



PATIENT

Ellie Pagano

SPECIES

Canine

BREED

Bernedoodle

SEX

Spayed Female

AGE

3 Years 10 Months

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Wyckoff Veterinary
Hospital

REFERRING VET

Dr. Eisenberg

INVOICE

72769

DATE

2/6/26

PRESENTING CLINICAL SIGNS

Hx of FB (2 sx's in last month) ate plastic toy today. Induced vomiting. Spleen removed.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Right kidney measured 5.58 cm. Left kidney measured 6.1 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. Left measures 2.1 cm x 0.40 cm at the caudal pole and 0.47 cm at the cranial pole. Right measures 2.16 cm x 0.90 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

Previous **splenectomy** performed.

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 mildly thickened up to 1.26 cm. Artifact laden gastric lumen noted. Hyperperistalsis noted in the small intestine. Spastic small intestine noted. The descending colon was filled with progressively shadowing luminal material, likely stool accumulation. However, passing foreign body cannot be ruled out. Reactive mesentery noted associated with portions of thickened small intestine. Some slight shadowing structures were noted measuring up to 0.80 cm.

Pancreas

The **pancreas** was mildly nebulous and heterogeneous, primarily in the right base.



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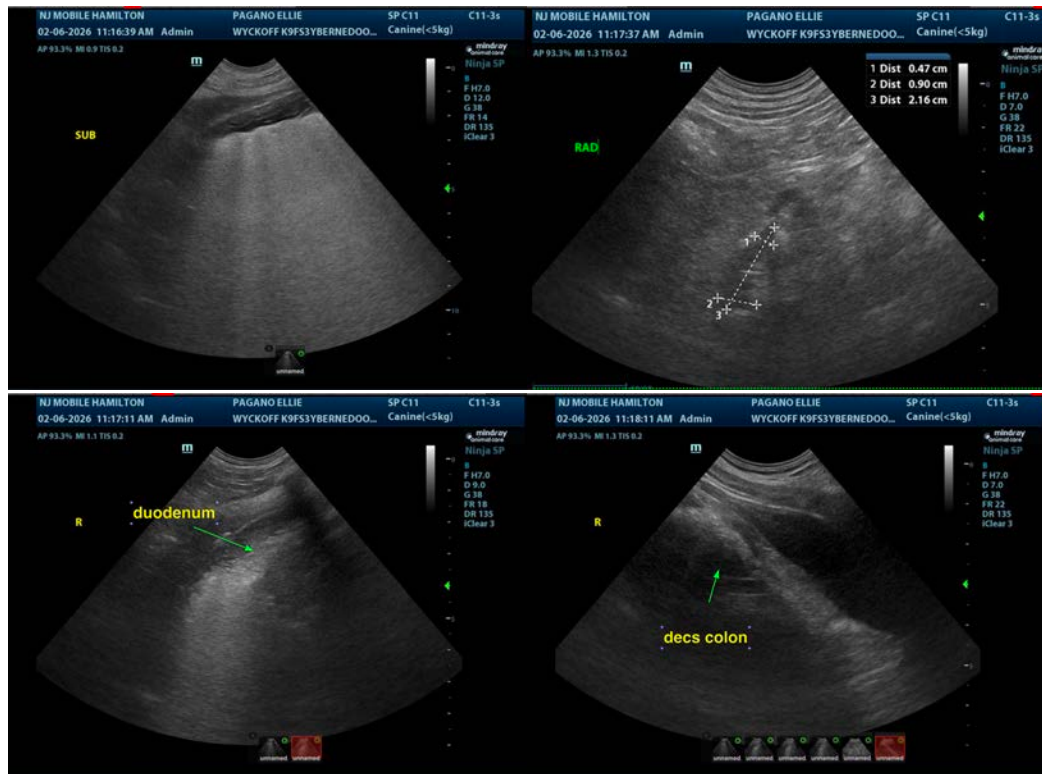
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ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern with reactive mesentery and some loss of mural detail – Concern for potential emerging GI neoplasia. Some passing of small foreign matter yet non-obstructive at the time of the sonogram.
- Mildly heterogeneous pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend aggressive medical therapy in this patient, assessment of any historic GI biopsies for underlying disease, as well as potential correlation with historic splenic pathology. Plasma expanders, broad-spectrum antibiotics, GI protectants all indicated. Recheck sonogram in 48-72 hours, earlier if clinical signs worsen. Examination of the stool for passing foreign matter recommended. There is no overt obstructive pattern at this time. However, small foreign matter appeared to be passing through the small intestine.





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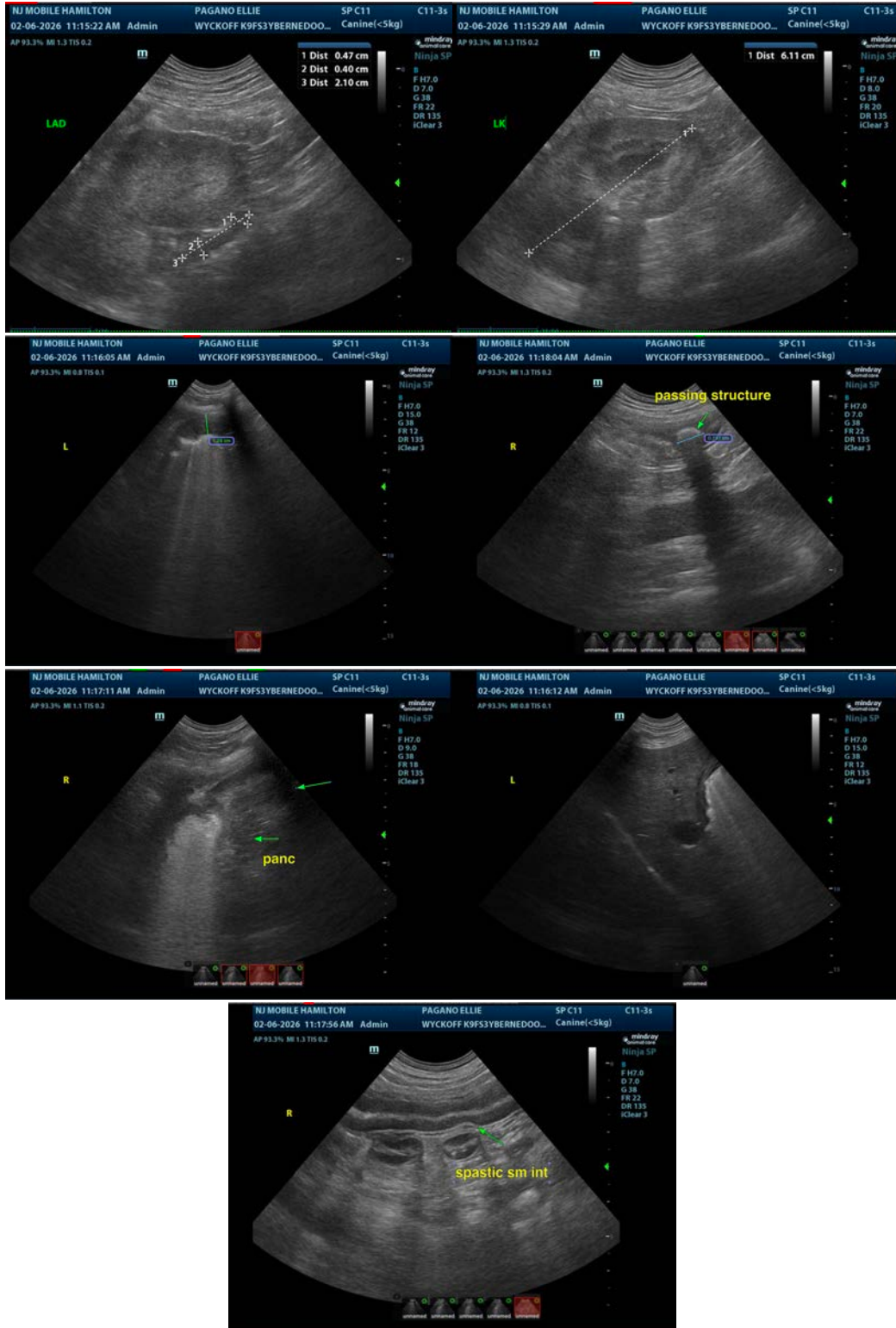
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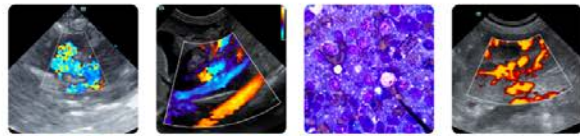
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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