



## PATIENT

Bugsy Brady

## SPECIES

Canine

## BREED

American Bully Pocket

## SEX

Intact Male

## AGE

2 Years

## WEIGHT

51 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jasmine Palacios

## HOSPITAL NAME

River's Edge Pet  
Medical Center

## REFERRING VET

Dr. David Gray

## INVOICE

14249

## DATE

03/11/26

## PRESENTING CLINICAL SIGNS

- adx vom anorexia dehydrated
- Current meds: Cerenia 6 SQ fluids and sucralfate

Abnormal PE/Chem/CBC/UA Results: See attached labs: Slight dehydration and inflammation See attached rads: Loss of detail

## 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 prostate was uniform measuring 2.18 cm.

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 7.43 cm in length. The right kidney measured 7.43 cm in length.

### Adrenal Glands

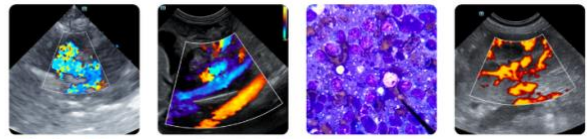
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.55 cm x 0.54 cm width at the caudal pole and 0.50 cm width at the cranial pole. The right adrenal gland measured 2.44 cm x 0.77 cm width at the cranial pole and 0.58 cm width 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 were noted. The spleen was folded upon itself cranially.

### 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.



**PATIENT**

**Gastrointestinal**

Bugsy Brady

The **stomach** was over distended with echogenic chyme. The upper duodenum was dilated. The dilated upper GI tract was followed by empty small intestine consistent with an obstructive pattern. A hard shadowing structure was noted in the mid jejunum measuring 3.7 cm. Some views revealed intestinal foreign bodies that appeared to be of different echotextures. Multiple foreign bodies may be present.

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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.

**SEX**

Intact Male

**ULTRASONOGRAPHIC FINDINGS**

- Jejunal foreign body obstruction.

**AGE**

2 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Immediate surgical intervention is recommended. GI biopsies are warranted to rule out underlying disease.

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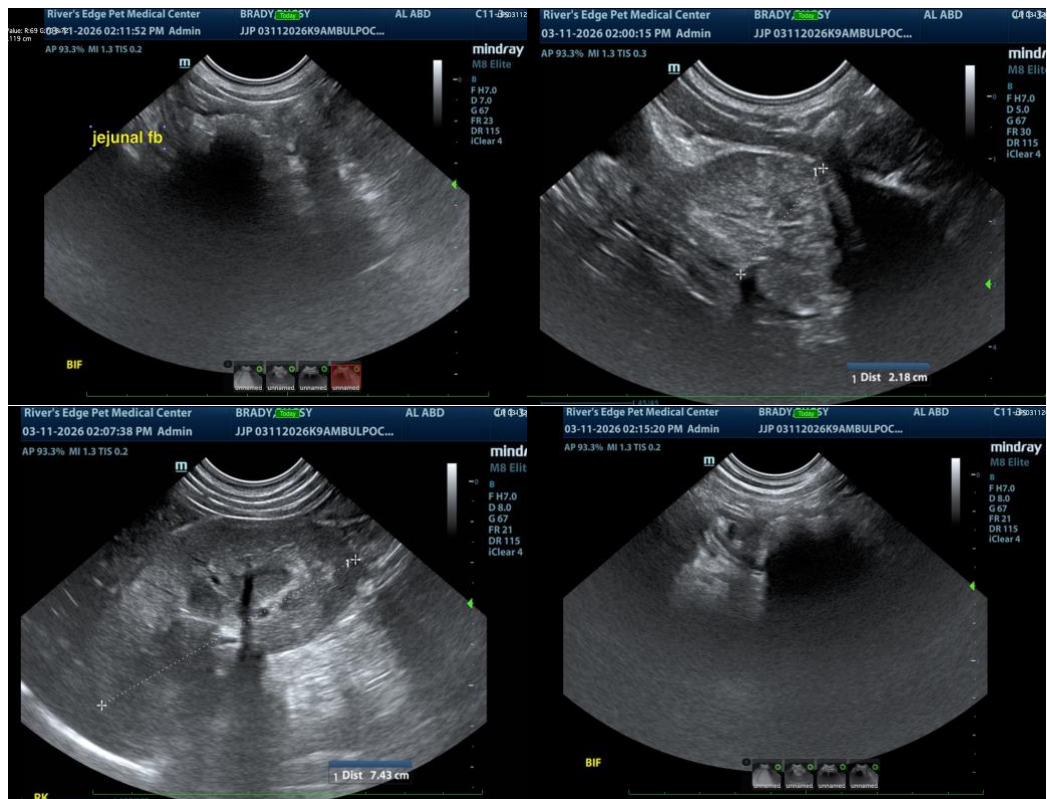
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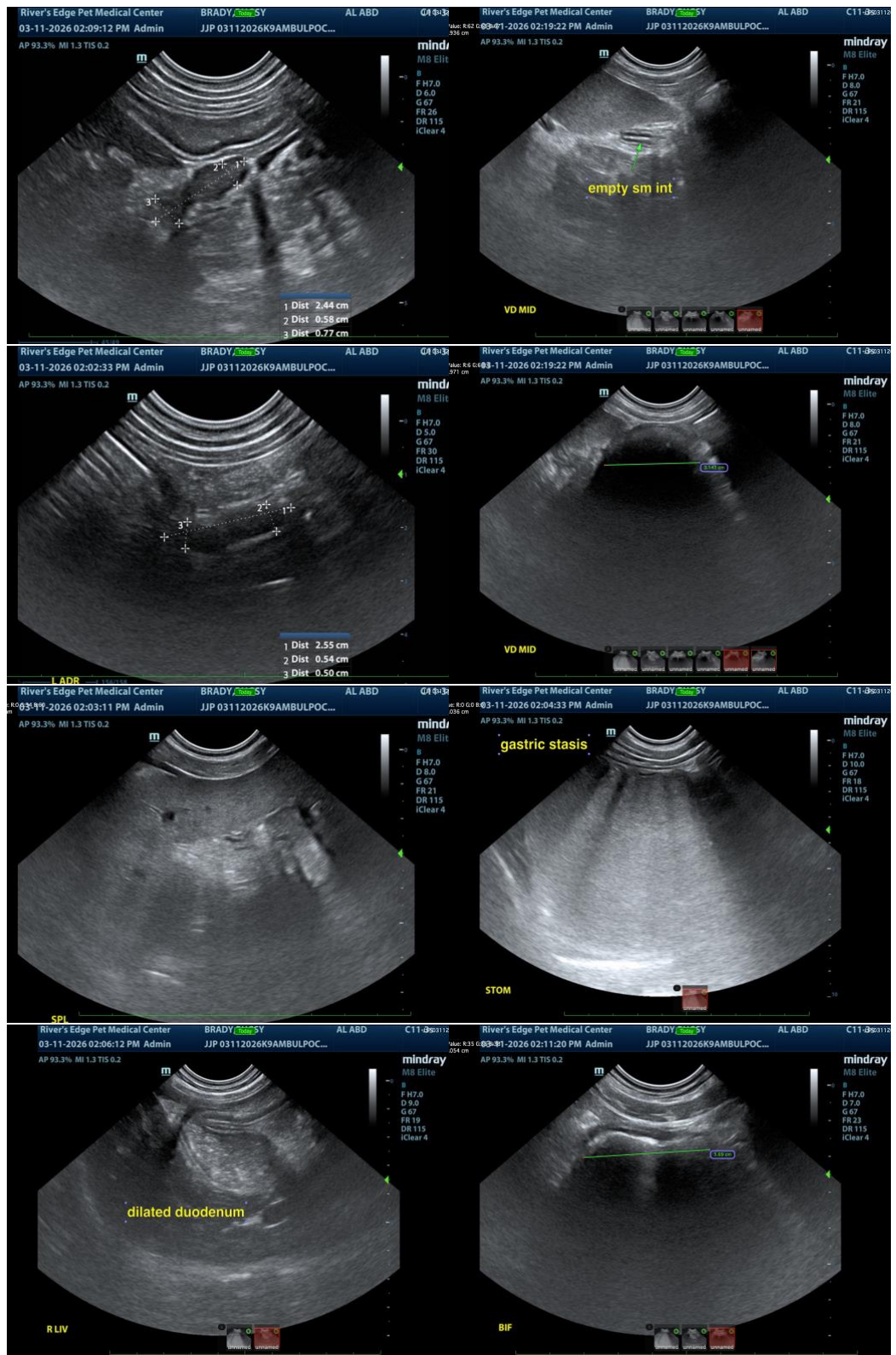
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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