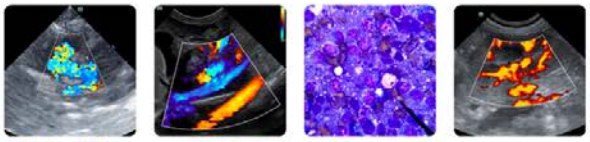

PATIENT

Max Lamarque

SPECIES

Canine

BREED

Havanese

SEX

Intact Male

AGE

9 Months

WEIGHT

11.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dr. Mayra Sanchez

INVOICE

73714

DATE

3/13/26

PRESENTING CLINICAL SIGNS

Three week history of intermittent vomiting; no dietary indiscretion per owner and no Hx of FB ingestion.1 episode of large bowel diarrhea. Treatment with GI protectants, deworming, bland diet, etc. yielded good effects but symptoms returned after 10 days

Abnormal PE/Chem/CBC/UA Results: PE; NAF CBC/Chem: NAF Fecal: Hookworms cPL: Normal Radiographs (3/2/26 and 3/13/26): Dilated stomach; no obvious FB seen and no signs of intestinal obstruction

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was essentially empty, with minor micropolypoid changes noted. The prostate measured 1.5 cm. No evidence of calculi. However, I cannot rule out UTI.

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. Left kidney measured 3.6 cm. Right kidney measured 4.07 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 measured 0.30 cm. Right measured 0.40 cm.

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.

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 overdistended with fluid and some shadowing material, consistent with kibble. However, foreign matter can also present in this fashion. The duodenum revealed transit of chyme. The mid to distal small intestine and colon were unremarkable.

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Pancreas

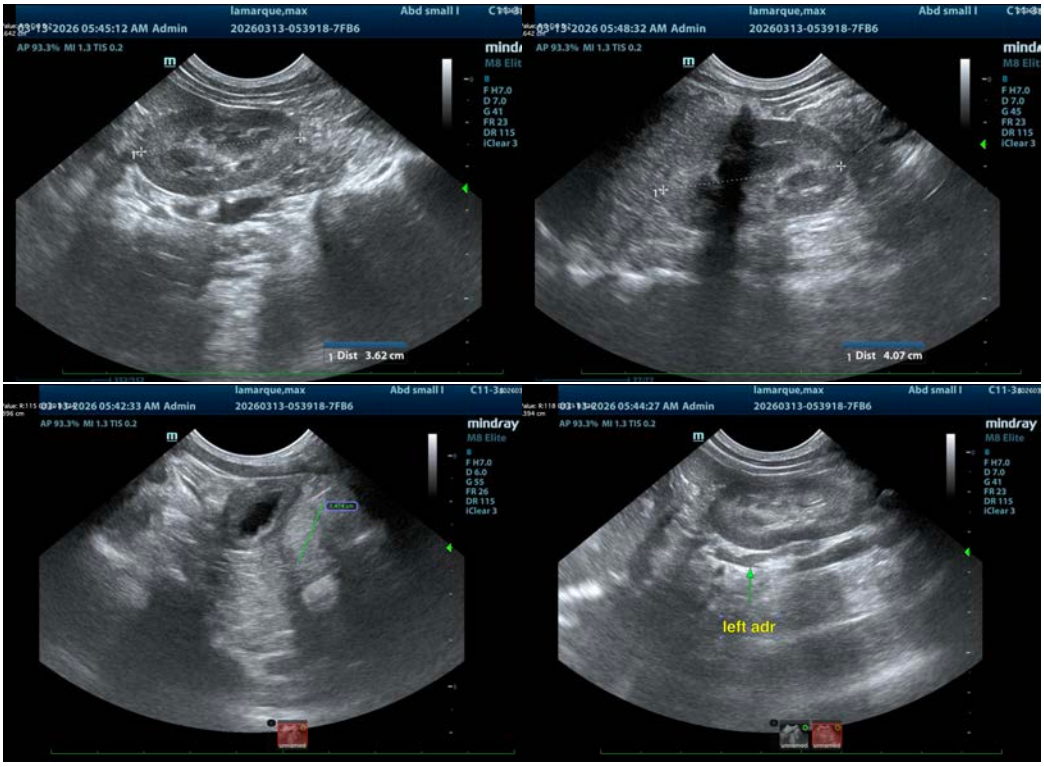
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastric stasis, no overt obstruction, with shadowing kibble type luminal material. Delayed outflow pattern.
- Micropolypoid bladder changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If clinical signs persist, recommend endoscopy. Promotility medications and GI protectants, slurry feeding over the next 48-72 hours all indicated. Screening for occult Addison's also indicated, even though the adrenals structurally appear normal, as Addison's can manifest as delayed outflow and GI signs. Urinalysis indicated if not already performed.



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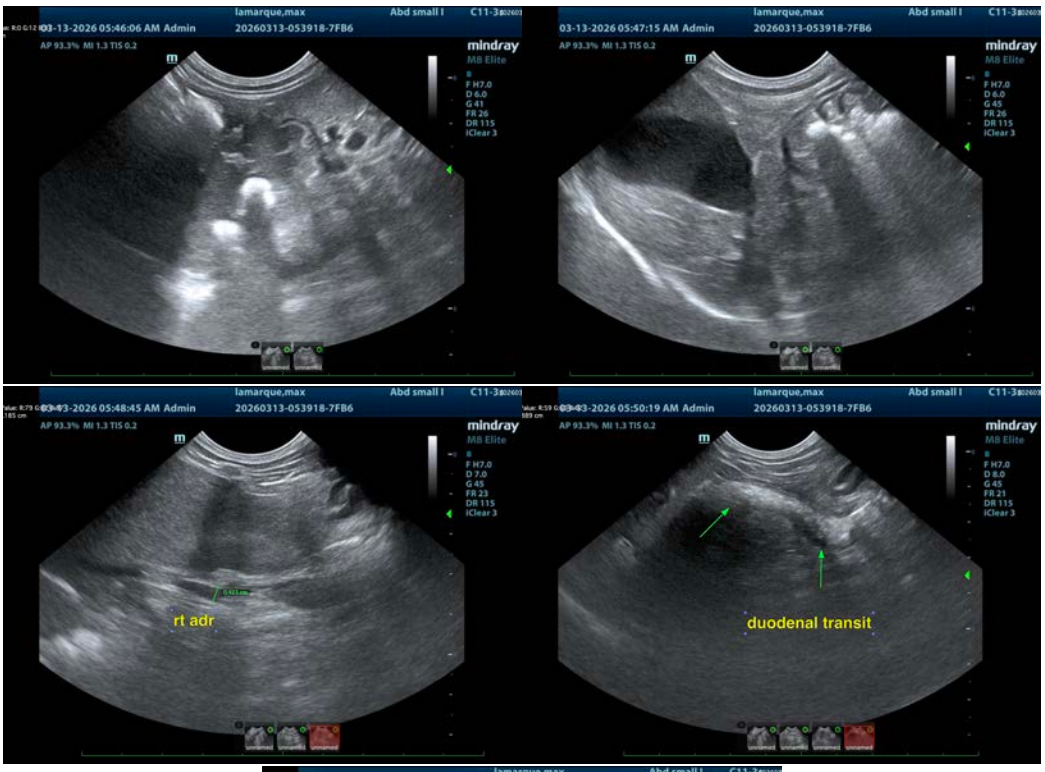

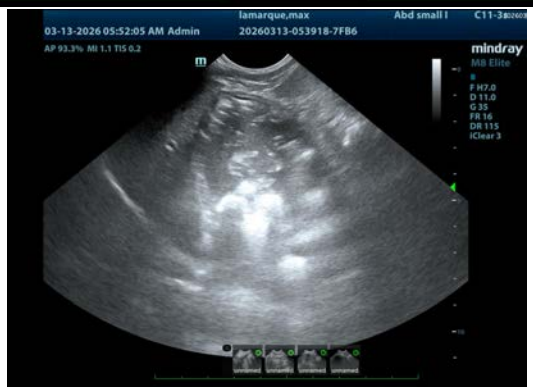

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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info@SonoPath.com