



PATIENT

Blue Linder

SPECIES

Canine

BREED

Frenchie

SEX

Male

AGE

5 years

WEIGHT

36.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stacy Sather

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Higginbotham

INVOICE

77900

DATE

5/24/26

PRESENTING CLINICAL SIGNS

History: ~3 days ago, developed an acute onset of vomiting, diarrhea, and lethargy, for which he was evaluated at CTVSEH on Friday (5/22/26); was treated on an outpatient basis with SQ fluids, an antiemetic, and Proviabie. Didn't have any further vomiting, but remained inappetent, with continued bloody diarrhea, so he was seen here yesterday (5/23/26). NSF noted on physical examination.

Bloodwork performed, showing mild hypoproteinemia (TP 5.2 ;alb 2.9, glob 2.3) and mild hypocalcemia (tCa 8.5). Abdominal radiographs were performed, and no significant abnormalities were identified.

Blue was treated on an outpatient basis with a dose of capromorelin. The owner reports that he ate a small amount of chicken and rice later in the day but vomited some foamy fluid after drinking water. He has continued to have liquid diarrhea, although it is less bloody today. He has remained very lethargic and hasn't had any interest in eating today.

Abnormal PE/Chem/CBC/UA Results: Abd: sl tense on palpation; rounded structure palpable within mid-abdomen Abbreviated FAST: no abdominal effusion; rounded structure with fluid-filled cavitated areas (consistent with what was felt on palpation), located just cranial to urinary bladder

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 was 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 right kidney measured 5.7 cm. The left kidney measured 5.4 cm.

Adrenal Glands

The **left 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 left adrenal gland measured 0.4 cm. The right 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 was noted.



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Liver

Blue Linder

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.

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Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. A 4.5 cm mixed hypoechoic mural jejunal mass was noted in the caudal abdomen just cranial to the urinary bladder.

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.

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ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials on the intestinal mass include leiomyosarcoma, carcinoma, intestinal hemangiosarcoma or granuloma. Surgical exploratory is warranted after chest radiographs to ensure that chest radiographs do not reveal any underlying pathology.

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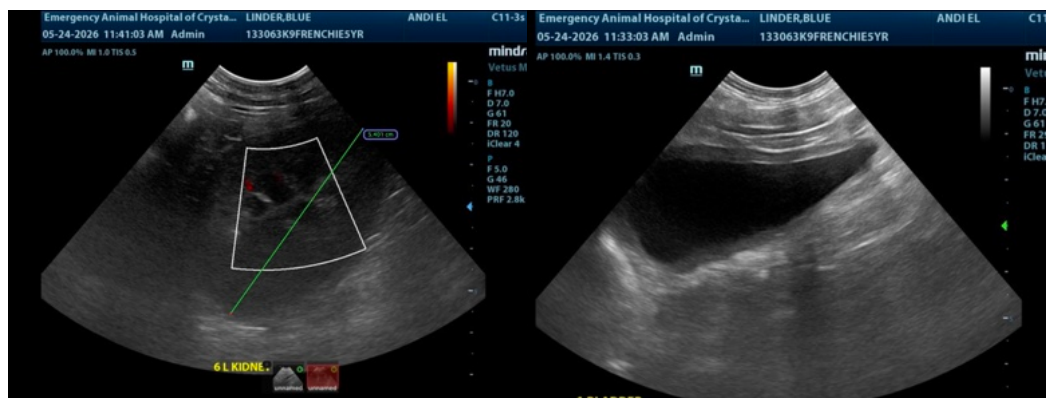
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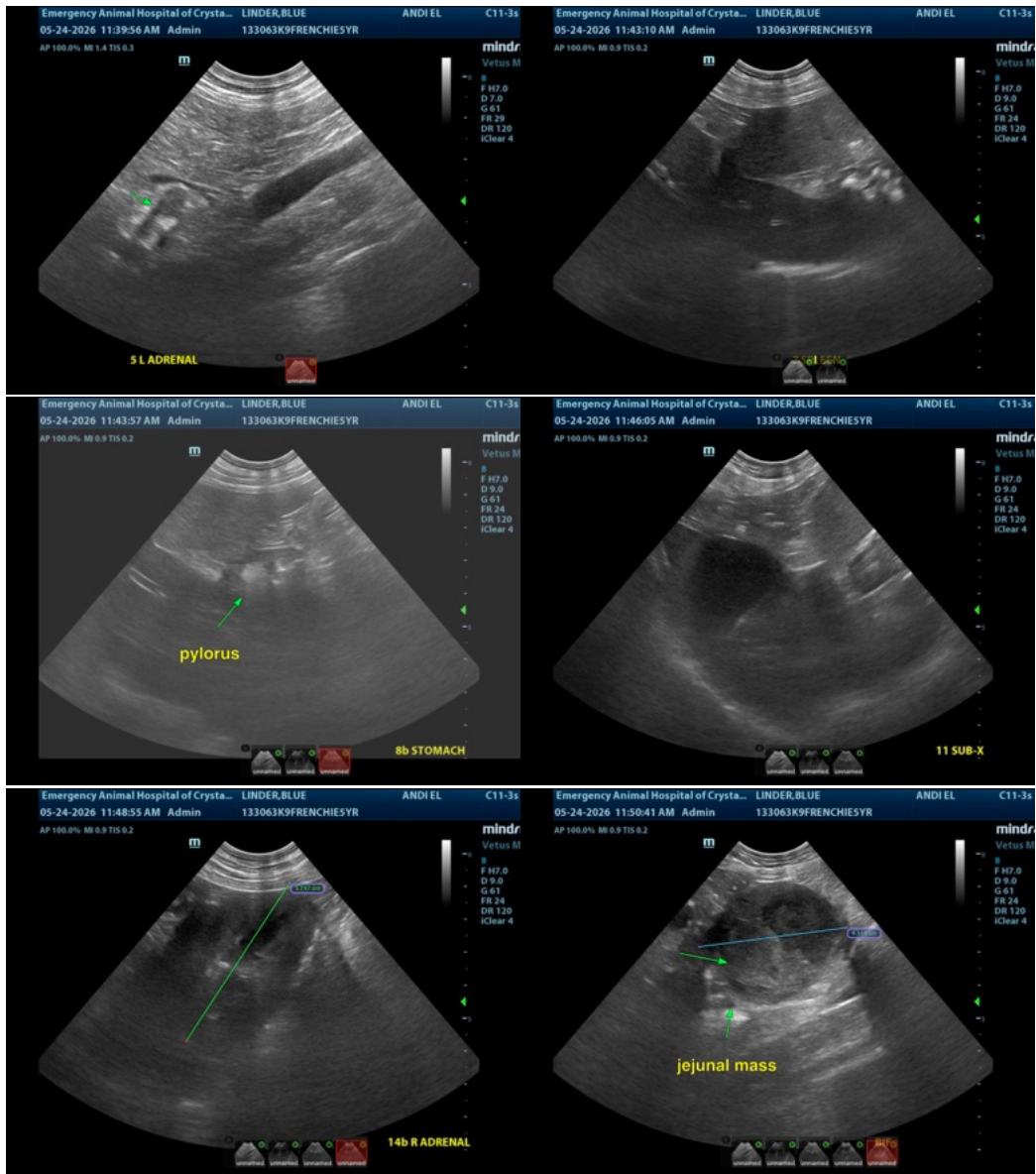
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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