



## PATIENT

Pearl Evans

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed Female

## AGE

3 Years 2 Months

## WEIGHT

75

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jonathan Moss

## HOSPITAL NAME

Harvest Hills  
Veterinary Hospital

## REFERRING VET

Dr. Jonathan Moss

## INVOICE

15890

## DATE

05/07/26

## PRESENTING CLINICAL SIGNS

Pt presented for vomiting while at daycare. pt vomited 4 times there, 3 times at home and 2 more on the way to vet hosp. rads showed 2 populations of bowel. O reports history of foreign body surgery

## 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** 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 6.1 cm in length. The right kidney measured 6.3 cm in length.

### *Adrenal Glands*

The **left adrenal gland** was 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 0.50 cm width.

The region of the **right adrenal gland** was imaged with no evident 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 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 presented with a large amount of artifact, obscuring visibility of the pyloric outflow. Further imaging with SDEP 11-14 is warranted. Further dorsal on the intercostal space on SDEP 13 to assess the pylorus. This presentation is consistent with potential bloating or delayed outflow or possible foreign matter. The small intestine and colon were unremarkable.



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## *Pancreas*

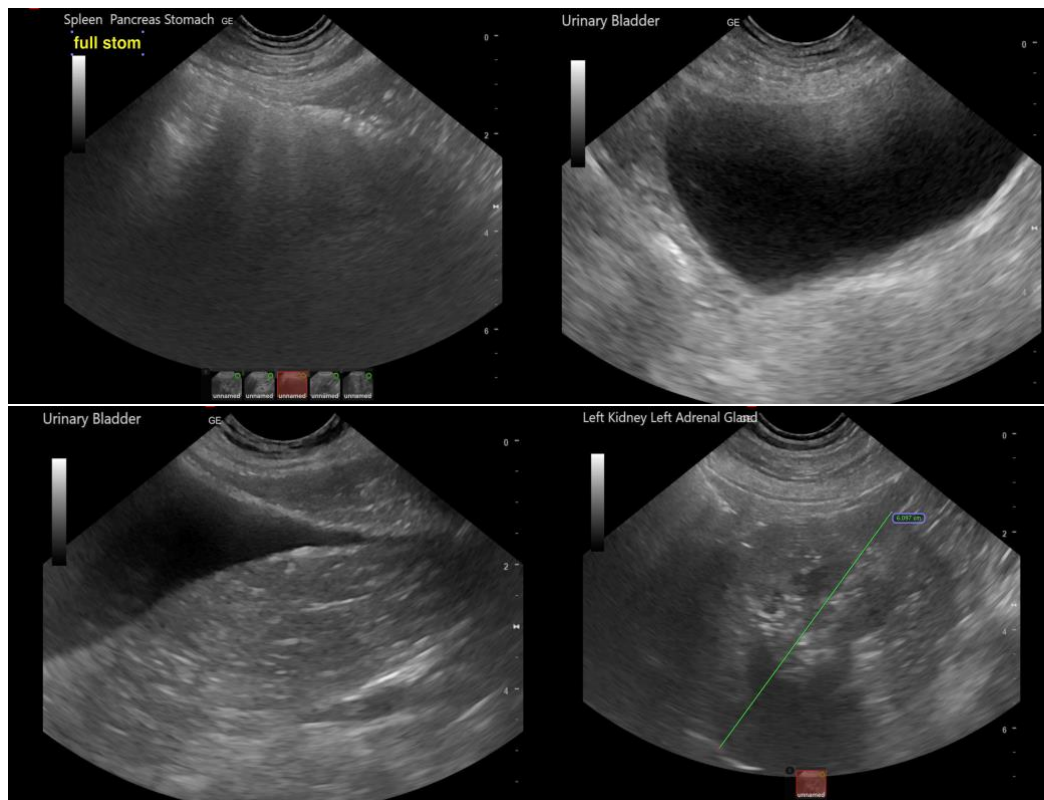
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Large amount of gastric artifact.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24-hour NPO with recheck sonogram and further imaging in the cranial abdomen, particularly SDEP 11-14 is indicated.





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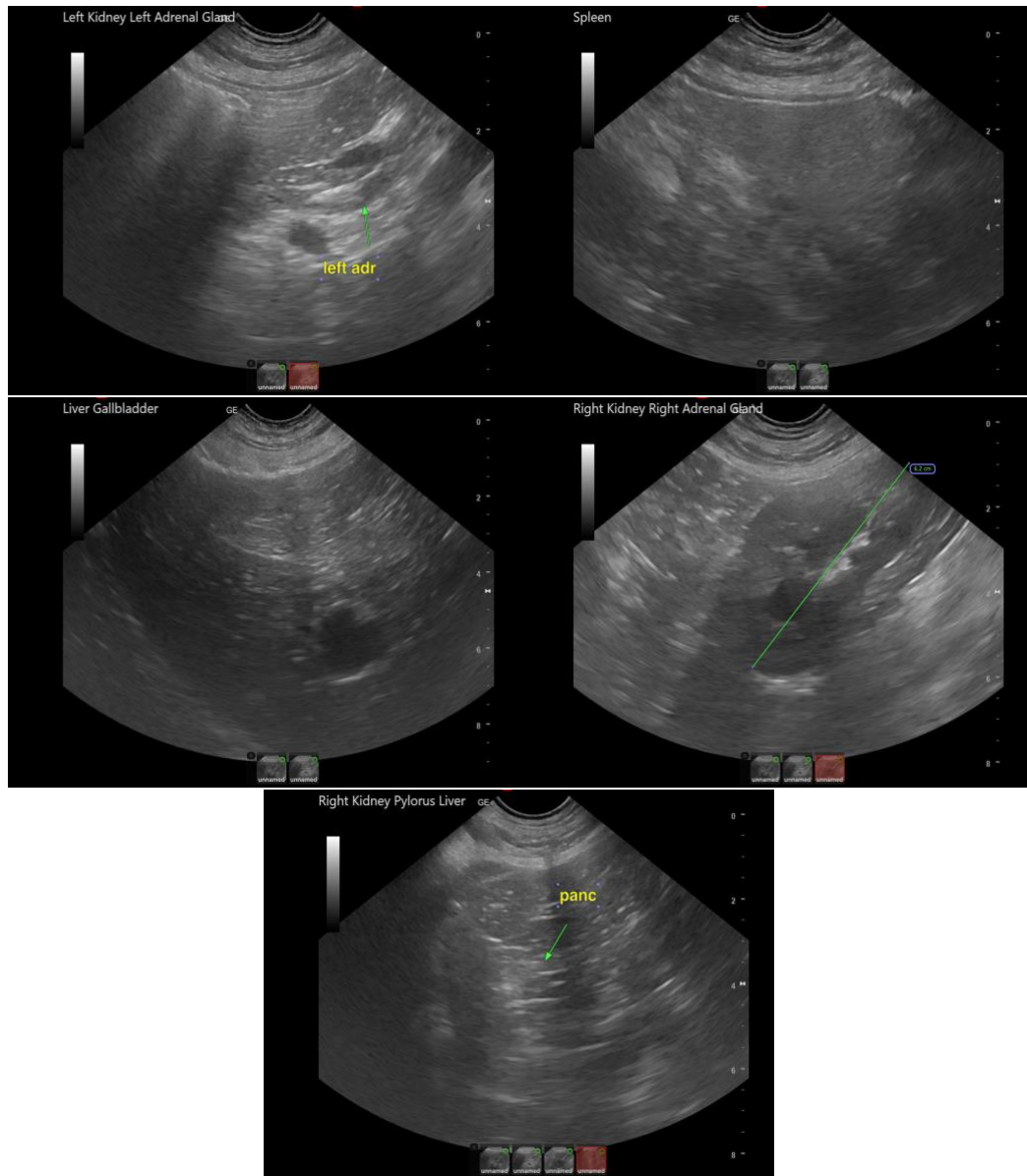
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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