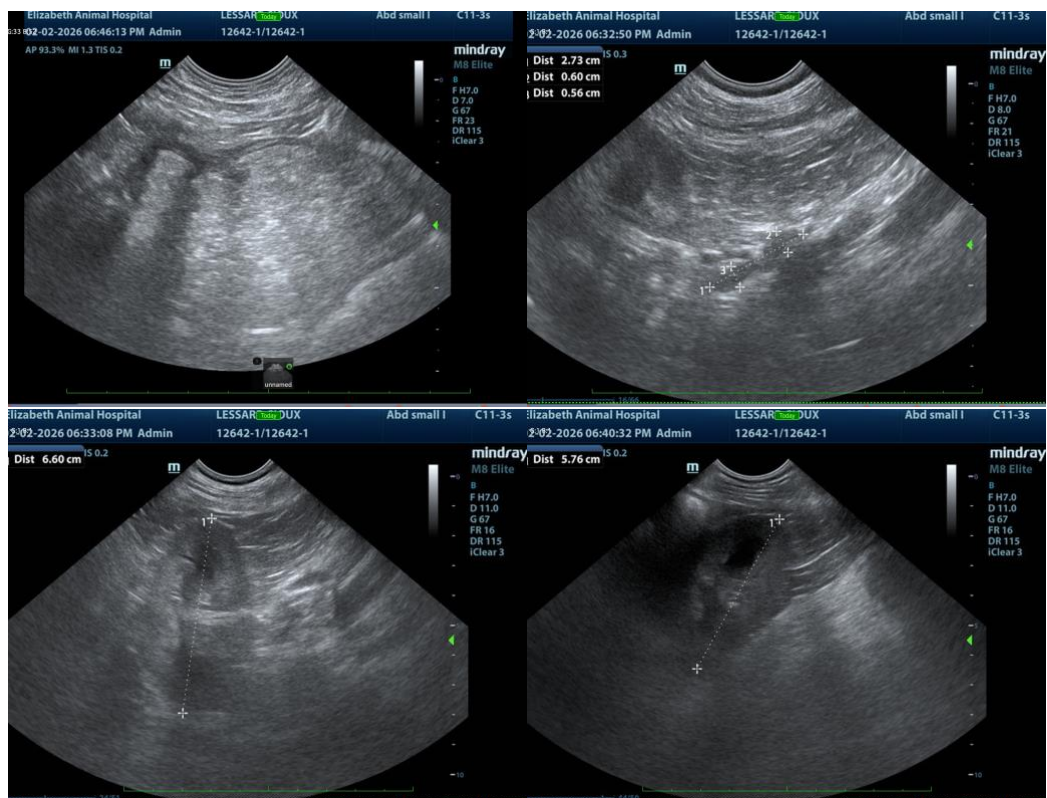
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Folded spleen.
- Gastric delayed outflow- cannot rule out gastric rotation.
- Increased portal markings.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Radiograph evaluation is warranted to assess for potential partial gastric rotation. 24-hour NPO, IV fluid support, GI protectants and recheck sonogram are recommended to assess for persistent stasis, however, some transit of chyme appears to be present.





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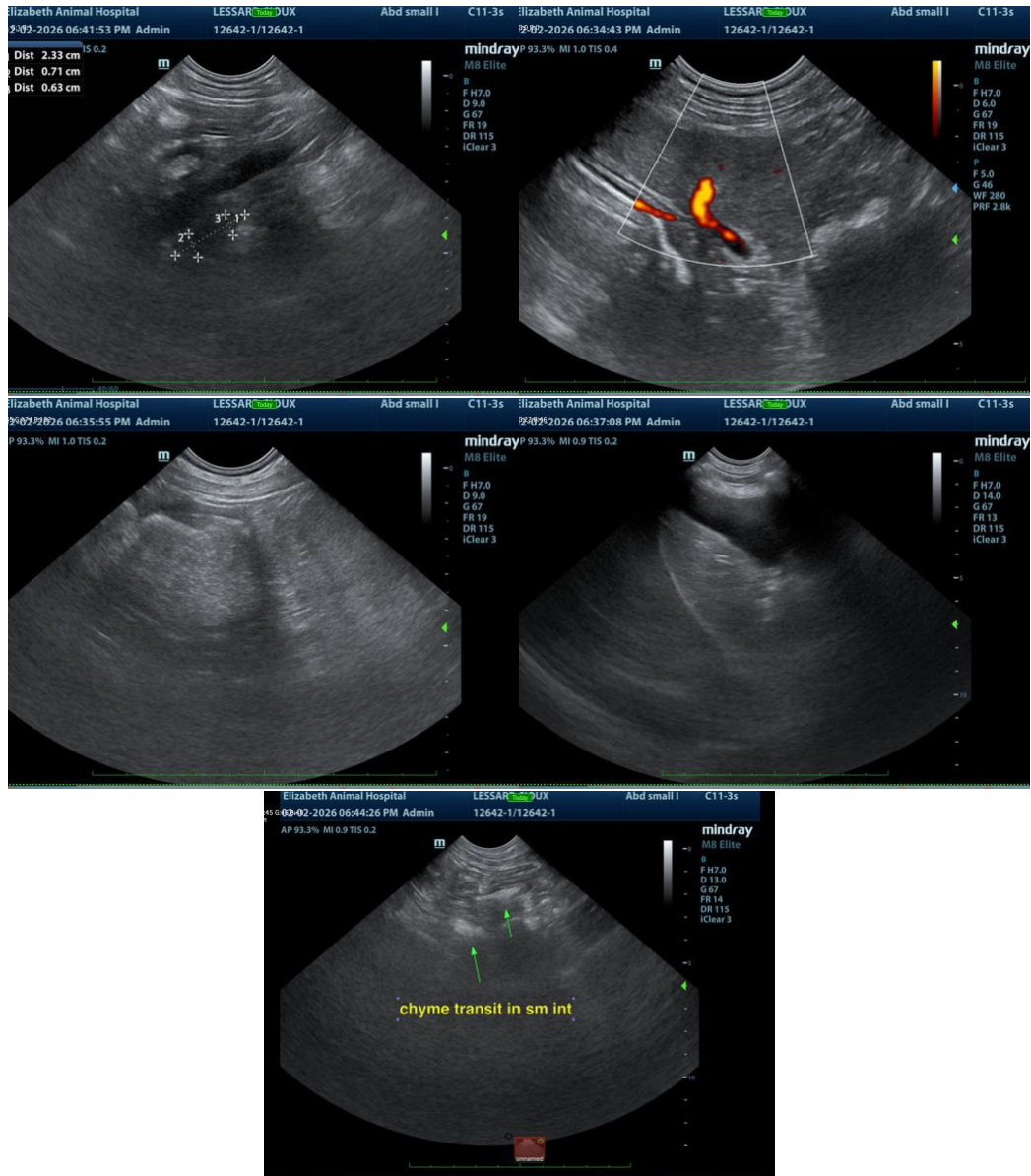
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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