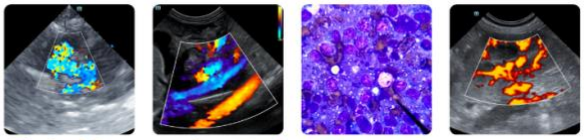

PATIENT

Churchill Tsagarakis

SPECIES

Canine

BREED

Beagle

SEX

Intact Male

AGE

8 Years 11 Months

WEIGHT

29 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gail Schmieder

HOSPITAL NAME

Slade Veterinary Hospital

REFERRING VET

Dr. Gail Schmieder

INVOICE

16493

DATE

05/22/26

PRESENTING CLINICAL SIGNS

Sudden onset of vomiting and diarrhea. Painful abdomen. Serve nausea that is controlled with buprenorphine injection and maropitant injection.

Abnormal PE/Chem/CBC/UA Results: Blood work normal

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 4.9 cm in length. The right kidney measured approximately 4.3 cm in length.

An undefined structure cranial to the left kidney was noted in this patient. The left kidney appeared to be deviated dorsal laterally, potentially may represent an adrenal mass/other mass. Further imaging of the structure is indicated.

Adrenal Glands

Both **adrenal glands** were 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.

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** in this patient revealed shadowing luminal material, however, attenuating sound beam was an issue yet does not appear obstructive, however, shadowing material in the stomach was persistent. Hyperperistaltic intestine was noted.

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Pancreas

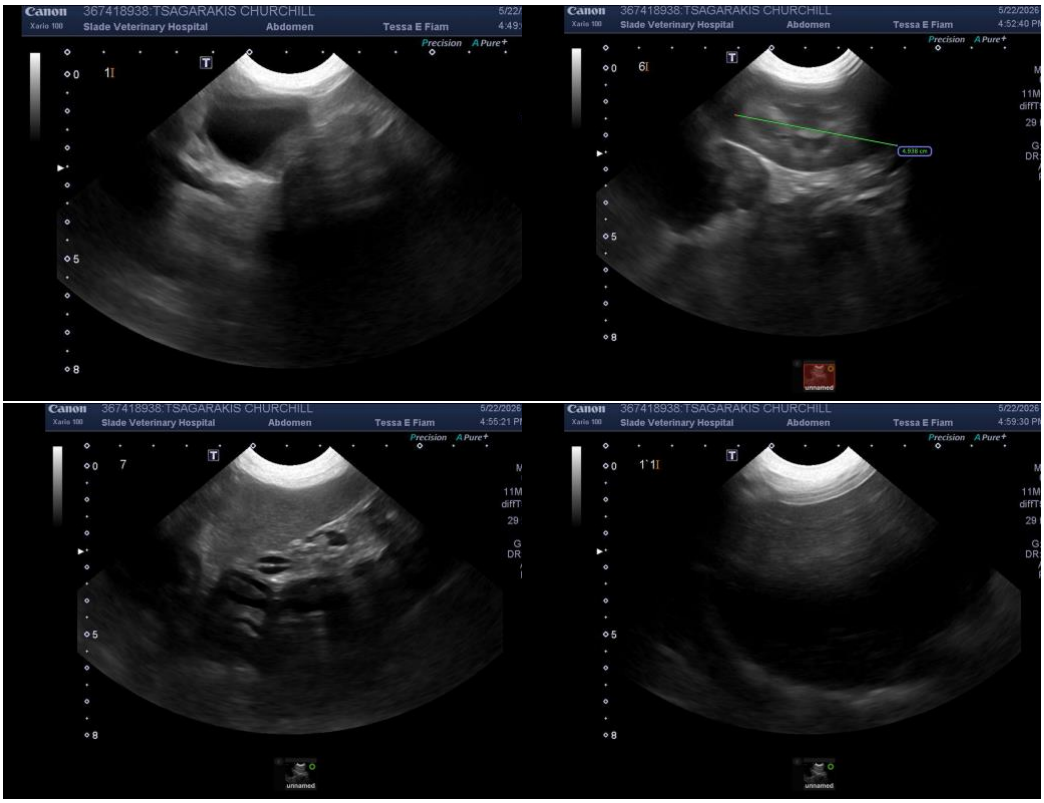
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Shadowing gastric material with hyperperistaltic intestine.
- Questionable structure cranial to the left kidney- further imaging is necessary.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history, I recommend endoscopy for further definition. 24-hour NPO and recheck sonogram of the stomach to ensure the material is persistently present.



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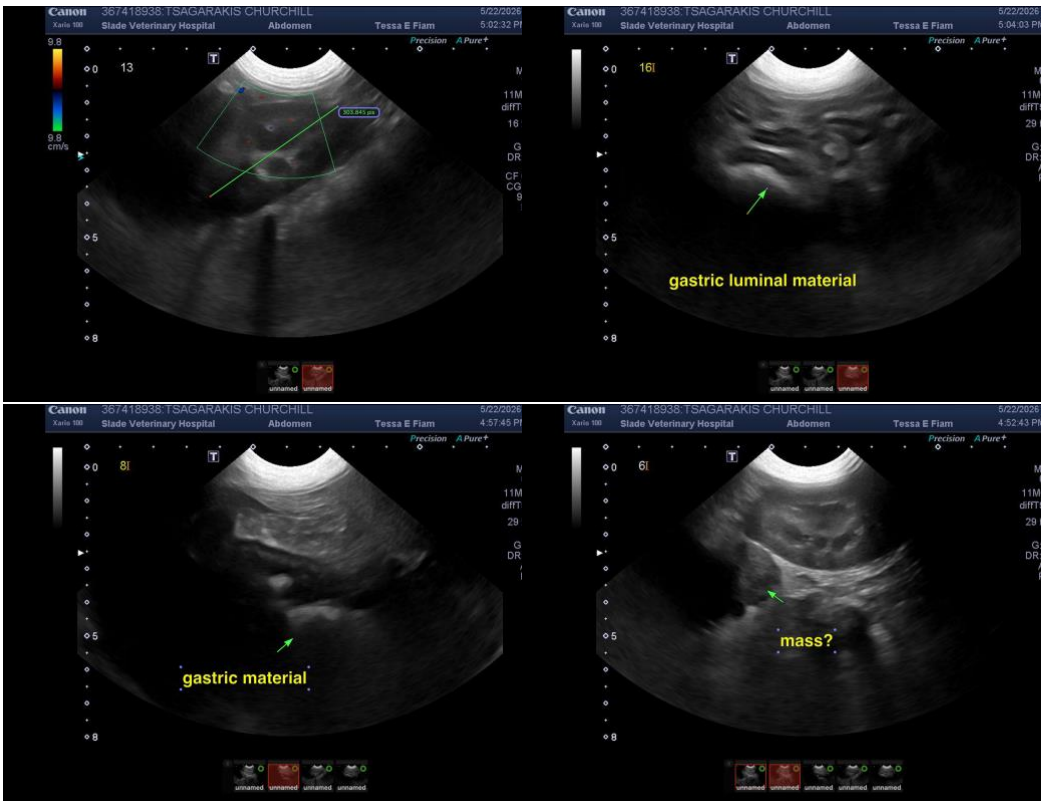

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com