



**DATE PRESENTING CLINICAL SIGNS**

4/13/26 Patient History: Has been anorexic and vomiting for 36 hours. Vomited 3-4x this morning and then 7-8x and then 2x in hospital. History of GI foreign body that needed surgery. PE: tense on abdominal palpation.

**PATIENT**

Dunkin Casey Current Medications: Cerenia 1mg/kg IV once, Plasmalyte 60ml/hr.  
Labwork Results: Attached. Reported as radiographs: Concern for abnormal gas pattern that could indicate early plication (no plication seen on rads). POUCS: Hard shadowing in stomach and beginning of duodenum (Gas vs foreign material). Bloodwork: CBC+Chem17+Lytes all WNL.

**SPECIES**

Canine Date of Previous IntraPet Ultrasound: No previous.  
Sedation: methadone. Dex dom required to complete full diagnostic ultrasound.  
Stat Report: Requested.

**BREED**

Imaging Performed by: Andi Parkinson RDMS

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Aussie Doodle

**SEX**

**Urinary System**

Neutered Male

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.

**AGE**

4/12/2023

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 7.27 cm. The right kidney measured 7.27 cm.

**WEIGHT**

25 kg

**INTERPRETED BY**

**Adrenal Glands**

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

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 2.67 cm x 0.59 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland measured 2.65 cm x 0.69 cm at the cranial pole and 0.61 cm at the caudal pole.

**HOSPITAL NAME**

VEG ER for Pets

**Spleen**

**REFERRING VET**

Dr. Schupbach

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.

**INVOICE**

**Liver**

4/13/26

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 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. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Fluid filled portions of intestine were noted. The colon was fluid filled.

### ***Pancreas***

The **pancreas** was irregular, edematous, and hypoechoic with undulating contour.

### ***Free Abdomen***

The mesenteric **lymph node** (up to 1.5 cm) 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.

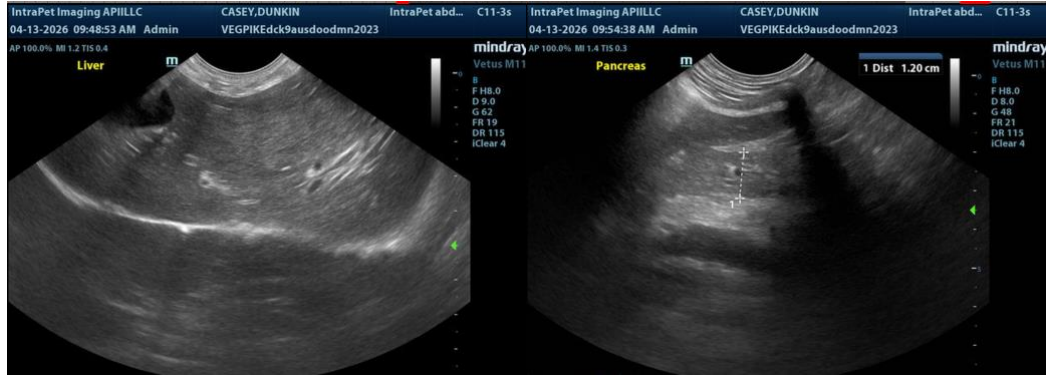
## **ULTRASONOGRAPHIC FINDINGS**

- Enterocolitis pattern
- Prominent pancreas, likely low grade pancreatic inflammation
- Reactive mesenteric lymph nodes

## **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.





**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.

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