



## PATIENT

Winston Kostelecky

## SPECIES

Canine

## BREED

Vizsla

## SEX

Neutered Male

## AGE

7 Years 5 Months

## WEIGHT

51 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jessie Evoniuk

## HOSPITAL NAME

State Avenue Vet  
Clinic

## REFERRING VET

Dr. Jessie Evoniuk

## INVOICE

16048

## DATE

05/11/26

## PRESENTING CLINICAL SIGNS

Presents for annual exam, vaccine updates, heartworm test, and recent ingestion of trail mix containing raisins. History of foreign body ingestion (tampon, January; not observed passing). Appetite: Selective; decreased intake of dog food over past few weeks; increased interest in non-food items (garbage, trail mix). Defecation: Frequent; no diarrhea reported. Urination: Normal; urinated this morning. Activity: Normal; playful; chases toys. No vomiting or diarrhea reported. Weight loss: 57.8 lb last year, 51 lb this year.

Demeanor: Sedation required for handling; IM dexmedetomidine and butorphanol administered. Muzzle used for safety, periocular: Hair thinning, pigment changes around eyes and nose, AU: Large amount of odorous, waxy, brown discharge, minimal erythema, pigment changes and minor hair thinning inner pinnae, Heavy calculus on 208 and 109, extensive abrasion; otherwise minimal tartar, Bradycardic, consistent with sedation, Scar on right lateral antebrachium; pigmentary spots in axilla and perianal region ALT 172, Glucose 119

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 6.0 cm in length. The right kidney measured 6.0 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 0.50 cm width. The right adrenal gland measured 0.57 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



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

The **stomach** was filled with progressively shadowing chyme. Transit of chyme into the upper small intestine was present followed by empty small intestine. Some areas of mucosal fogging were noted in the intestine with reactive mesenteric lymph nodes. Reactive mesentery was noted associated with the small intestine which was also mildly thickened. The material in the stomach is most consistent with soft ingesta however, fluid absorbing tissue and similar cannot be ruled out. The intestinal tract presents an IBD type pattern with a partial obstructive pattern, yet the colon was full.

**Pancreas**

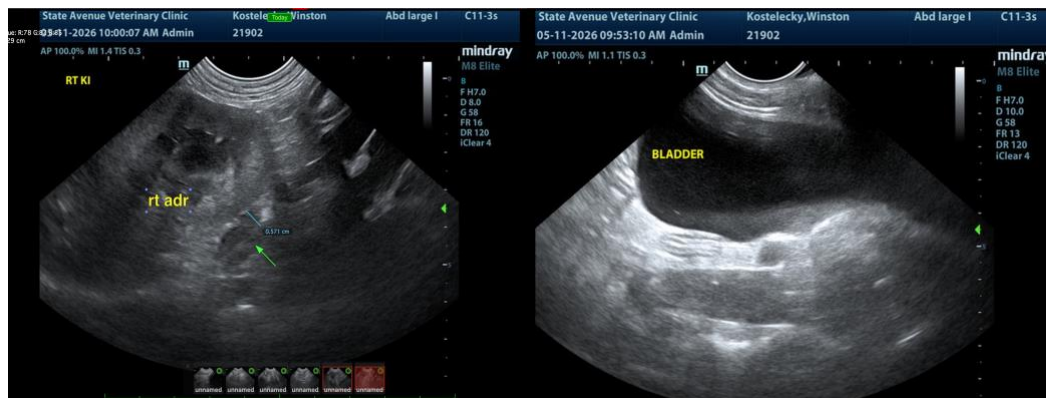
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Delayed outflow gastric pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend medical management in this patient. 24-hour NPO, IV fluid support, GI protectants and recheck sonogram to assess if the partial obstructive pattern is persistent as regional dysfunctional bowel may be an issue and causing delayed outflow. There is a portion of soft shadowing material, but it would be of stool consistency, and I cannot completely discount the potential of soft foreign matter in transit. However, I do recommend IV fluid support and medical management. Fecal test is also indicated with recheck sonogram 24 to 48 hours prior to any feeding.





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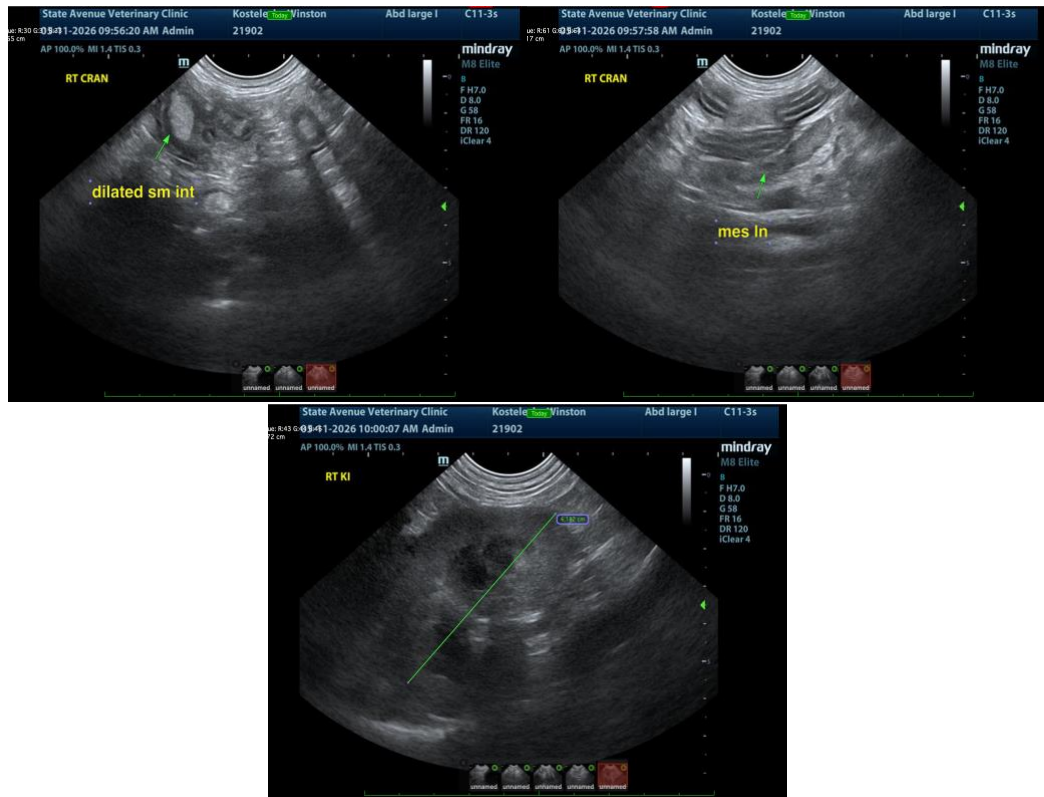
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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