



PATIENT

CiCi Holck

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

10 Years

WEIGHT

70 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michelle Lindemulder,
DVM

HOSPITAL NAME

Southkent VH

REFERRING VET

Michelle Lindemulder,
DVM

INVOICE

37097

DATE

5/13/26

PRESENTING CLINICAL SIGNS

History: Lethargy and exercise intolerance that has been waxing and waning over a few months. Has been consistent over the last 5 days. Recently having softer, mucousy stools.

Abnormal PE/Chem/CBC/UA Results: PE - very painful on abdominal palpation, yelped and attempted to bite on palpation around liver. Very tense. CBC - low reticulocyte hemoglobin, low MCV Chem - Elevated ALP (was 350 in september, now ALP 888) Abdominal radiographs - a lot of stool in colon yesterday, fasted and had her go to the bathroom, retook xrays; possible soft tissue opacity near liver and bottom of stomach, mass effect w/ intestines.

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 **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 right kidney measured 7.4 cm. The left kidney measured 6.0 cm.

Adrenal Glands

The **right 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 right adrenal gland measured 0.9 cm.

The **left adrenal gland** was not visualized.

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. Cranial folding of the spleen was 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 **stomach** revealed shadowing luminal material. If the patient was NPO at the time of the sonogram, this is strongly consistent with gastric foreign matter (up to 3.3 cm). This is nonobstructive, however. No fluid filled lumen was noted prior to the structure. The small intestine and colon were unremarkable with normal curvilinear patterns and content.

Pancreas

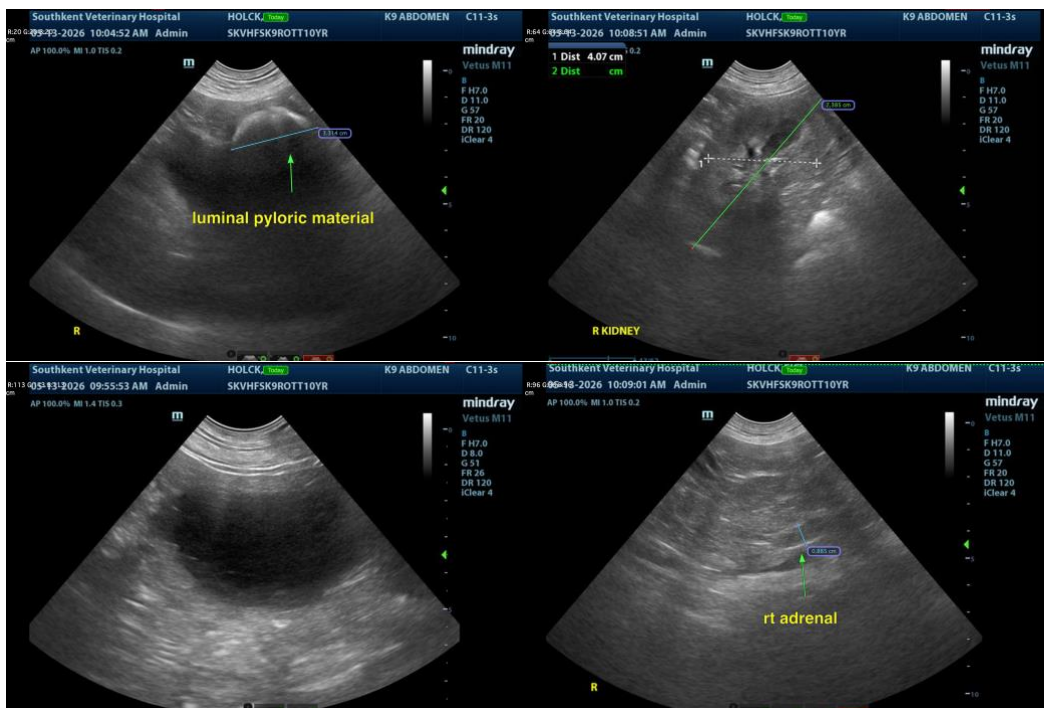
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal, and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Luminal gastric material, nonobstructive
- Cranial splenic fold
- No other evidence of pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend endoscopy in this patient to assess the material in the stomach.





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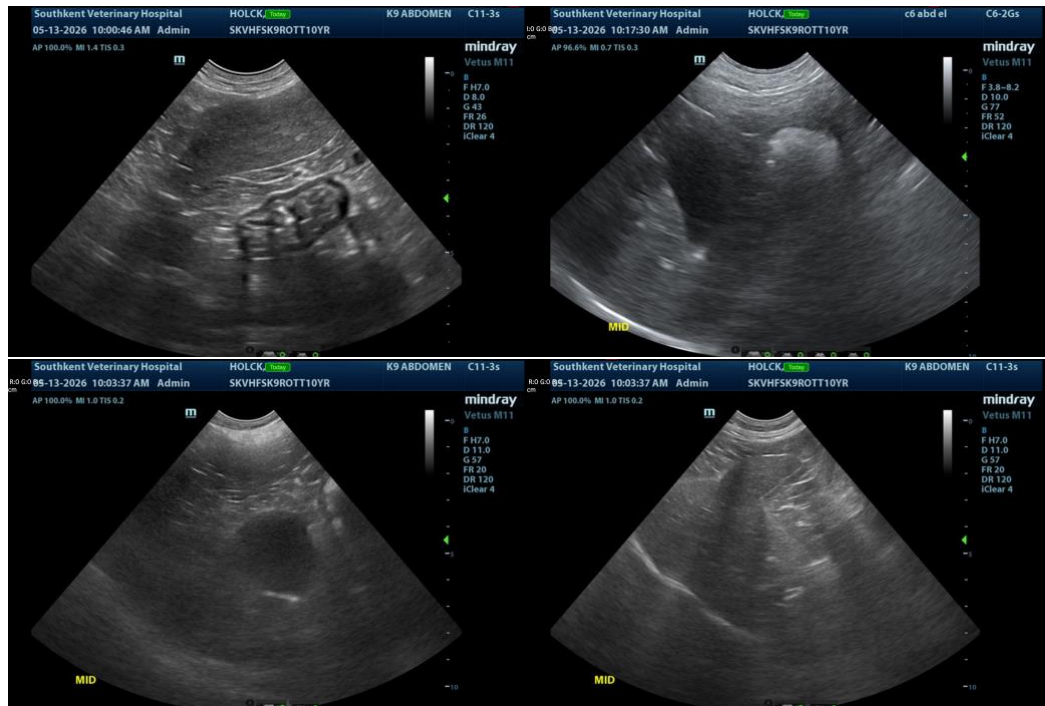
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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