



PATIENT

Dobby Lasher

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

13 Months

WEIGHT

15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Ocean Breeze

REFERRING VET

Dr. Buckner

INVOICE

16378

DATE

05/20/26

PRESENTING CLINICAL SIGNS

Lethargic, diarrhea, and hyporexia for the past 4 days. Rule outs include gastroenteritis, gastrointestinal foreign body, toxicity, and viral infection. Current on Simparica Trio. Reportedly ate green beans last night and appears to be slowly improving clinically, though still not acting normally per owner.

Sedated for sonographic evaluation by referring veterinarian with Dexdomitor (0.5 mg/mL) and butorphanol (10 mg/mL). Sedation considered adequate with minimal abdominal wall tension during examination. Purpose of sonogram: evaluate for pancreatitis, foreign body criteria, and perform abdominal survey study.

Abnormal PE/Chem/CBC/UA Results: Sonographer notes: Oral exam at end of sonogram does not reveal any foreign object in the cranial oropharynx. No dental lesions seen visually. Radiographs 3v abdomen attached for supplemental review if helpful. Bloodwork/Labs being sent out today.

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 **residual prostate** was uniform measuring 0.83 cm.

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 4.43 cm in length. The right kidney measured 4.38 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 0.41 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland measured 0.47 cm width at the caudal pole and 0.35 cm width at the cranial 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** revealed slight increased portal markings and normal vascularity. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

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The **pylorus** was mildly hypertrophied with an empty lumen. No evidence of foreign bodies. The small intestine and colon were unremarkable.

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Pancreas

Canine

The right limb of the **pancreas** was slightly heterogenous. Some level of low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort.

BREED

Free Abdomen

Havanese

The colic and mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

13 Months

- Slightly irregular mild gastritis pattern.
- Slight irregular pancreas- suspect low-grade pancreatitis.
- Slight increased hepatic portal markings.
- Slight colic/mesenteric lymphadenopathy.

WEIGHT

15 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Supportive care should prove effective. 24-hour NPO, parasite management, GI protectants are all indicated. Management for enterotoxins would be appropriate with IV fluid support as necessary. Screening for Addison's is warranted, given the patient's age, even though the adrenal glands appear normal. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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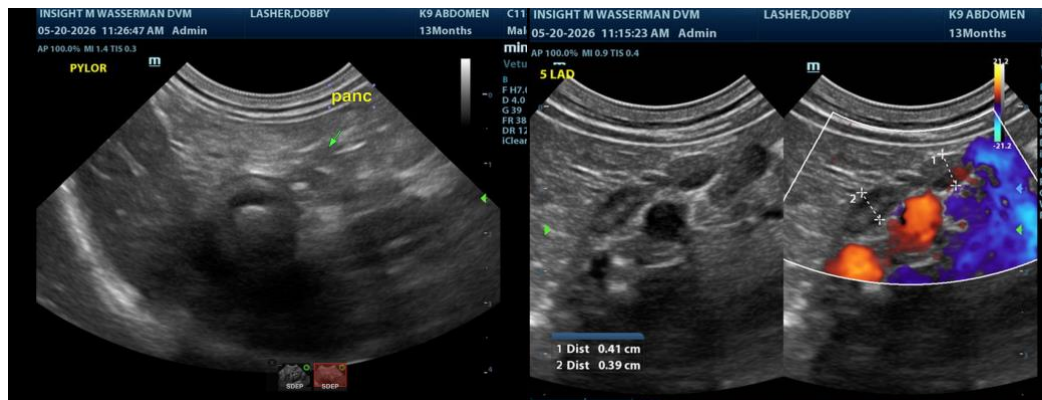
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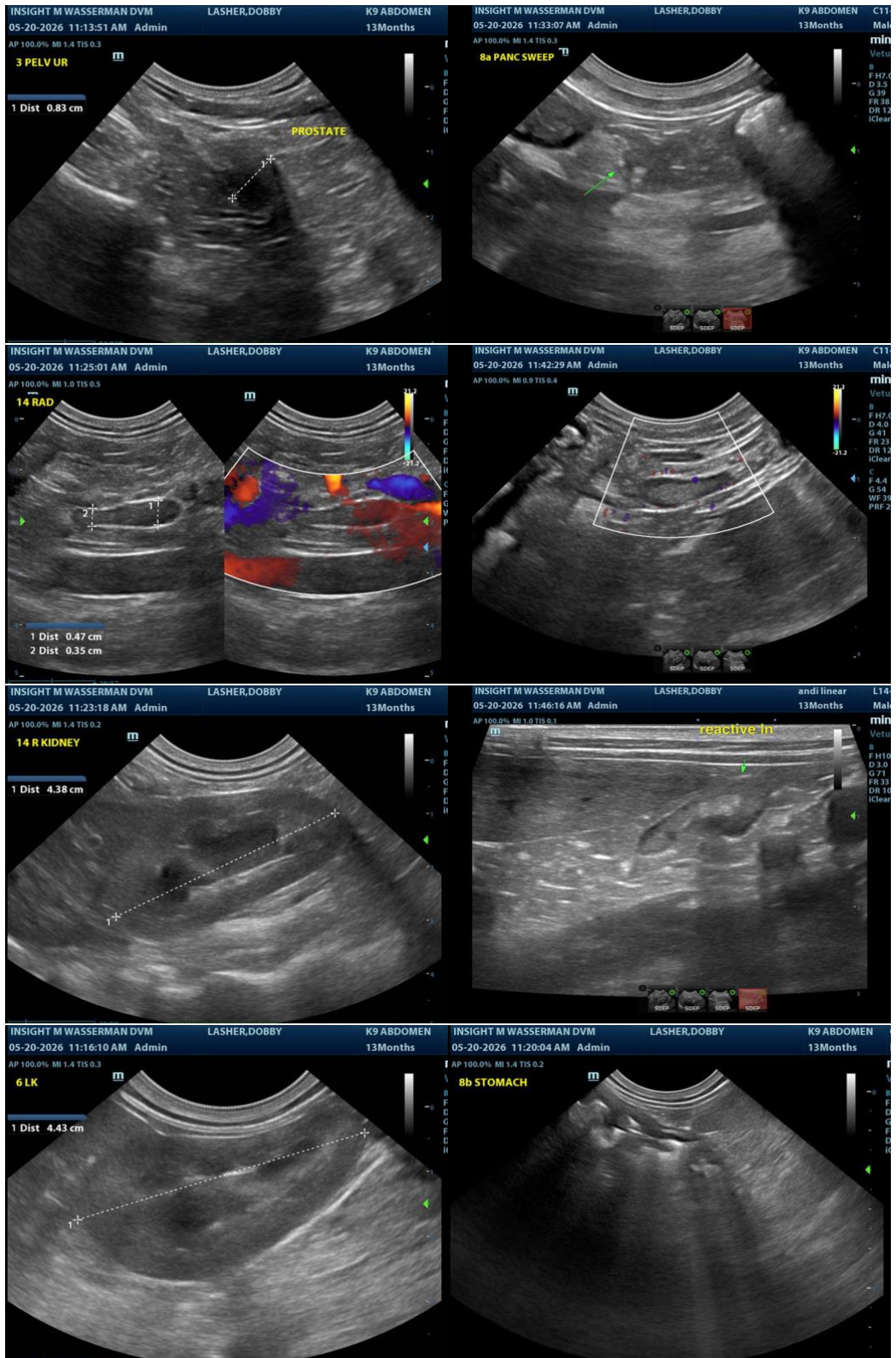
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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