



PATIENT

Buxton Mason

SPECIES

Canine

BREED

American Bulldog

SEX

Spayed Female

AGE

9 Years

WEIGHT

47.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Eure

HOSPITAL NAME

Moyock Animal
Hospital

REFERRING VET

Dr. Tracy Eure

INVOICE

15795

DATE

05/05/26

PRESENTING CLINICAL SIGNS

Buxton presented today for a 36 hours history of vomiting, inappetence and lethargy. The owner notes he may have gotten into "something in the yard".

Abnormal PE/Chem/CBC/UA Results: Vitals WNL, lethargic and depressed on presentation. His pancreatic lipase is elevated. (see attached). Radiographs revealed potential boney opacity material in the stomach and large intestines.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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** presented with mildly thickened cortices and loss of corticomodullary definition. The left kidney measured 6.34 cm in length. The right kidney measured 6.3 cm in length. A left anechoic medial cortical cyst was noted measuring 1.5 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 left adrenal gland measured 1.2 cm x 0.49 cm. The right adrenal gland measured 0.75 cm width at the cranial pole and 0.47 cm width at the caudal pole.

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 were noted.

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** in this patient revealed complete repletion with shadowing luminal material. If the patient was NPO at the time of the sonogram, this is strongly suggestive of gastric foreign matter. The luminal material appeared to be entering into the small intestine.



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Pancreas

Buxton Mason

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Mild degenerative changes with left kidney cortical cyst.
- Gastrointestinal foreign matter.

American Bulldog

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Exploratory surgery with GI biopsies to rule out underlying disease. Structurally, the pancreas appeared unremarkable yet low-grade inflammation or cross reactivity in the pancreatic lipase form the GI tract is possible.

Spayed Female

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According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.

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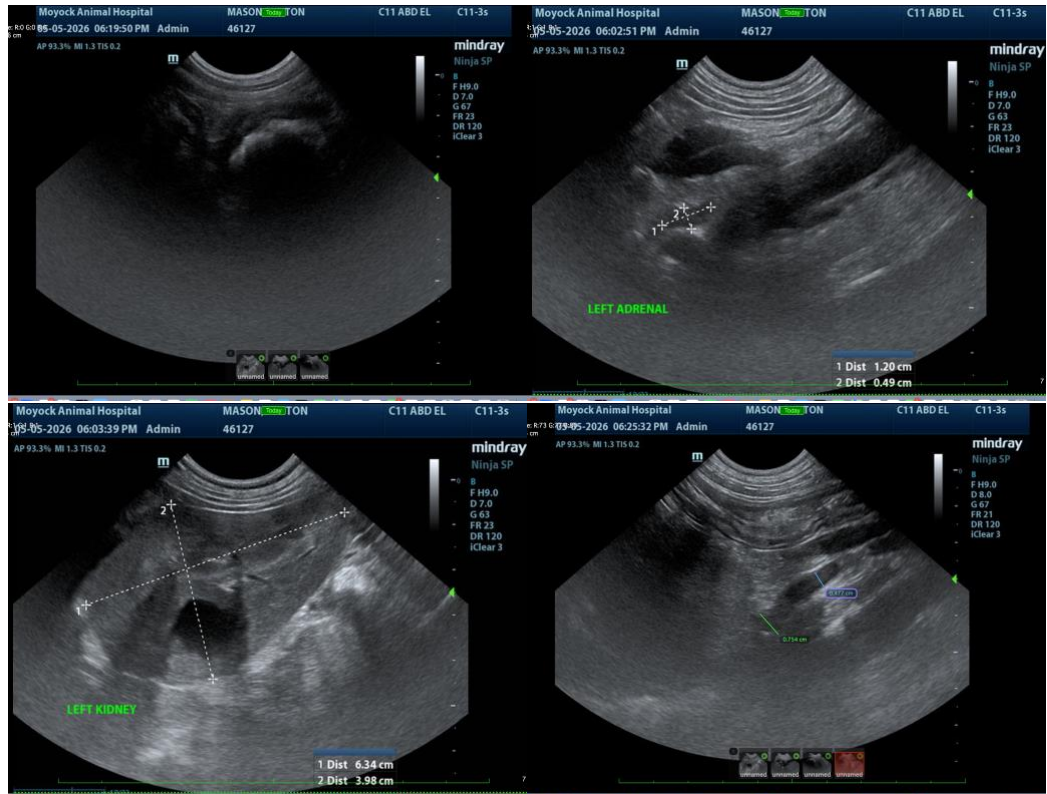
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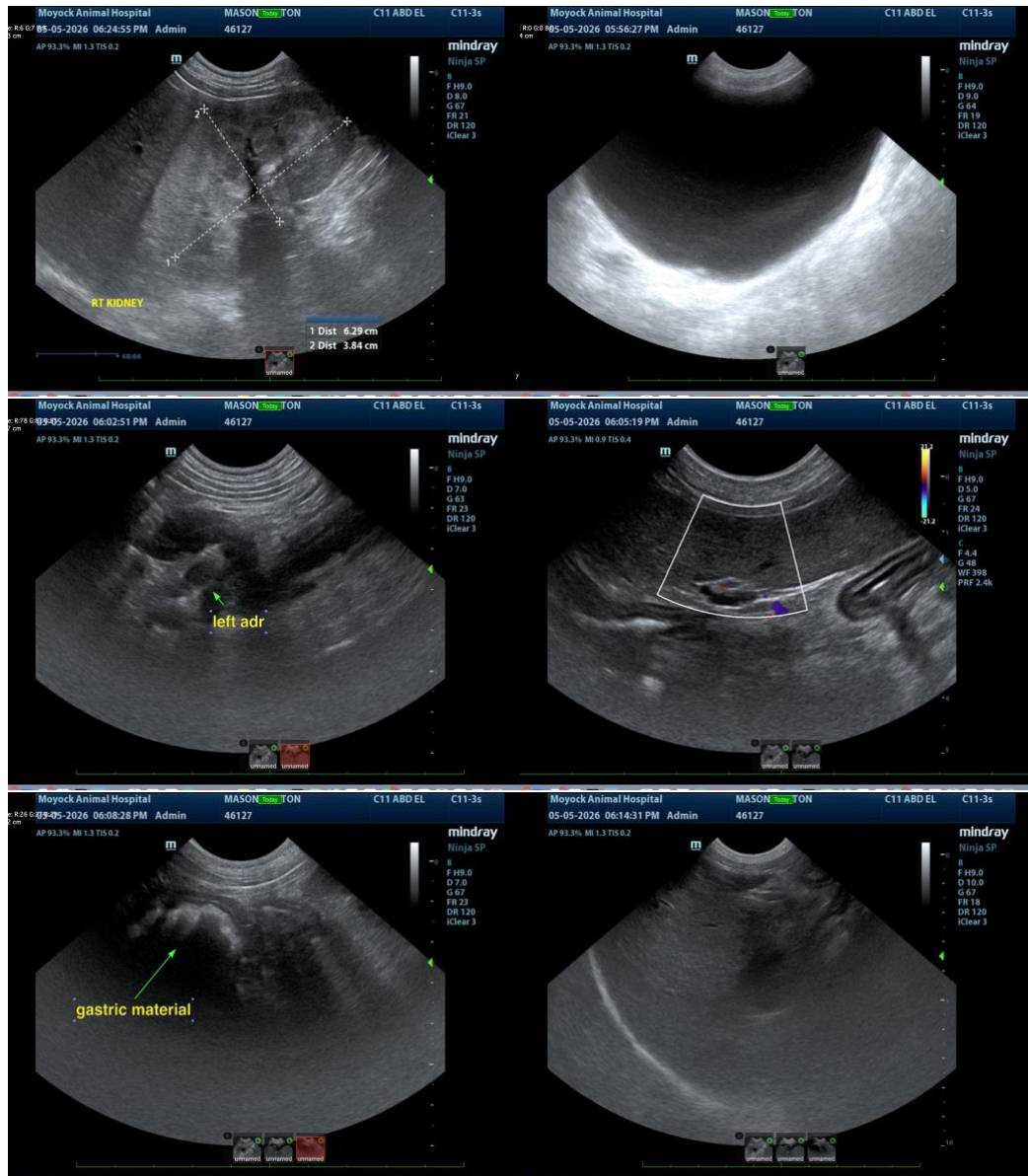
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



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