



## PATIENT

Pancake Bach

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Female

## AGE

13 Weeks

## WEIGHT

22 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Rodriguez

## HOSPITAL NAME

Foxfield Veterinary  
Services

## REFERRING VET

Dr. Rodriguez

## INVOICE

16049

## DATE

05/11/26

## PRESENTING CLINICAL SIGNS

Vomiting and diarrhea. Radiopacity in stomach. Induce emesis with production of a small piece of stick only. U/S post-emesis. Fasted.

Abnormal PE/Chem/CBC/UA Results: GGT: 3, RBC: 4.49, HCT: 28.9,

## 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 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 4.7 cm in length. The right kidney measured 6.7 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 2.26 cm x 0.34 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland measured 2.76 cm x 0.44 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

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

The stomach revealed shadowing luminal material measuring up to 2.0 cm. Hyperperistalsis was noted throughout the small intestine. A significant amount of stasis was noted in the stomach with thickened gastric wall and echogenic mucosal remodeling suggestive of ulcerative gastritis. Reactive mesentery was noted associated with the small intestine. Soft stool was noted in the colon.



**PATIENT**

**Pancreas**

Pancake Bach

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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Slight free fluid was noted in the mid abdomen.

Golden Retriever

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Gastroenteritis pattern with nonobstructive shadowing foreign matter.
- Slight free abdominal fluid.

Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

The trace free fluid is likely physiological for the age. Supportive care should prove effective. Canned ID with an induced emesis may allow for evacuation of the structure further.

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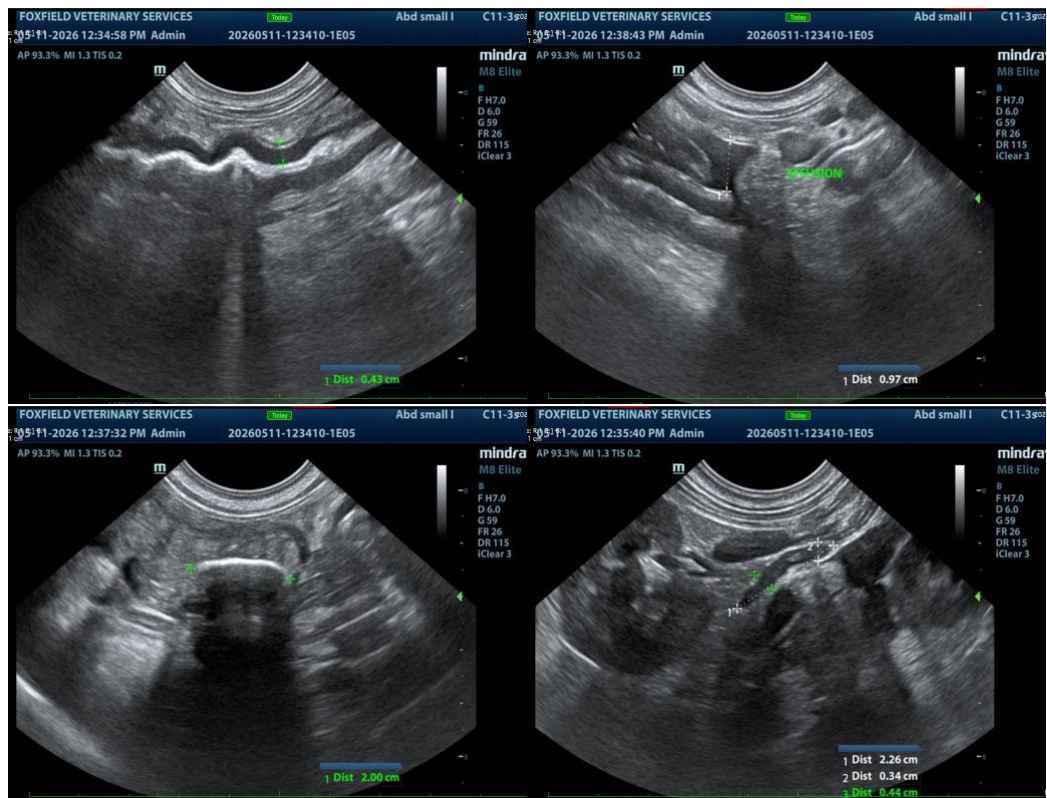
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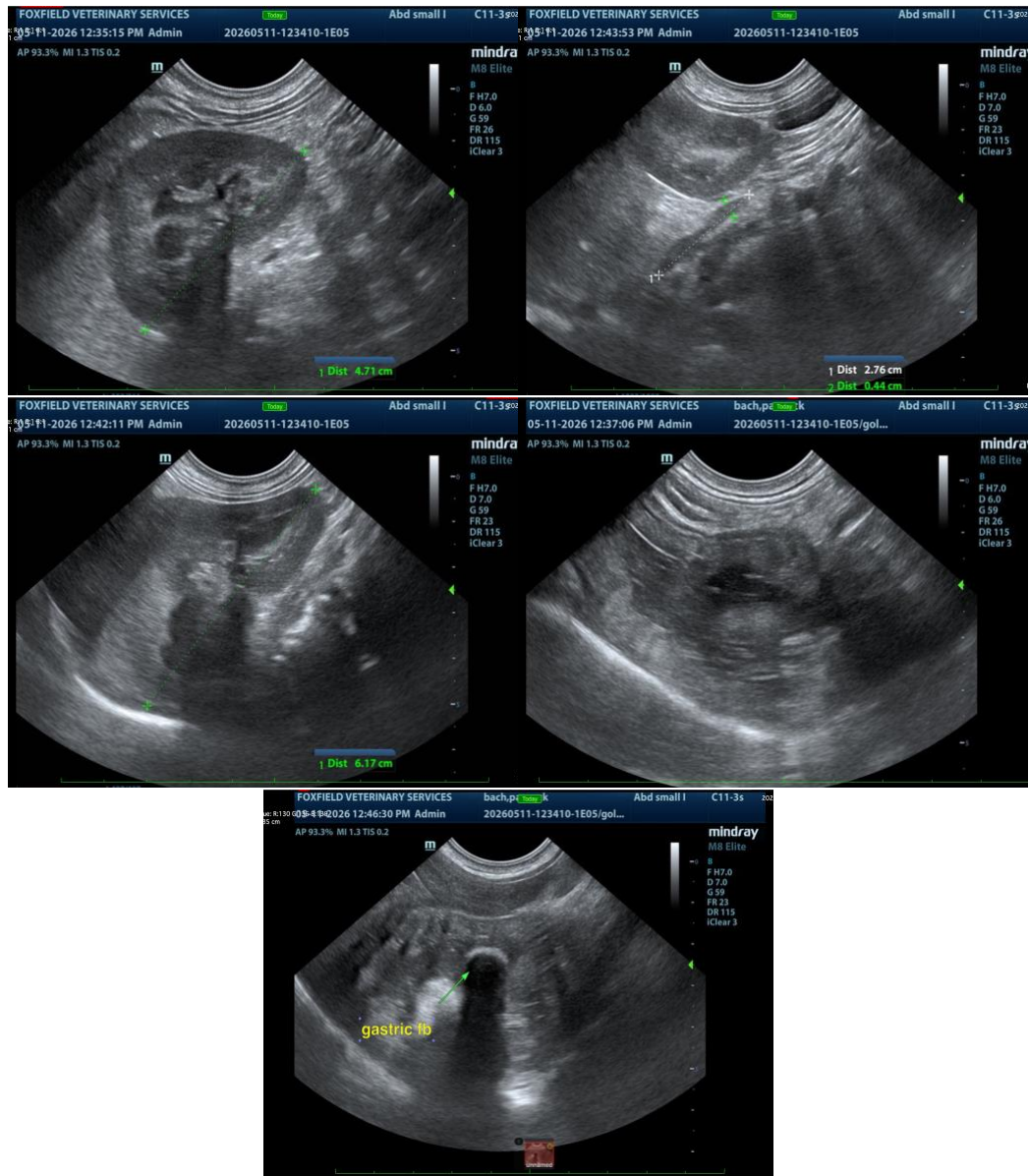
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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