



**PATIENT**

Ivy2 HudsonSPCA

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

50 pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Meghan Morse LVT  
CVT

**HOSPITAL NAME**

Hamptonburgh Animal  
Hospital

**REFERRING VET**

Dr. Halpern

**INVOICE**

14439

**DATE**

03/19/26

**PRESENTING CLINICAL SIGNS**

- Chronic intermittent (but severe) v+ and D+
- Vomiting 5x overnight
- Brown stool smelling d+ for 2 weeks not responding to metro + probiotics
- Current meds: Dexameth, Metronidazole, Cerenia, Rec'd B12 and IVF

Abnormal PE/Chem/CBC/UA Results: ALT 128, mild increase TP / ALB, Phos 10.9, BUN mild Increase, Creat 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 **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 7.6 cm in length. The right kidney measured 7.47 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 3.0 cm x 0.67 cm width at the cranial pole and 0.55 cm width at the caudal pole. The right adrenal gland measured 2.8 cm x 0.97 cm width at the cranial pole and 0.67 cm width at the caudal pole.

*Spleen*

The **spleen** presented folded upon itself cranially/caudally with mild uniform enlargement. No evidence of masses.

*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*



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The **stomach** was empty. The pylorus was patent. Mild uniform hypertrophy was noted. The distal small intestine revealed some stasis followed by intussusception measuring 4.6 cm. The intussusception appeared to be at the level of the ileocecal junction and may be reduced manually.

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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.

**BREED**

Pitbull Mix

**Free Abdomen**

**SEX**

Spayed Female

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The largest of lymph nodes measured 2.6 cm x 1.37 cm, encompassing the mesenteric artery which was mildly congested. Slight free fluid was noted in the caudal abdomen.

**AGE**

2 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

50 pounds

- Distal small intestine ileocecal intussusception with regional lymphadenopathy and slight free fluid- obstructive pattern.
- Enlarged folded spleen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

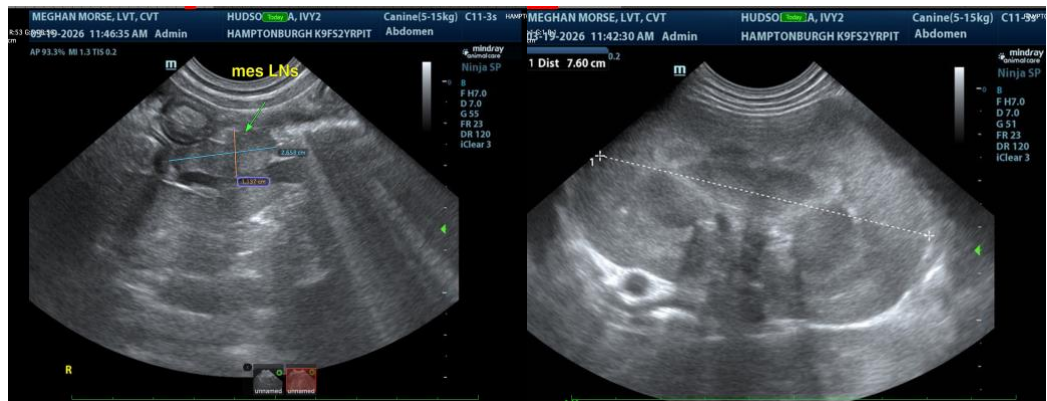
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Surgical intervention is recommended with reduction. GI biopsies are warranted to rule out underlying disease. Fecal test to assess for concurrent parasitic disease. No evidence of neoplasia. This is a surgical urgency given the slight free fluid that is present.

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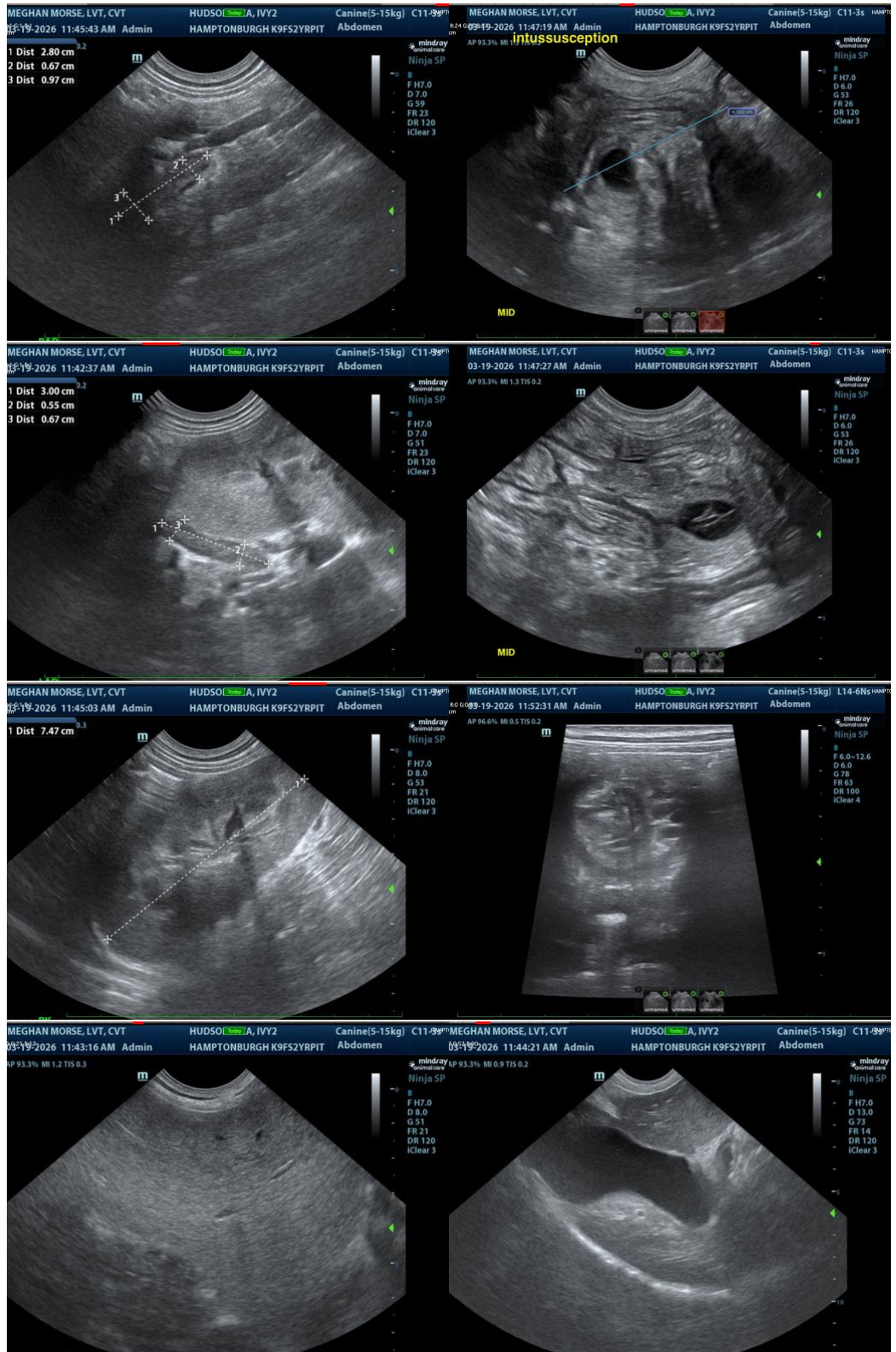
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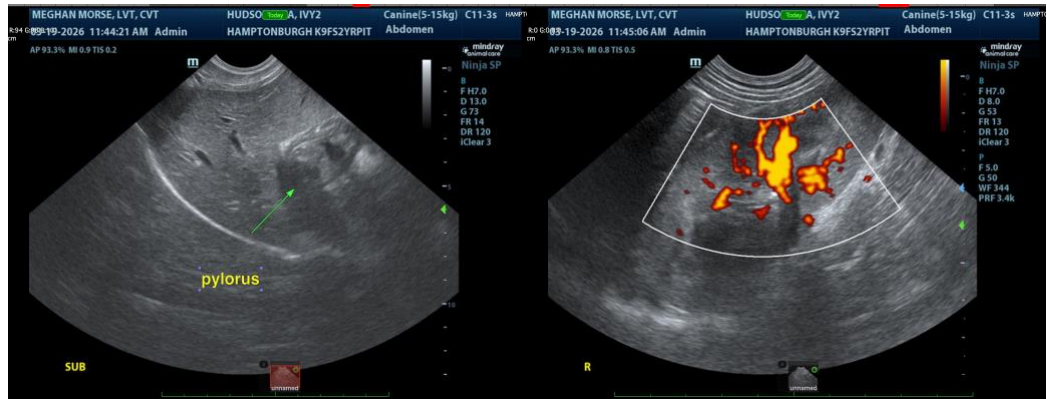
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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