



PATIENT

Bella Messing

SPECIES

Canine

BREED

Labrador mix

SEX

Spayed female

AGE

6 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rachel Flagiello

HOSPITAL NAME

Greater Staten Island
Veterinary Services

REFERRING VET

Dr. Flagiello

INVOICE

71824

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- Presenting Complaint: Bella presents for not eating for 2 days and vomiting
- Patient History:
 - - Not eating for 2 days, barely drinking water. Vomiting episodes 2 days ago (clear vomit, including water) and yesterday night. Lethargy - normally goes upstairs with owner, stayed on couch all night.
 - - History of pancreatitis (treated on New Year's Eve, improved with treatment), history of kidney value elevation
 - - Currently on prescription kidney diet
 - - No defecation observed (attributed to not eating)
 - - Urination observed on pad
 - - Coprophagia noted - eating feces from yard where other dogs defecate
 - - Lives with 2 other dogs
 - - No current meds
- PE: Tense abdomen, painful on cranial palpation 5% dehydration Suspect Fb palpable cranially CPLI- WNL AUS-pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 was 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 right kidney measured 5.0 cm and the left kidney measured 5.6 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 0.5 cm. The right adrenal gland measured 0.7 cm at the cranial pole and 0.43 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.



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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** was over distended with shadowing luminal material. The shadowing luminal material in the stomach appeared to have a linear attachment in the duodenum with accordion pleating in the small intestine.

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

Fabric foreign body with linear attachment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate gastroenterotomy is indicated. GI biopsies are warranted to assess for secondary disease. Upper GI obstruction was followed by empty small intestine completing an obstructive criteria. Fabric material with linear attachment is suspected.



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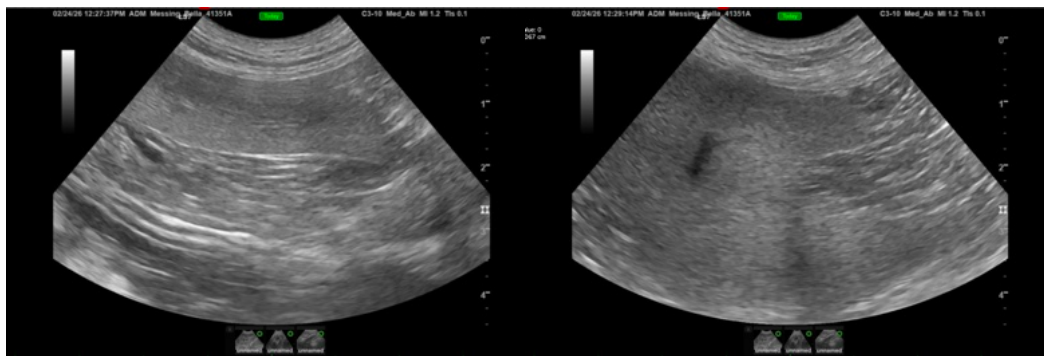
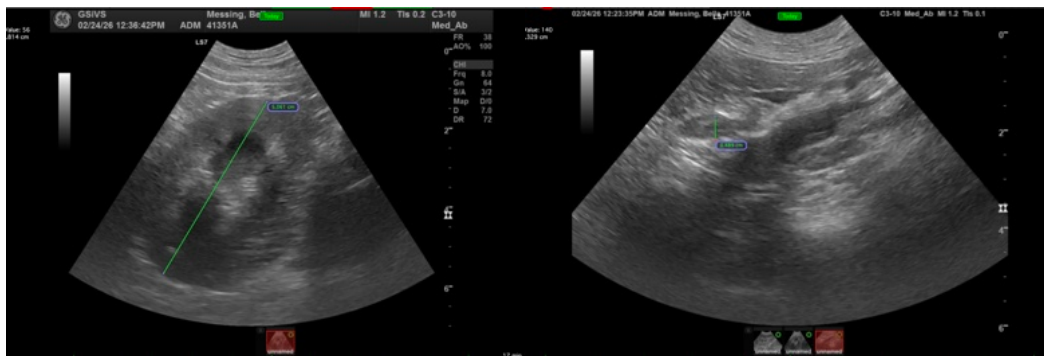
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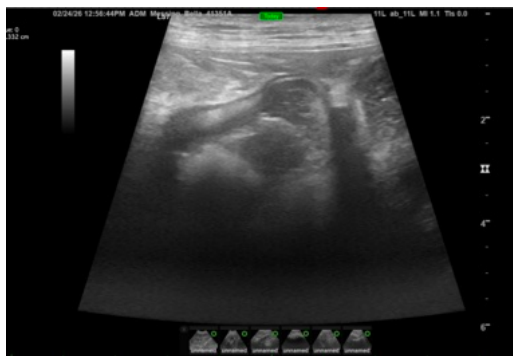
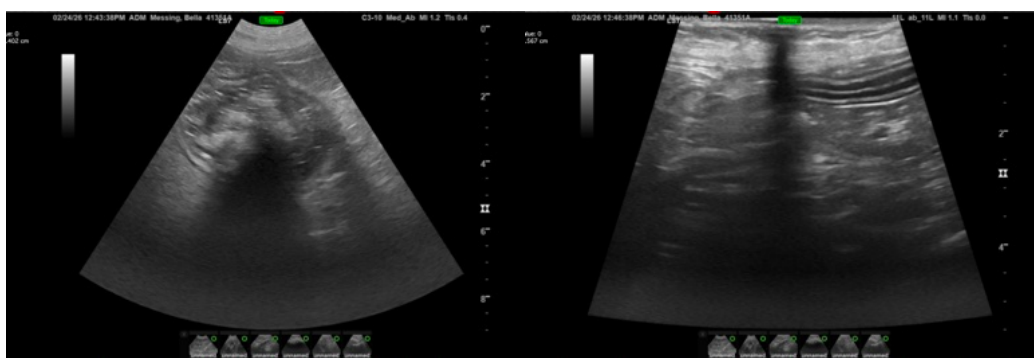
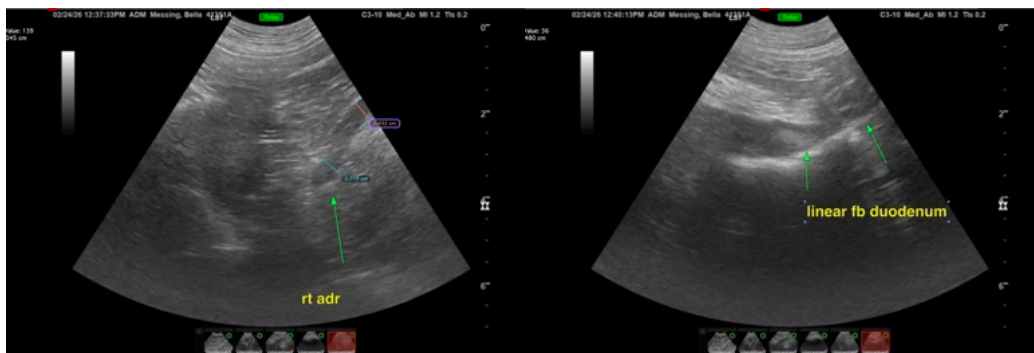
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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