



PATIENT

Monroe Miller

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

8 years

WEIGHT

15.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Davidson

INVOICE

71828

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- vomiting, inappetence and hematochezia for 4 days.
 - Mildly enlarged prostate on rectal palpation. Dark brown liquid stool without blood on rectal. Tense and uncomfortable on abdominal palpation. Approximately 6% dehydrated
- Diagnostics at Blue Pearl 2/23 1PM: PCV/TP: 44/6.4 CBC: Hct 48.1 WBC 21.7 Neut 17.36 Lymph 1.33 Mono 2.66 Plt 305 Chem: Alb 3.1 ALP 73 ALT 68 tCa 9.4 Cl 101 BUN/creat 9.3/0.6 Chol 175 GGT <10 BG 146 Phos 5.7 K 3.8 tbili 0.4 TP 6.2 Na 148 Glob 3. qPL: 115 U/L (withinR) rads: possible gastric material and partial FBO, concern for enlarged prostate

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 and right kidney measured 4.0 cm.

The prostate was slightly enlarged and mildly irregular, yet uniform measuring 1.4 cm. I cannot rule out an emerging prostatic carcinoma. The prostate measured 1.76 cm.

Adrenal Glands

Both **adrenal glands** were slightly small in this patient. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

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.



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Liver

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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

The **stomach** presented stasis and a shadowing fabric type foreign body. The foreign body continued into the pylorus with accordion pleating portion of small intestine owing to attached linear foreign body.

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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.

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ULTRASONOGRAPHIC FINDINGS

Fabric and linear gastrointestinal foreign body obstruction.

Subnormal adrenal glands.

IMAGING PERFORMED BY

Lindsay Powell, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient may be underlying Addisonian and should be anesthetized with caution. If the patient was neutered later in life this may be a normal variant. Traumatic catheterization could eventually be utilized to assess for emerging carcinoma.

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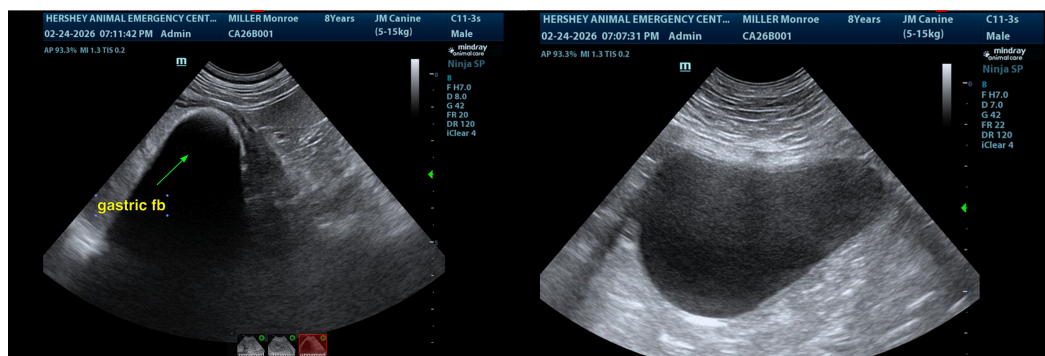
Dr. Davidson

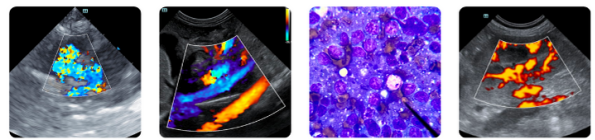
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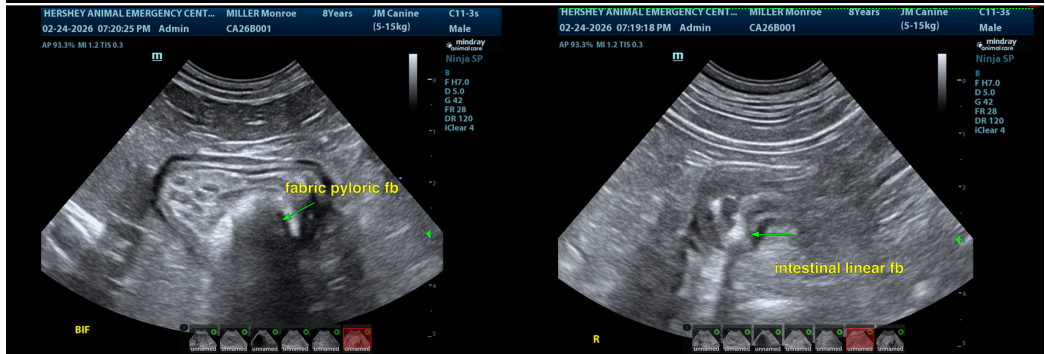
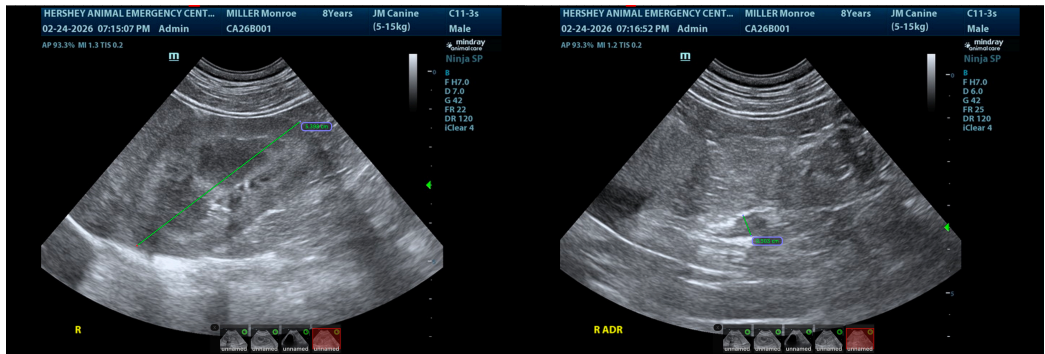
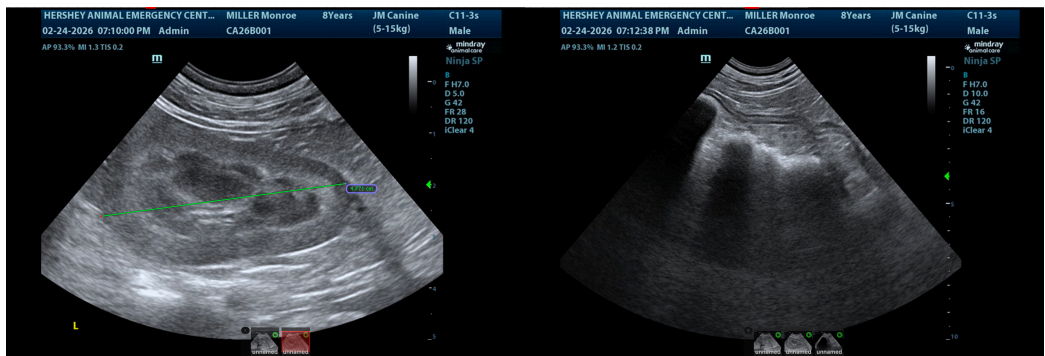
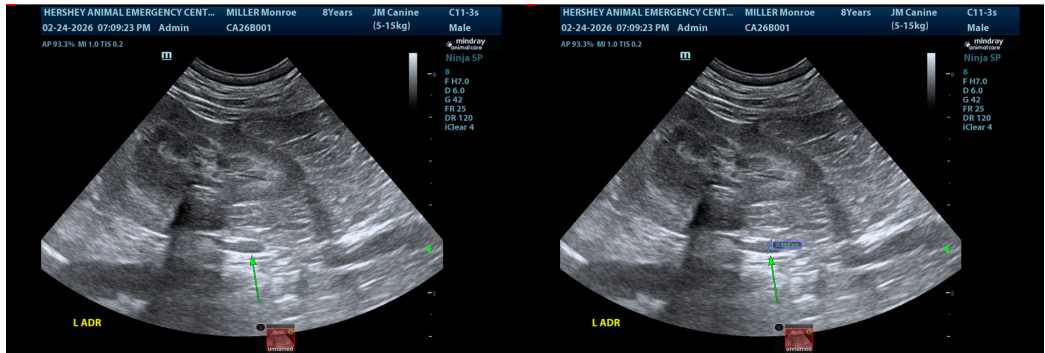
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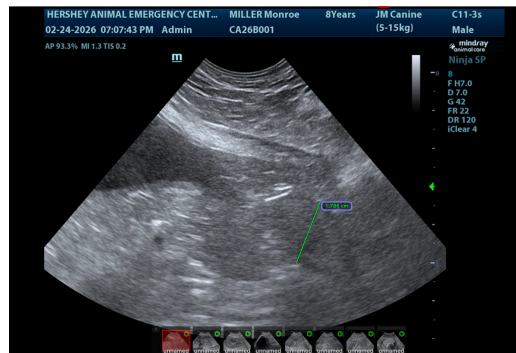
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com