



PATIENT

Scout Kehler

SPECIES

Canine

BREED

Nova Scotia Duck
Retriever

SEX

Spayed Female

AGE

1 Year 2 Weeks

WEIGHT

13.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski DVM

HOSPITAL NAME

Apex Veterinary
Services LTD

REFERRING VET

Petzoic ER Vet

INVOICE

14484

DATE

03/19/26

PRESENTING CLINICAL SIGNS

- Recent ovariohysterectomy (spay) and gastrointestinal foreign body surgery performed last weekend
- Clinical signs since surgery include anorexia, regurgitation/vomiting, and abdominal pain
- Foreign material removed included dental floss and a bottle cap
- Surgical procedures performed: gastrotomy and enterotomy
- Previous history of pancreatitis

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:38.5, Heart Rate/min (HR):132, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: panting, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, tacky/ CRT< 2 sec ,Mentation: QAR ,Hydration: Adequate , BCS (scale 1 to 5): 3/5, Marked abdominal pain.

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.

Slight free fluid was noted in the abdomen cranial to the urinary bladder and adjacent to the spleen. A hypoechoic irregular structure was noted cranial to the urinary bladder measuring 1.6 cm and appears to be an elongated uterine stump.

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 6.0 cm in length. The right kidney measured 6.1 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 0.41 cm width at the caudal pole and 0.26 cm width at the cranial pole. The right adrenal gland measured 0.39 cm width.

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



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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

Examination of the **gastrointestinal tract** revealed mucosal striations and hyperperistalsis. Curvilinear patterns were maintained with no evidence of obstructive disease. Some reactive mesentery was noted associated with the GI tract. Some spastic bowel and adhesions were noted with irregular contour.

Pancreas

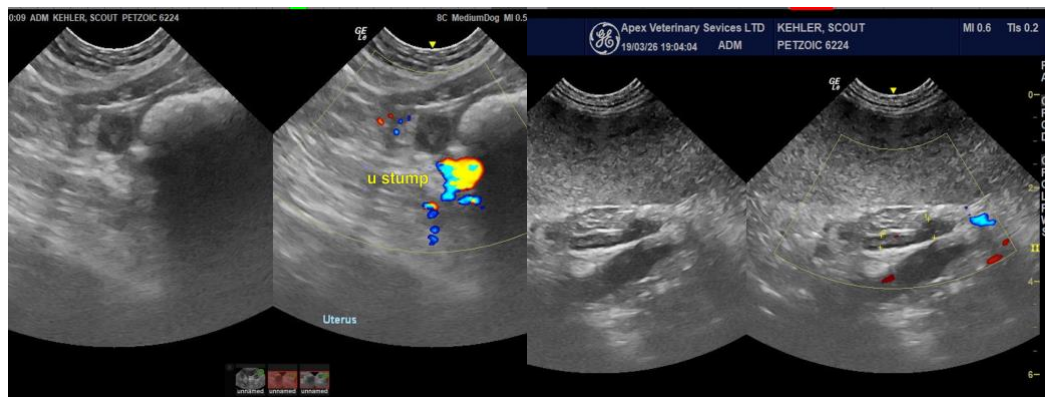
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Peritonitis pattern with reactive mesentery and elongated uterine stump.
- Mucosal striations and hyperperistalsis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend exploratory surgery with liberations of adhesions and assessment for any evidence of intestinal perforation as well as removal of the remainder of the uterine stump to the level of the cervix. Culture and biopsy of the uterine stump is indicated as well. Prognosis is guarded. Mild potential for underlying neoplasia in this patient yet not suspected. Underlying GI disease may also be playing a role in postoperative healing. GI biopsies are essential.





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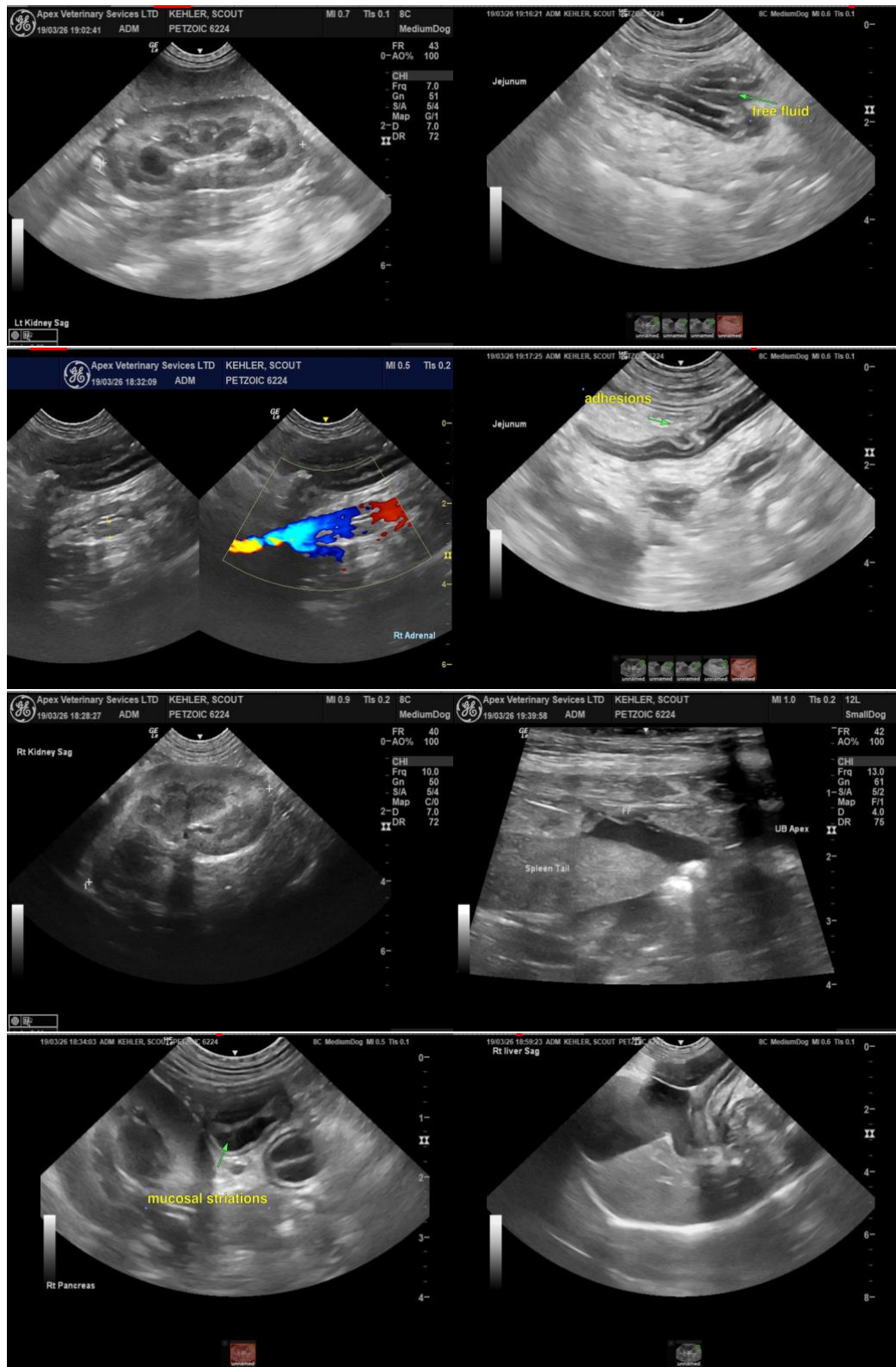
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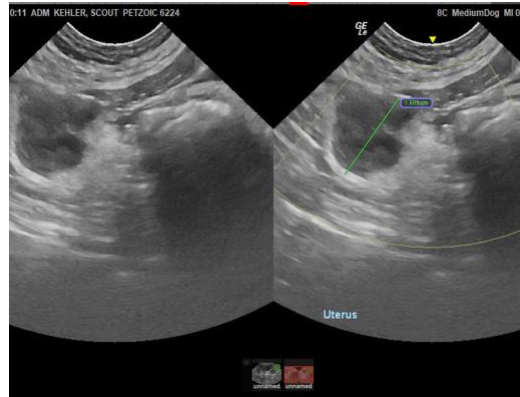
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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