



PATIENT

Mochi Gaines

SPECIES

Canine

BREED

Havanese

SEX

Neutered male

AGE

7 years

WEIGHT

5.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Manes

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Manes

INVOICE

77914

DATE

5/25/26

PRESENTING CLINICAL SIGNS

History: with dogsitter last few days., pt did not greet O once they returned. pt was very sniffly and shaky, began hiding under bed. O has not seen pt eat since getting home but did have bm/u+ last night. V+ once today (yellow bile). no appetite, lethargic. O left 5/21 returned got back 5/24. pet sitter stayed with pt at O's home. No history of eating things they are not supposed too. Has had itchy paws recently, nothing has fixed it but has not created hot spots so rDVM has not treated further. PT is not eating. Abnormal PE/Chem/CBC/UA Results: Lethargic, dehydrated, Painful on palpation of caudal abd, nausea and regurg/belching on stomach palpation. PE >Discussed PE, pt nauseous and painful on abdominal palpation and clinical signs concerning for GI tract issues. Methadone 0.4 mg/kg IM CBC: WBC H 24.20 K/uL, Neutrophilia H 21.33 K/uL EPOC: K+ L 3.0 mmol/L PL: <30 U/L (WNL) f.a.s.t scan: No FAF, no dilated intestinal segments, dilated splenic hilus, remainder of spleen WNL. enlarged gallbladder with hyperechoic structure in cranial aspect but no evidence of obstruction. Pain on u/s of cranial abdomen. Material present in colon, normal bladder wall and urine characteristics, appropriate renal architecture. xray report Suspect single cholelith w/in the gallbladder. no overt obstructions

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 left kidney measured 3.1 cm. The right kidney measured 3.7 cm.

Adrenal Glands

The left **adrenal gland** was uniform and measured 0.5 cm. The right adrenal gland was not overtly visualized. However, the regions of the right adrenal gland appeared unremarkable.

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

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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

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

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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

Structurally unremarkable abdomen.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Wilvet South

Supportive care should prove effective. There was no evidence of visceral disease. Screening for Addison's is indicated as the adrenal glands appear to be difficult to visualize.

REFERRING VET

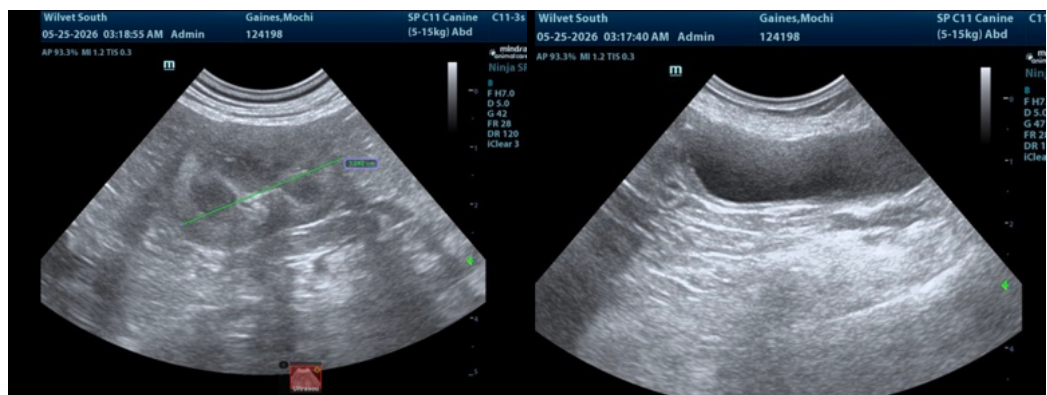
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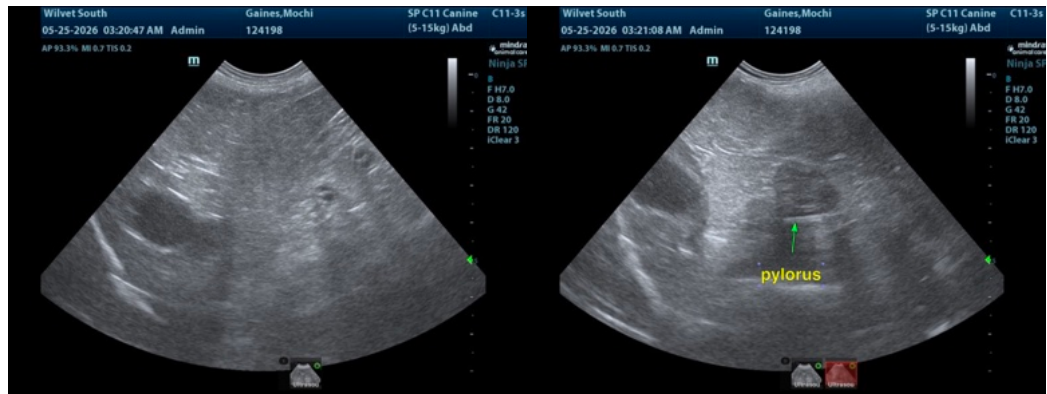
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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