



## PATIENT

Truleigh Shaw

## SPECIES

Canine

## BREED

Staffordshire Bull Terrier

## SEX

Spayed Female

## AGE

5 Years

## WEIGHT

33.5 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Wilberger

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Dr. Wilberger

## INVOICE

36810

## DATE

4/26/26

## PRESENTING CLINICAL SIGNS

History: Pt presented 4/24/2026 @ 10 PM due to vomiting episodes and potential for eating ribs from trash. Radiographs and FAST scans performed and r/o non sus[ect for GI FB obstruction. Mildly elevated WBC on 4/24 PM. Rad report suggested colitis and suspected diarrhea would start soon. Pt has been on IV fluids and hospital care.

Abnormal PE/Chem/CBC/UA Results: Chem 10: Unremarkable. CBC: WBC 22.66 (high), Neut 19.6 (high), Bands suspected. Lactate: 1.37 (normal). Pancreatic lipase (cPL): 60 (normal). FAST scan: Unremarkable Urine Drug Screen: Negative 4/25 PM EPOC: K 3.3, all other wnl Temp 103 @ 10 PM on 4/25, back to 102.0 4/26 @ 3AM Truleigh had not shown interest in food all day on 4/25, but did eat readily and then immediately vomited. Concerning as p receiving Cerenia). No previous v+ noted in hosp appeared more uncomfortable on 4/25 even after Buprenorphine (q8h) cannot r/o foreign body. Severe GI irritation/gastritis is also a possibility.

## 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The right kidney measured 6.0 cm. The left kidney measured 6.5 cm.

### *Adrenal Glands*

The **left adrenal gland** was 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 0.7 cm.

The region of the **right adrenal gland** was imaged, no evident pathology.

### *Spleen*

The **spleen** presented mild irregular contour and mild generalized enlargement.

### *Liver*

The **liver** itself revealed slight increased portal markings. A gallbladder calculus was noted, measuring 2.5 cm. Images were somewhat dark.

### *Gastrointestinal*

The **gastric** wall was mildly thickened, measuring 1.9 cm. The small intestine and colon were unremarkable with normal curvilinear patterns and content.



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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.

## Free Abdomen

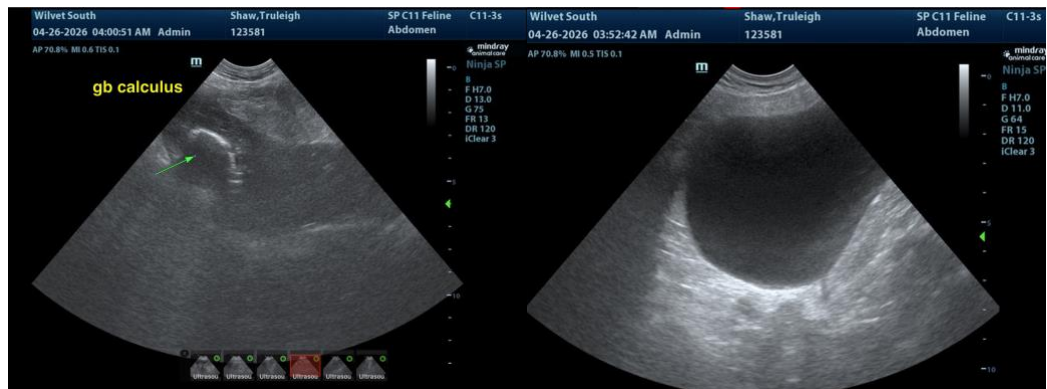
A mild amount of **free fluid** was noted cranial to the left kidney and caudal to the spleen.

## ULTRASONOGRAPHIC FINDINGS

- Gastric thickening
- Free fluid
- Enlarged spleen
- Mild hepatic remodeling
- Gallbladder calculus
- Age-related renal change

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diagnosis is open; however, a neoplastic event is possible in the stomach and spleen. The free fluid should be sampled with ultrasound guided FNA and 25-gauge FNA of the spleen to ensure a neoplastic event is not occurring. I cannot rule out a penetrating foreign body, as image resolution was marginal only to enhanced fat. Recheck sonogram is recommended in 24 - 48 hours. Lower frequency probe is recommended. If there's any evidence of sepsis on the free fluid, then exploratory surgery is indicated.





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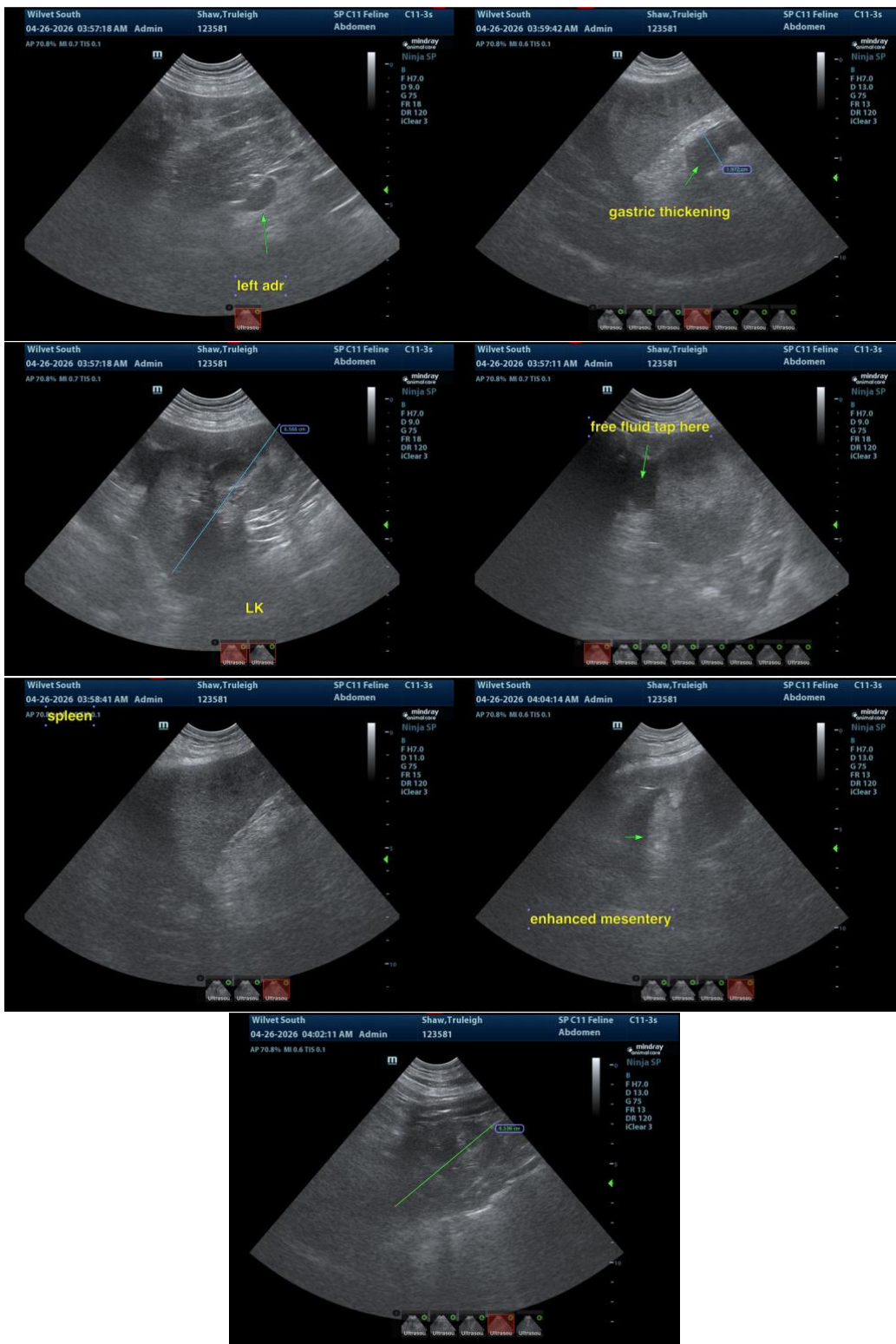
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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