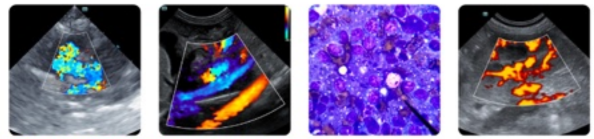


PATIENT
Milo Maldonado

SPECIES
Canine

BREED
Poodle Mix

SEX
Neutered male

AGE
2 years

WEIGHT
31 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jeremiah Gabriel

HOSPITAL NAME
Central Jersey AH

REFERRING VET
Dr. Gabriel

INVOICE
71808

DATE
2/24/26

PRESENTING CLINICAL SIGNS

- Vomiting, anorexia, lethargic for 3 days
- not responding to conservative treatment

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 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 left kidney measured 5.0 cm. The right kidney measured 5.0 cm.

Adrenal Glands

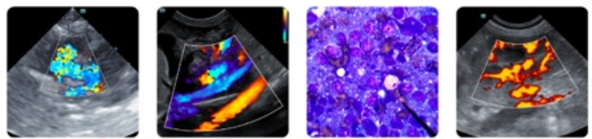
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 1.17 cm at the cranial pole and 0.46 cm 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 was noted.

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.



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Gastrointestinal

The **stomach** was mildly thickened with a mild amount of echogenic artifact. This is consistent with gas. There was a minor amount of chyme. In the pyloric antrum, slight, progressively shadowing structure was noted and measured 1.8 cm. A portion of dilated bowel was noted in the midabdomen. I could not differentiate dilated colon from dilated small intestine. There are portions of empty small intestine noted. Reactive mesentery was noted around the dilated portion of intestine.

Pancreas

The right base of the **pancreas** was slightly nebulous, slightly heterogenous with some level of pancreatitis is likely. However, this is not the primary issue.

ULTRASONOGRAPHIC FINDINGS

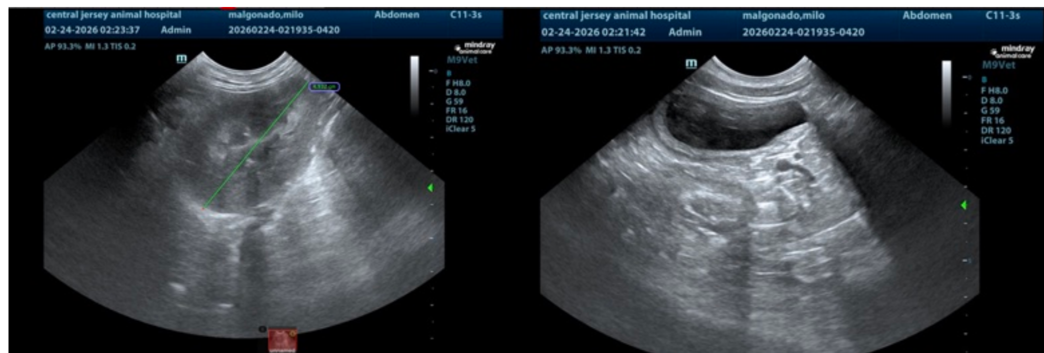
Slight shadowing gastric structure, may be medications (1.8 cm).

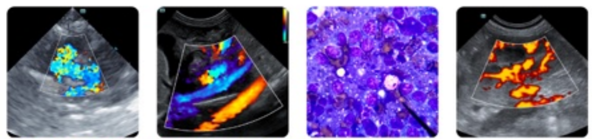
Dilated bowel, could not differentiate between dilated colon vs dilated small intestine.

Slightly heterogenous right base of the pancreas. Some level of pancreatitis, yet not a primary issue.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend further imaging of the dilated portion of bowel following to the colon or to a foreign body. This is a potential partial obstructive pattern. Continual medical management at n.p.o. is recommended. I am concerned for a potential foreign body that may be attached by a thin linear attachment to the pyloric structure, yet I cannot confirm this potential. Further imaging following the dilated intestine into the potential obstruction is recommended or direct exploratory surgery given that the patient has not responded to medical management.





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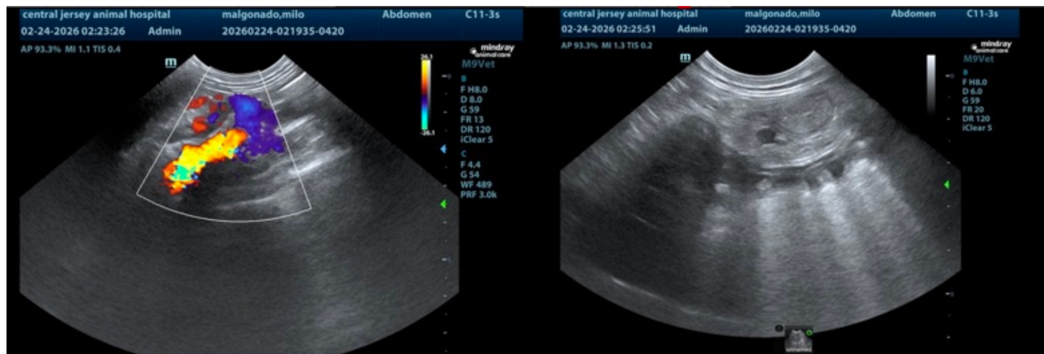

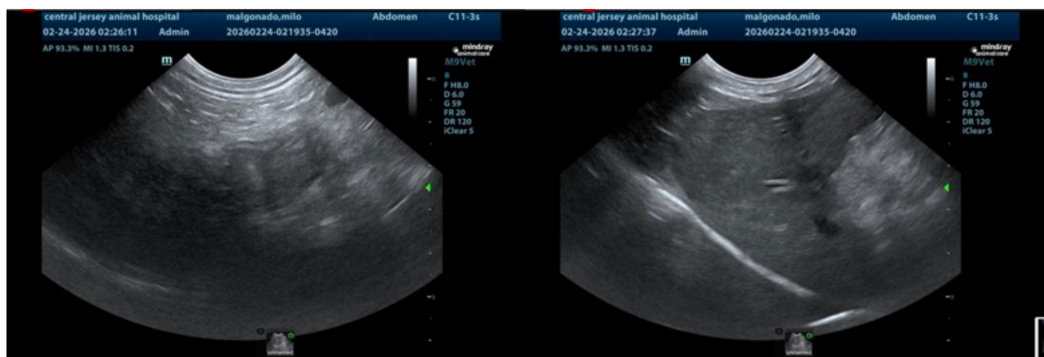

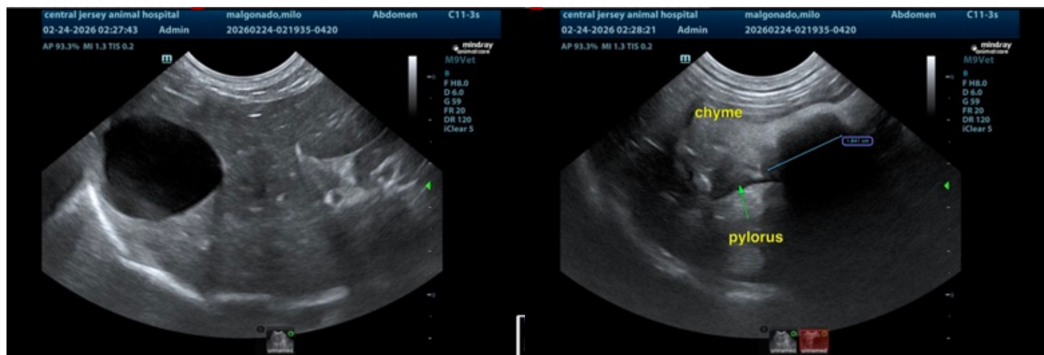

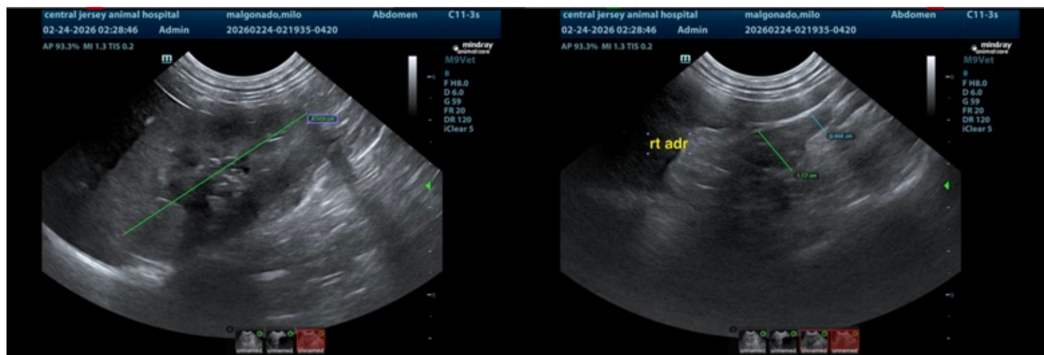

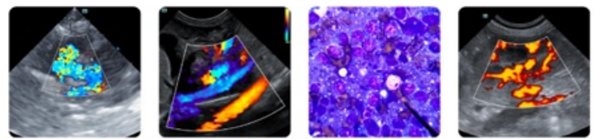

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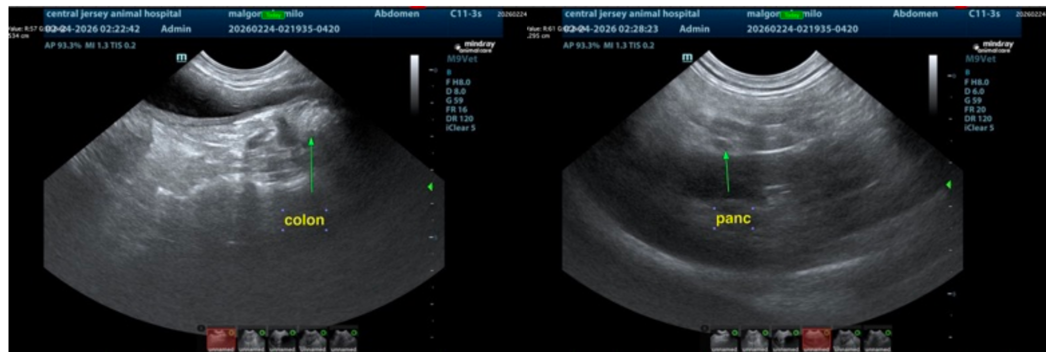

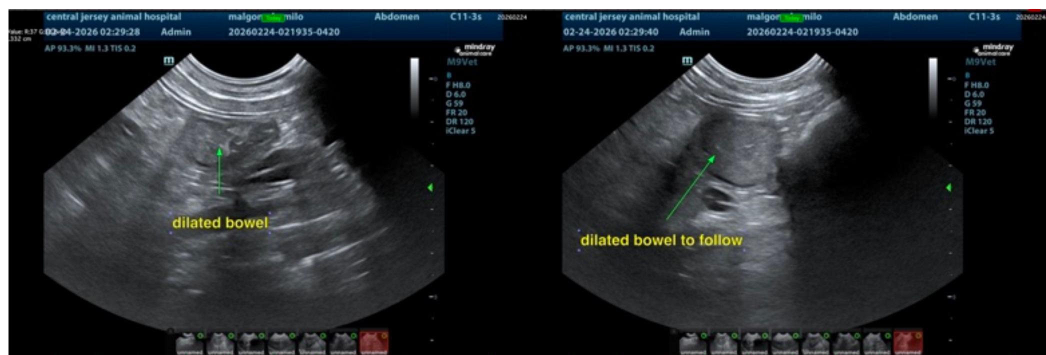

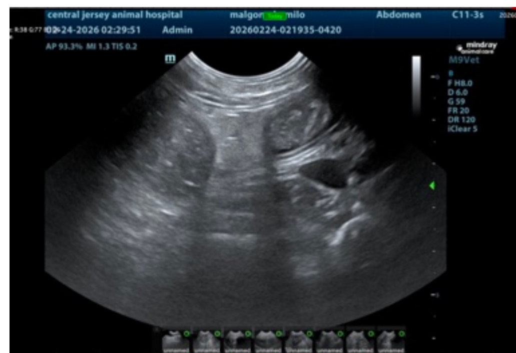

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com