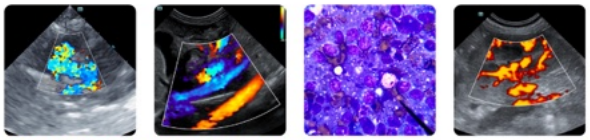

PATIENT

Finn Snow

SPECIES

Canine

BREED

Lab

SEX

Neutered male

AGE

9 years

WEIGHT

89 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tiffany Boomer

HOSPITAL NAME

Moyock AH

REFERRING VET

Dr. Eure

INVOICE

72362

DATE

3/10/26

PRESENTING CLINICAL SIGNS

- P WAS LETHARGIC BACK AT THE BEGINNING OF JAN 2026 WITH EPIOSODES OF VOMTIING...O DID NOT WANT TO COME IN AT THAT TIME AND REQUESTED METRONIDOZOLE (HAD WORKED AT PDVM) AND CERENIA ORALS FROM WALMART. O USED THAT FOR 2 DAYS AND VOMITING STOPPED AND THEN O HAS USED THE OTHER FEW TABS HERE AND THERE SINCE THEN. P NOT LETHARGIC NOW BUT VOMITS AT LEAST 1-2 TIMES PER WEEK. O TRIED BIOME FOOD WITH NO LUCK.
- BLOOD WORK FAIRLY NORMAL, TO BE ATTACHED.

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 7.2 cm.

Adrenal Glands

The left **adrenal gland** was 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 was visualized obliquely and measured 0.4 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

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.

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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

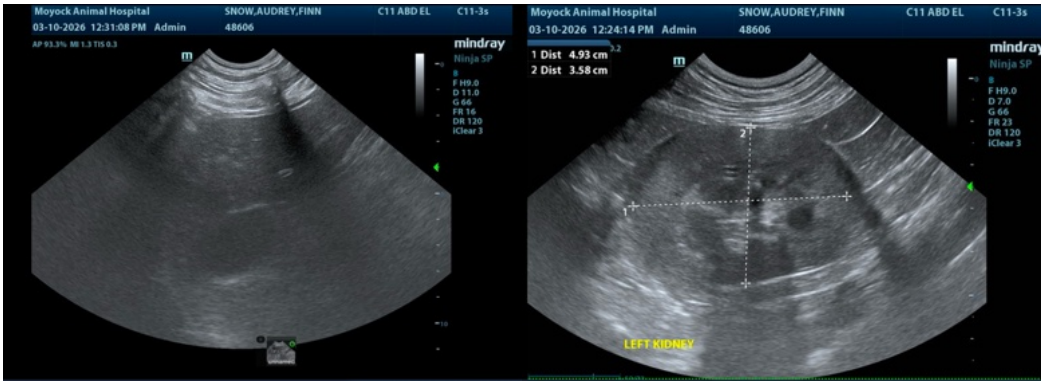
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Post prandial gastric presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Delayed outflow pattern if the patient was n.p.o. at the time of the sonogram. There was no evidence of obstruction. The echotexture of the material in the stomach would be that of ingesta; however, soft foreign boy cannot be completely ruled out, yet not suspected. The cause of lethargy is unclear as the left adrenal appeared small and the right adrenal gland was not overtly visible. I recommend screening for occult Addison's with ACTH stimulation. Otherwise, supportive care for GI upset or Helicobacter parasitic disease should all be indicated.



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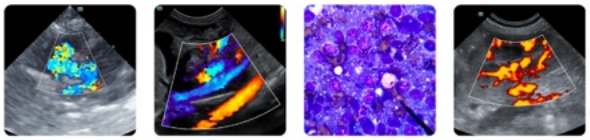

Clinical Sonography & Telecytology
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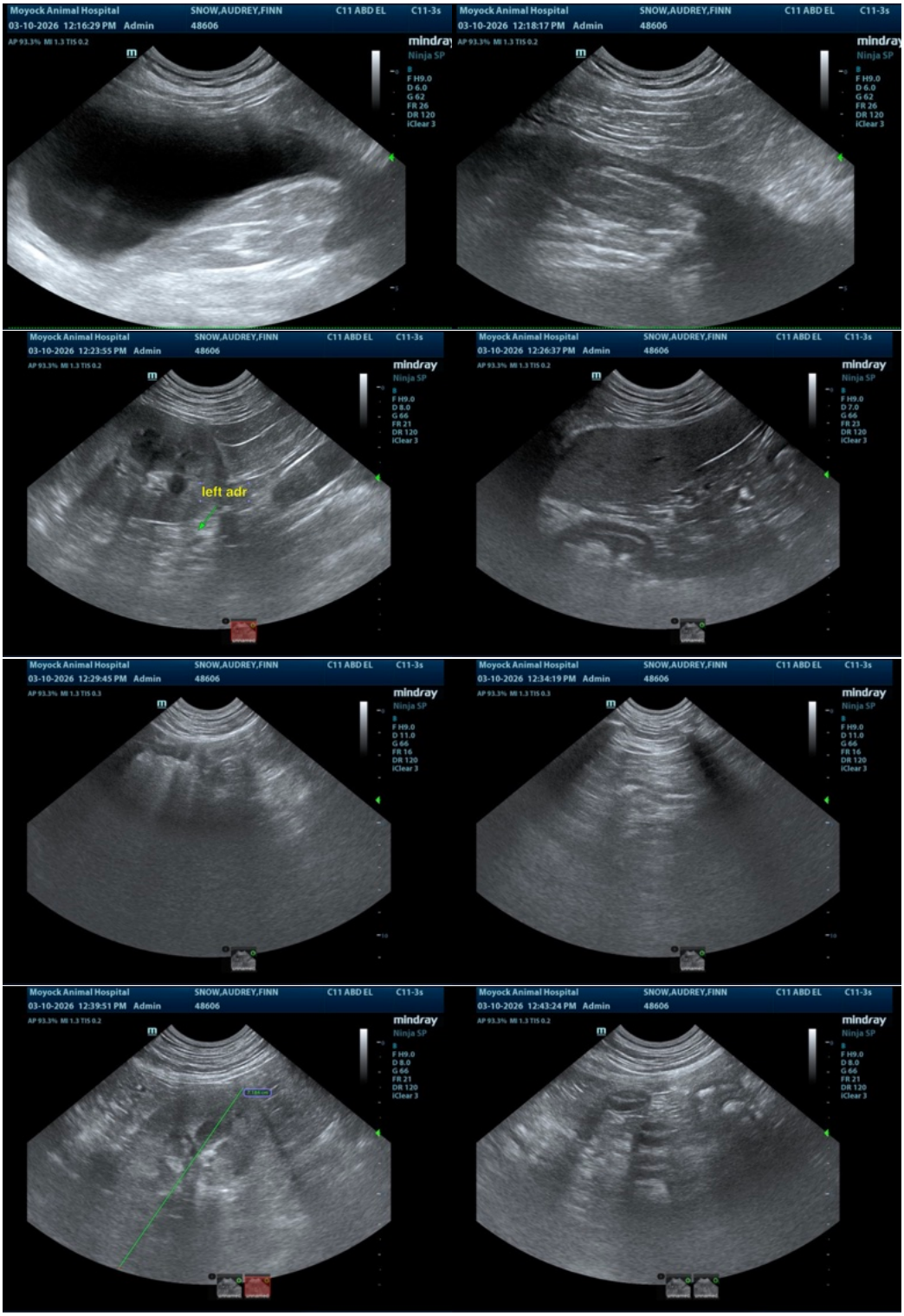

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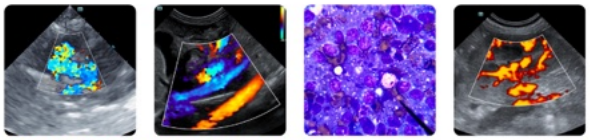

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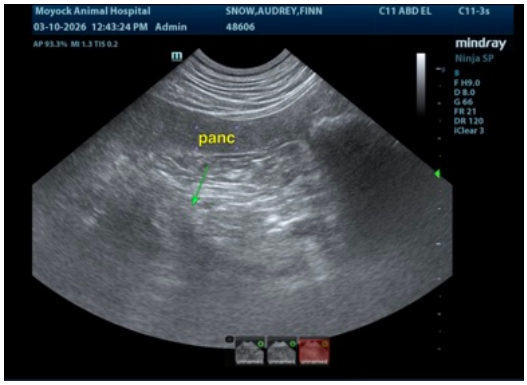

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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