



PATIENT

Elsa Harden

SPECIES

Canine

BREED

Pitt Mix

SEX

Spayed Female

AGE

2 Years 10 Months

WEIGHT

46 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Eure

HOSPITAL NAME

Moyock AH

REFERRING VET

Dr. Tracy Eure

INVOICE

36689

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: Elsa presented for acute onset of vomit and diarrhea over the past 24 hours. Owner noted patient had a gum/candy wrapper in its mouth approximately 2 days ago. She ate last night but refused food this morning.

Abnormal PE/Chem/CBC/UA Results: TPR-WNL -- Elsa is slightly depressed and refuses food. Radiographs revealed a large amount of gas in the large intestines and colon. Blood work and UA were unremarkable (see attached).

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. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **uterine stump** was unremarkable.

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.93 cm. The right kidney measured 6.43 cm. Trace pyelectasia was noted in the left kidney.

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 0.54 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm 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.

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 upper **gastrointestinal tract** was empty. The gastric fundus was gas filled. The small intestine was unremarkable. The transverse colon revealed hard stool or possible passing foreign matter.

Pancreas

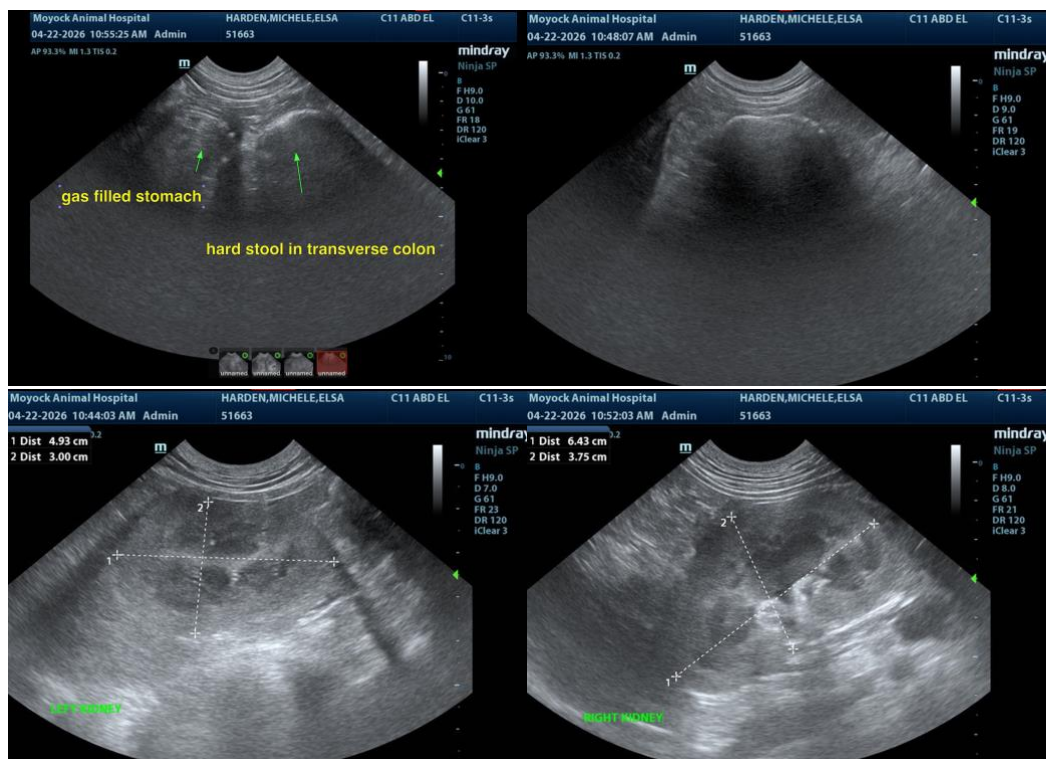
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Hard stool in the colon
- Gas filled stomach
- Trace pyelectasia in the left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend supportive medical management in this patient with IV fluids and evaluation of any of the stool material in case any passing foreign matter is present. However, the upper GI tract appears empty at the time of the sonogram.





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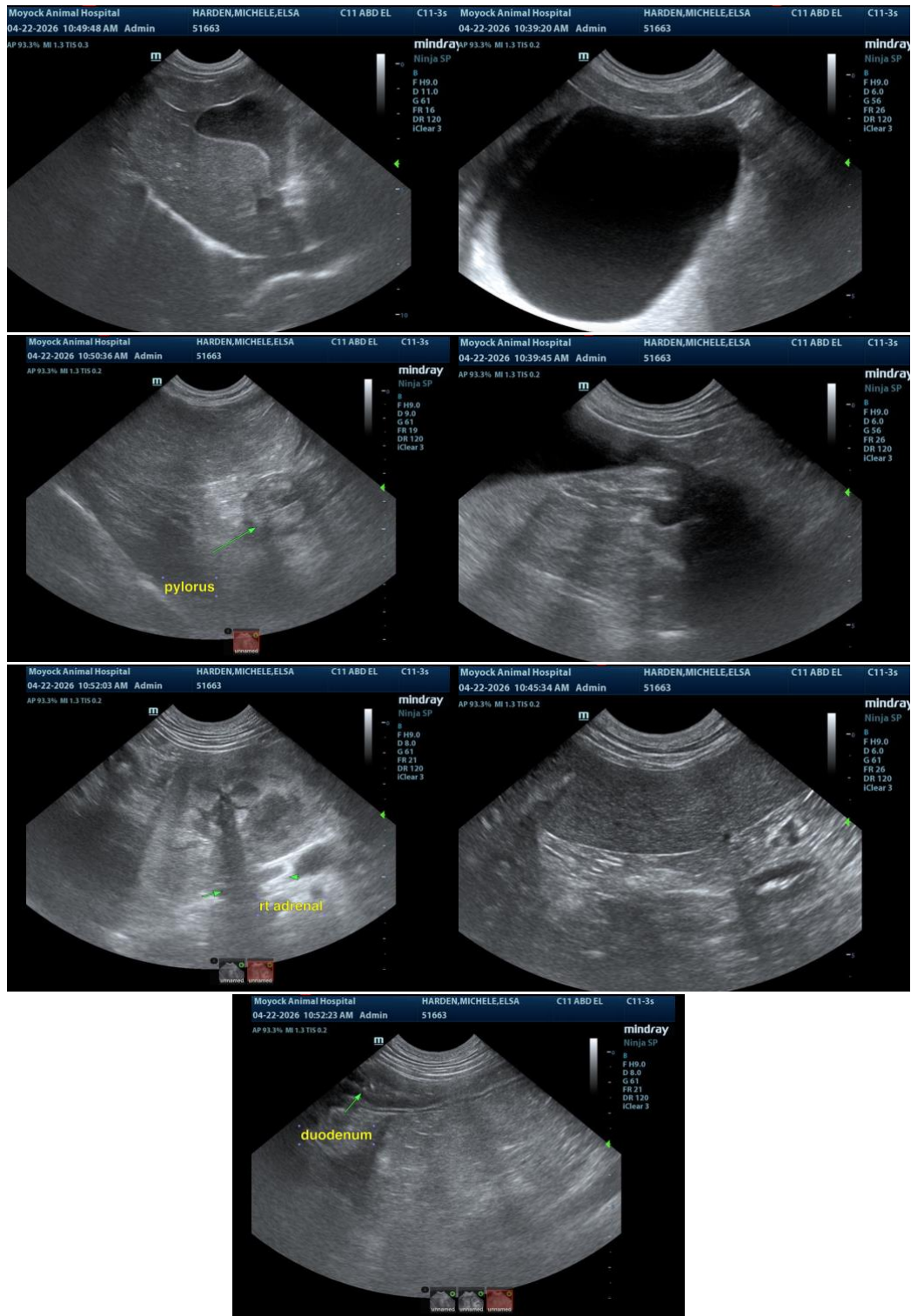
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The information and recommendations provided are based on the images presented by the referring



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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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