



## PATIENT

Owen Ritcher

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Neutered male

## AGE

14 years

## WEIGHT

14 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Kym

## HOSPITAL NAME

Emergency Animal  
Hospital of Crystal  
Falls

## REFERRING VET

Dr. Wilson

## INVOICE

77897

## DATE

5/25/26

## PRESENTING CLINICAL SIGNS

**History:** Owen was here yesterday for vomiting and diarrhea. His diarrhea began on Thursday and has continued until today but has been improving. He vomited once on Saturday as well. He had little interest in his food Saturday night and this morning. Today he seems wobbly, had no interest in going outside and was not sleeping on his side like usual. There has been no dietary indiscretions but he did get Credelio on Tuesday instead of his usual Iverhart. He has no history of any medical issues. UTD on shots and prevention.

**Abnormal PE/Chem/CBC/UA Results:** - CBC: WNL - PCV/TP: 50/7/clear - Chem: Moderate azotemia (BUN 136, Cre 3.7, IP 12.1), Mild mixed hepatopathy (ALT 218, ALP 277, GGT 15, otherwise WNL. - Fast scan: No obvious free abdominal fluid, pericardial effusion, pleural effusion, or GB wall edema. GB sludge. - USG: 1.010 (Before IVF)

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.3 cm. The left kidney measured 3.0 cm.

### Adrenal Glands

The regions of the **adrenal glands** were imaged with no overt pathology.

### 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.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. A mineralized 1.3 cm focus at the level of the cystic duct. The



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gallbladder appeared to be displaced cranially with ill-defined, congenital diaphragmatic hernia, yet appears to be stable. Mineralized focus was noted at the cystic duct.

**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

**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**

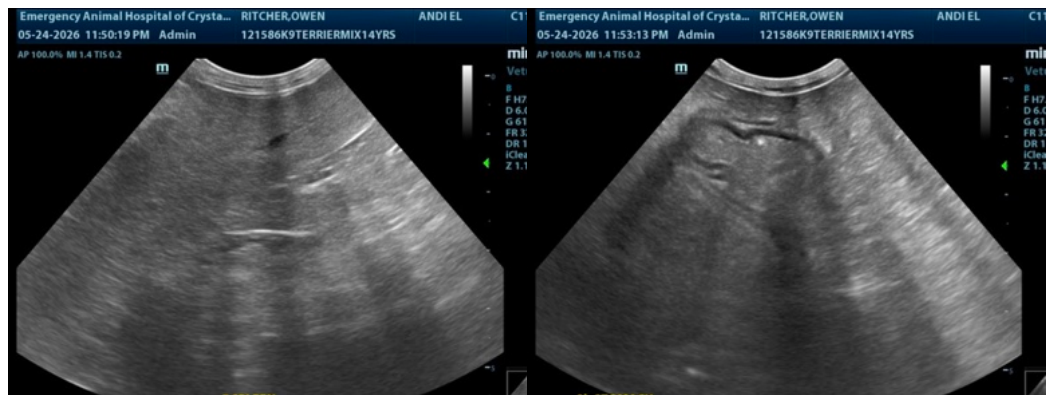
Non-specific, age related abdominal changes.

The kidneys do not appear end stage. Acute renal insult is suspected.

Stable herniated gallbladder and mineralized focus at the cystic duct, likely incidental.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the vague clinical signs CNS, thoracic and orthopedic disease should all be considered. This is potentially pain related or other pathology that may be playing a role given the vague clinical signs. IV fluid support, and treatment for acute renal insult is indicated.





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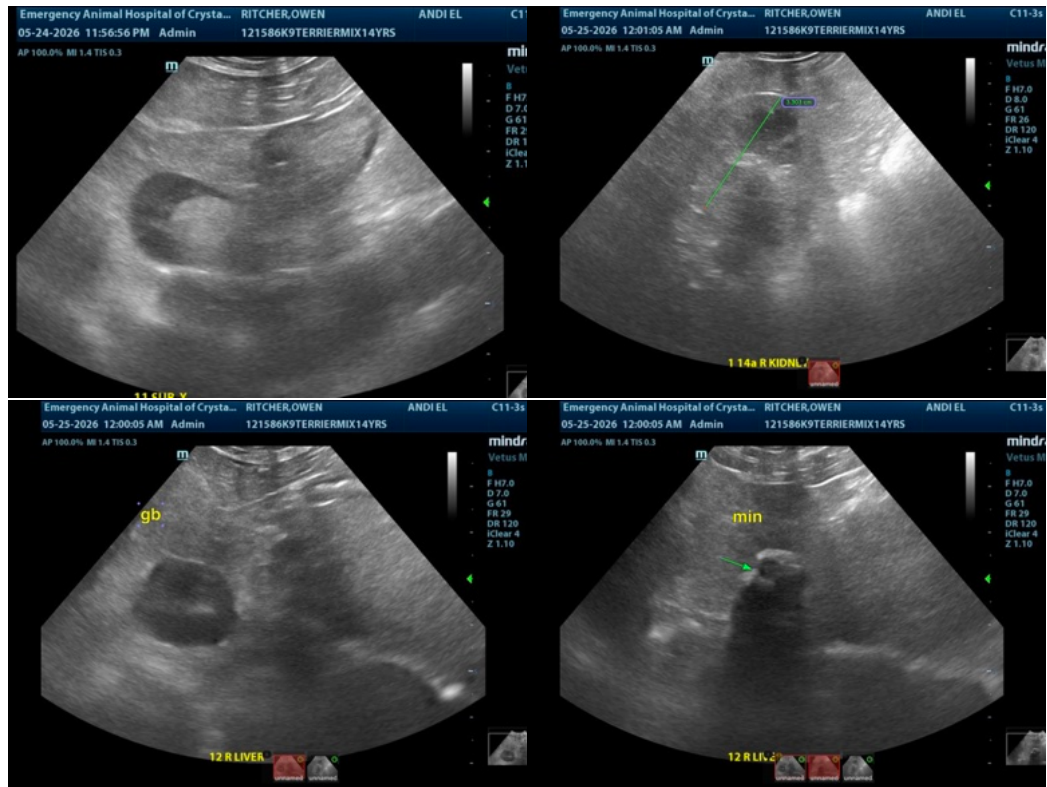
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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