



PATIENT

Saphira Wolfe

SPECIES

Canine

BREED

Berger Picard

SEX

Female

AGE

2 years

WEIGHT

63.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kaitlyn Rudie, DVM

HOSPITAL NAME

Sherwood Family Pet
Clinic

REFERRING VET

Dr. Rudie

INVOICE

73477

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- ADR since last night. She did not eat much yesterday morning and nothing last night. When) got home she was lethargic and her gums were tacky. Her temp was 101.9 last night and 102 this morning. She didn't sleep well overnight and was restless. This morning O found some foamy yellow liquid with a small amount of gritty sand like debris next to it. There was another yellow liquid pool with clotted blood clumps in it and some pink froth next to it. She didn't eat and seems worse this morning. She now has pale gums as well.
- CBC WNL; Chem 17 and lytes WNL aside from Lipase elevation and cPL elevation 717 (0-200). UA WNL aside from 2+ crystalluria. Radiographs: stomach appears empty, intestines appear bunched. Gas within colon.

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 6.5 cm. The right kidney measured 6.2 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. The left adrenal gland measured 0.6 cm. The right adrenal gland measured 1.4 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged with uniform parenchyma and swollen contour. The vascularity was normal.

Liver

The **liver** revealed mildly increased portal markings and hypoechogenic parenchyma. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Increased submucosal echogenicity was noted. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Chronic inflammatory bowel is likely. The colon was fluid filled.

Pancreas

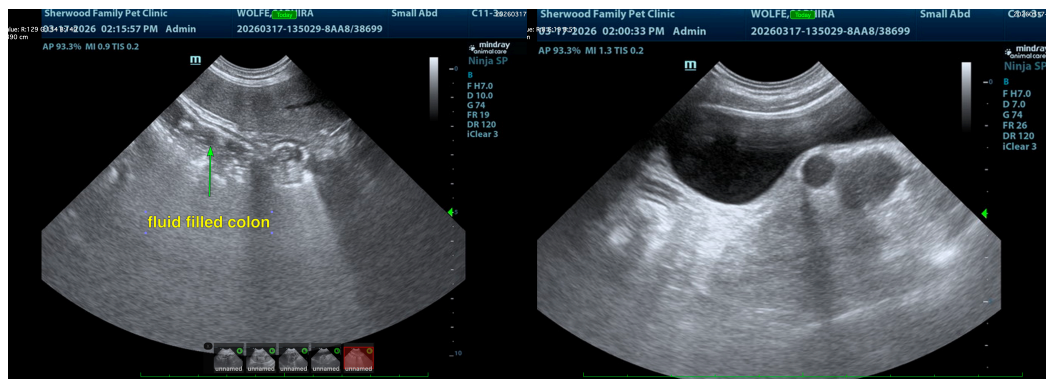
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis pattern with spastic intestine, fluid filled colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt evidence of neoplasia; however, I cannot rule out emerging neoplastic event and minor hepatic remodeling. Enterotoxin is likely in this patient. Broad spectrum antibiotics and plasma expanders are indicated. Structurally the pancreas appears normal; however, I cannot rule out low grade inflammation. The lipase elevation may be deriving from the GI tract. 24-hour n.p.o., GI protectants, broad spectrum antibiotics, and plasma expanders are all indicated. Screening FNA of the spleen and liver would be warranted if clinical signs persist. Fecal exam is recommended.





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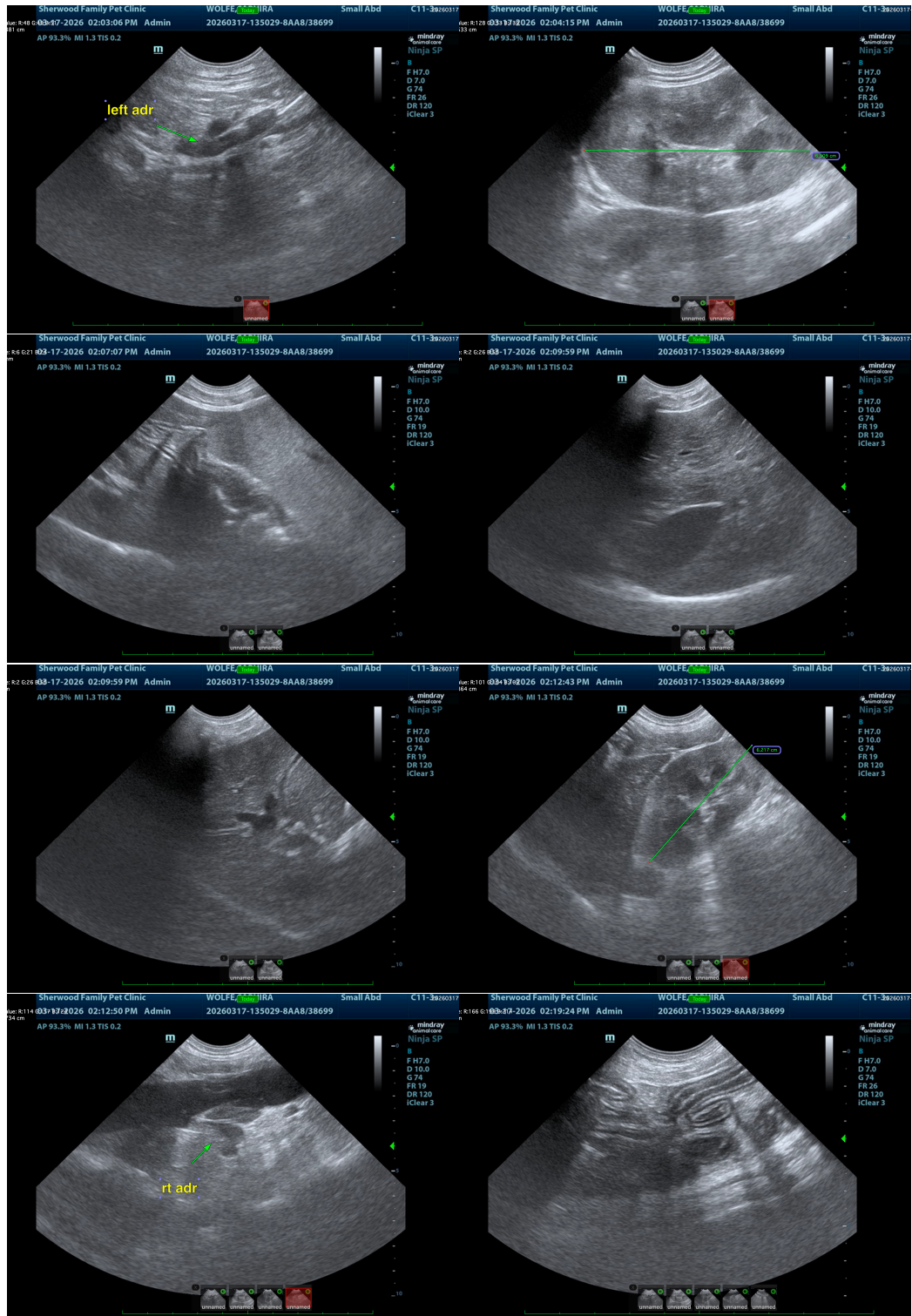
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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