



## PATIENT

Baylee Richards

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Spayed female

## AGE

7 years

## WEIGHT

54.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency  
Veterinarians of Idaho

## REFERRING VET

Dr. Schacher

## INVOICE

77913

## DATE

5/25/26

## PRESENTING CLINICAL SIGNS

History: X-rays revealed consistent duodenal dilation of intestines on repeat imaging - no distinct foreign material seen but consistently moderately distended in same location

Vomiting and signs for 3-4 days, pet is chronic vomiter but was vomiting more frequently than normal  
Abnormal PE/Chem/CBC/UA Results: CPLI 274, hypochloremic metabolic alkalosis at 94, Amylase 2039, ALT 136, Globulin 5.0, Phosphorous 7.2, Creatinine 1.8, BUN 44, Glucose 152, HCT 65.3%, neutrophilia

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 left kidney measured 6.4 cm. The right kidney measured 6.4 cm.

### 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 region of the left adrenal gland was imaged with no evidence of pathology.

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

### 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.



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**Gastrointestinal**

The **stomach** in this patient revealed a moderate amount of mildly echogenic stasis/gastritis. The stomach was over distended to the level of the gastroesophageal inlet. No overt foreign matter; however, further imaging of the pyloric outflow and upper duodenum is indicated. The pylorus and upper duodenum were not readily visualized. The small intestine and colon were unremarkable.

**Pancreas**

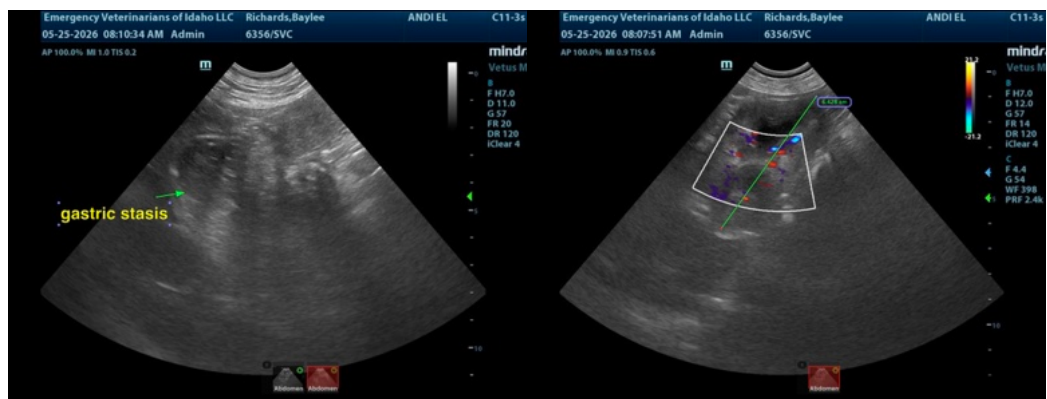
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

Gastric stasis/gastritis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend 24-hour n.p.o. GI protectants, IV fluid support and recheck sonogram with further imaging of the pyloric antrum and duodenum. Upper duodenal obstructive pathology cannot be completely ruled out.





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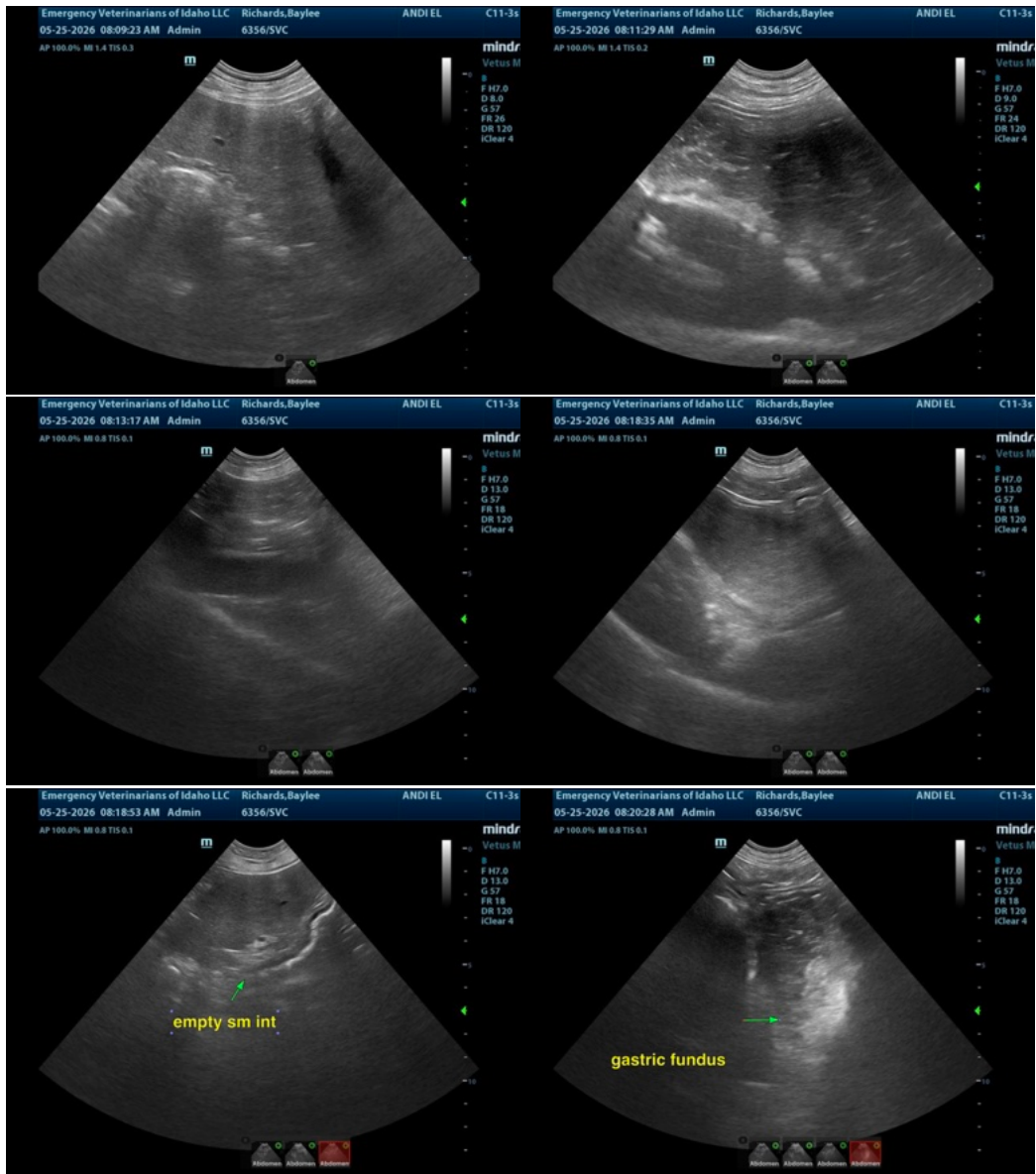
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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