



PATIENT

Oz Ezzo

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Neutered Male

AGE

2 Years

WEIGHT

33 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

BrandiKurzowski

HOSPITAL NAME

Corfu Veterinary Clinic

REFERRING VET

Dr. Brooke Beatty

INVOICE

14400

DATE

03/18/26

PRESENTING CLINICAL SIGNS

- P presented 3/16 for hematochezia and vomiting for several days.
- P is known for eating things- FB could be possible
- Radiographs - odd curvilinear opacity within/overlying colon in caudal abdomen - appears more normal in V/D but colon still appears very "full" for straining and only producing gelatinous bloody material
- O declined BW
- 3/18, still having bloody stools, not improving with metronidazole
- P came back in today for BW and u/s

Abnormal PE/Chem/CBC/UA Results: 3/18/26 Chem 17/lytes- ALB 1.9 g/dL, TP 4.6 g/dL, ALP 22 U/L, Chol 84mg/dL, rest WNL CBC- HCT 62.7%, HGB 21.6 g/dL, rest WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 residual prostate measured 1.0 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 5.76 cm in length. The right kidney measured 5.6 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 0.50 cm width. The right adrenal gland measured 0.80 cm width at the cranial pole and 0.60 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 caudally.

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



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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** revealed a minor amount of ingesta. The upper gastrointestinal tract was unremarkable with normal appearing transit of chyme. The colonic wall was thickened and hypertrophied without loss of mural detail.

Pancreas

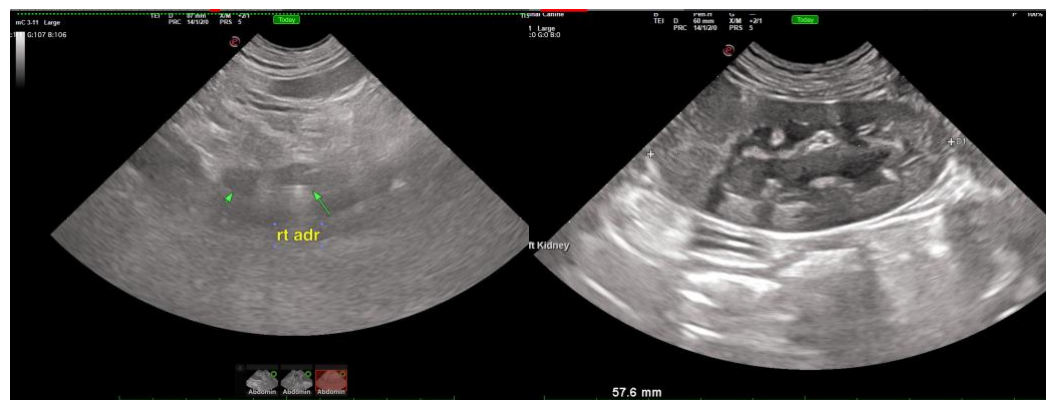
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Enterocolitis pattern with retention of ingesta in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management should prove effective. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Fecal test and colonoscopy are indicated if clinical signs persist. Protein losing enteropathy is likely given the low albumin, however, screening for Addison's is indicated to assess for any evidence of proteinuria.





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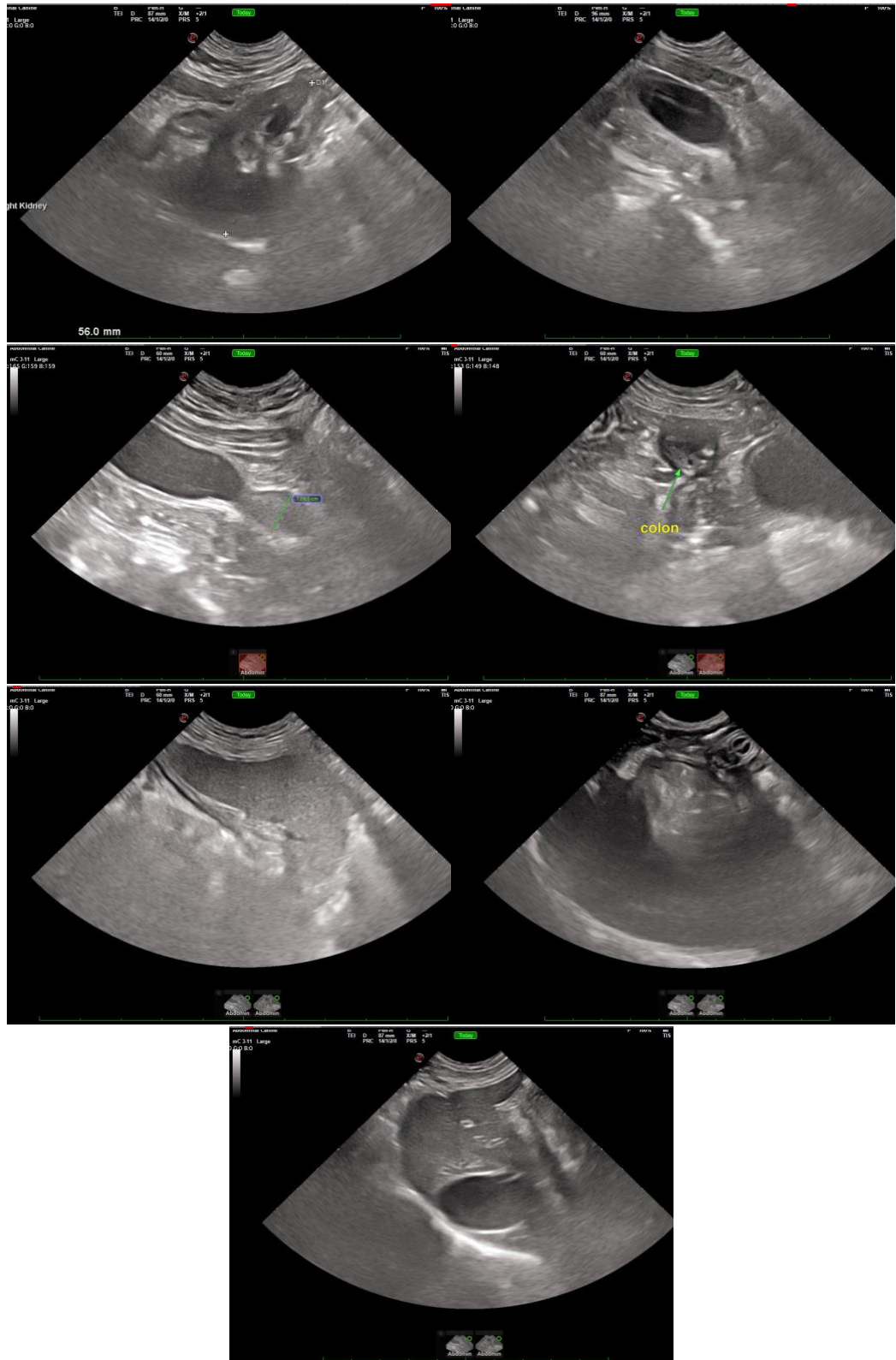
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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