



PATIENT

Maylene Hauge

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

2 Years 9 Months

WEIGHT

63 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Leon Anderson, DVM

INVOICE

16581

DATE

05/29/26

PRESENTING CLINICAL SIGNS

Chronic vomiting for the past 10 or so days. Not really wanting to eat. Depressed mentation. Cerenia and Sucralfate seemed to help a little bit. Concern for surgical intervention.

PE: Hydration: Mild dehydration, estimated at 5% Gastrointestinal System: Small amount of mucus and fecal material in the colon on rectal exam. Labwork: Hemoglobin 22.8g/dl, 13.1 - 20.5 g/dL MCHC 39.4 g/dL, 32.0 - 37.9 g/dL Monocytes 1.70 K/uL, 0.16 - 1.12 K/ μ L Sodium 137mmol/L, 144 - 160 mmol/L Chloride 97 mmmol/L, 109 - 122 mmol/L ALP <10 U/L, 23 - 212 U/L Amylase 389 U/L, 500 - 1,500 U/L

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 6.87 cm in length. The right kidney measured 7.53 cm in length.

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 left adrenal gland measured 1.96 cm x 0.4 cm width at the cranial pole and 0.48 cm width at the caudal pole. The right adrenal gland measured 2.58 cm x 0.77 cm width at the cranial pole and 0.56 cm width at the caudal pole.

Spleen

The **spleen** was folded upon itself and rotated cranially.

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** was over distended with fluid/chyme. The distal small intestine revealed a 3.2 cm shadowing hard foreign body preceded by dilated intestine followed by empty small intestine, consistent with an obstructive pattern. The hard foreign body is consistent with a dense structure.



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Pancreas

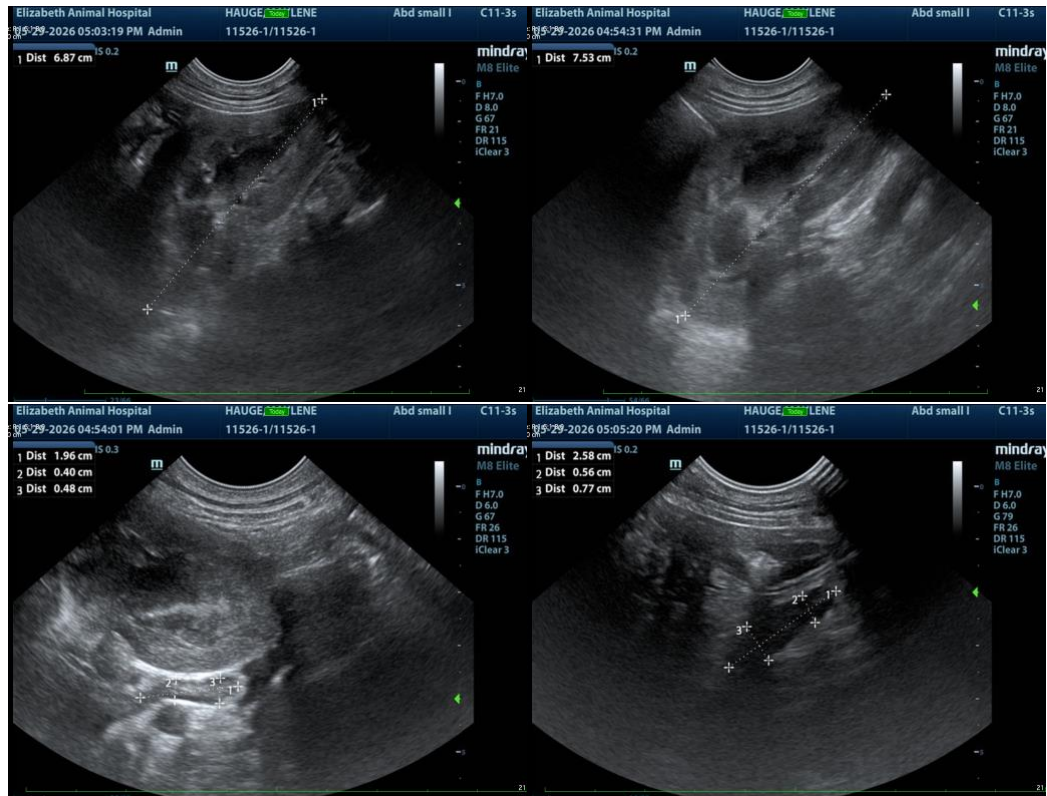
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic folding.
- Gastric fluid/chyme with hard small intestinal foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention is recommended. GI biopsies are warranted to rule out underlying disease that may be influencing the pica.



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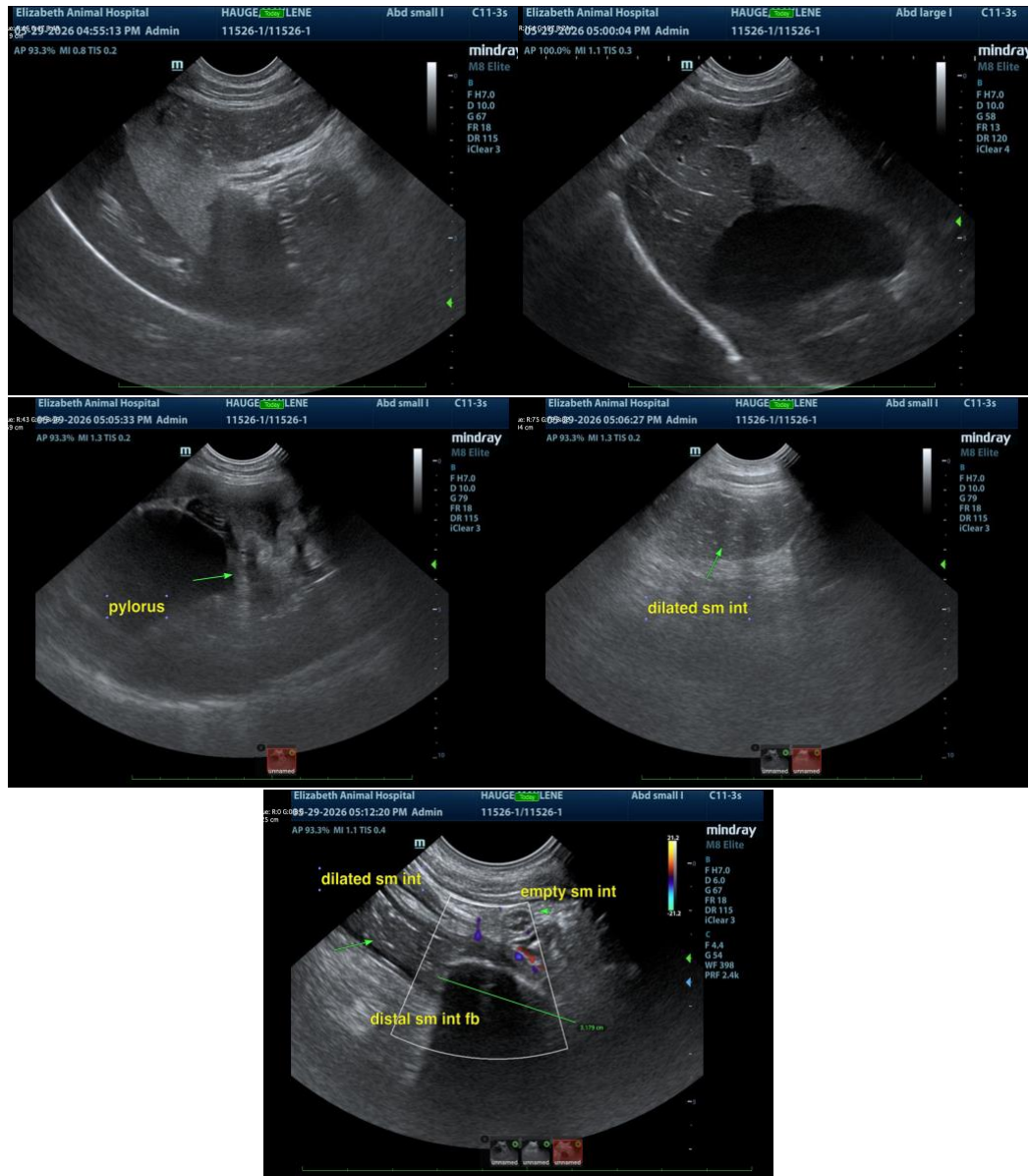
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



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