



PATIENT

Tango Kremenik

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

1 Year 9 Months

WEIGHT

83.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Seven Valleys
Veterinary Hospital

REFERRING VET

Dr. Hollway

INVOICE

16254

DATE

06/02/26

PRESENTING CLINICAL SIGNS

Was seen yesterday at the ER for acute vomiting. ER concern for possible GI obstruction and rec return today for fasted recheck ABD XR. No history of getting in to anything that Owner is aware but acute onset of severe vomiting. Has not vomited since getting Cerenia at ER yesterday. Owner confirmed that Patient has been appropriately fasted prior to repeat rads today. Repeat FASTED AXR to IDX below -CONCLUSIONS: The patient has a relatively large amount of fecal material within the colon which is highly concerning for constipation. This could be contributing to the patient's vomiting. Other causes of gastroenteritis or pancreatitis could be present in this patient. There is a small amount of mineral material seen within the small intestines which is nonobstructive in nature but may be indicative of recent dietary indiscretion. The material seen fluid of the stomach may be normal food however foreign material cannot be ruled out. REC: Complete workup and medical management for constipation are recommended given the radiographic changes seen on this study. Complete AUS is recommended to more accurately assess the gastrointestinal tract and for other causes of possible vomiting.

QAR. Mildly dehydrated despite getting SQ fluids at ER yesterday. ABD palp = TTP-- would not allow deep palpation of the ABD. Regular rhythm: no heart murmur detected. Lungs auscultate clear bilaterally; trachea clear -- panting. L cr thorax pedunculated dry nodule, 6mm - stable with larger SQ mass surrounding it (possibly residual SQ fluids from yesterday that have not completely absorbed vs other). RECTAL = Soft feces palpable in colon, no blood on glove, no foreign material palpable in colon CBC: EOS = 1.94 HIGH -- recommend sending out a stool sample to screen for GI parasites CHEMISTRY: NSF Lytes: NSF T4 = 2.2 normal PL = 352 HIGH --- this in the equivocal range for pancreatitis where pancreatitis is possible and should be investigated further. AUS already planned

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 **residual prostate** was uniform and measured 1.7 cm.

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 7.4 cm in length. The right kidney measured 7.8 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 0.97 cm width. The right adrenal gland measured 0.97 cm width.

Spleen



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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 **small intestine** revealed some reactive mesentery consistent with enteritis. No evidence of foreign bodies. The stomach was unremarkable. Soft stool was present in the colon.

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.

Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 3.5 cm x 0.8 cm.

ULTRASONOGRAPHIC FINDINGS

- Normal abdomen.
- Enteritis.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. No evidence of foreign bodies.



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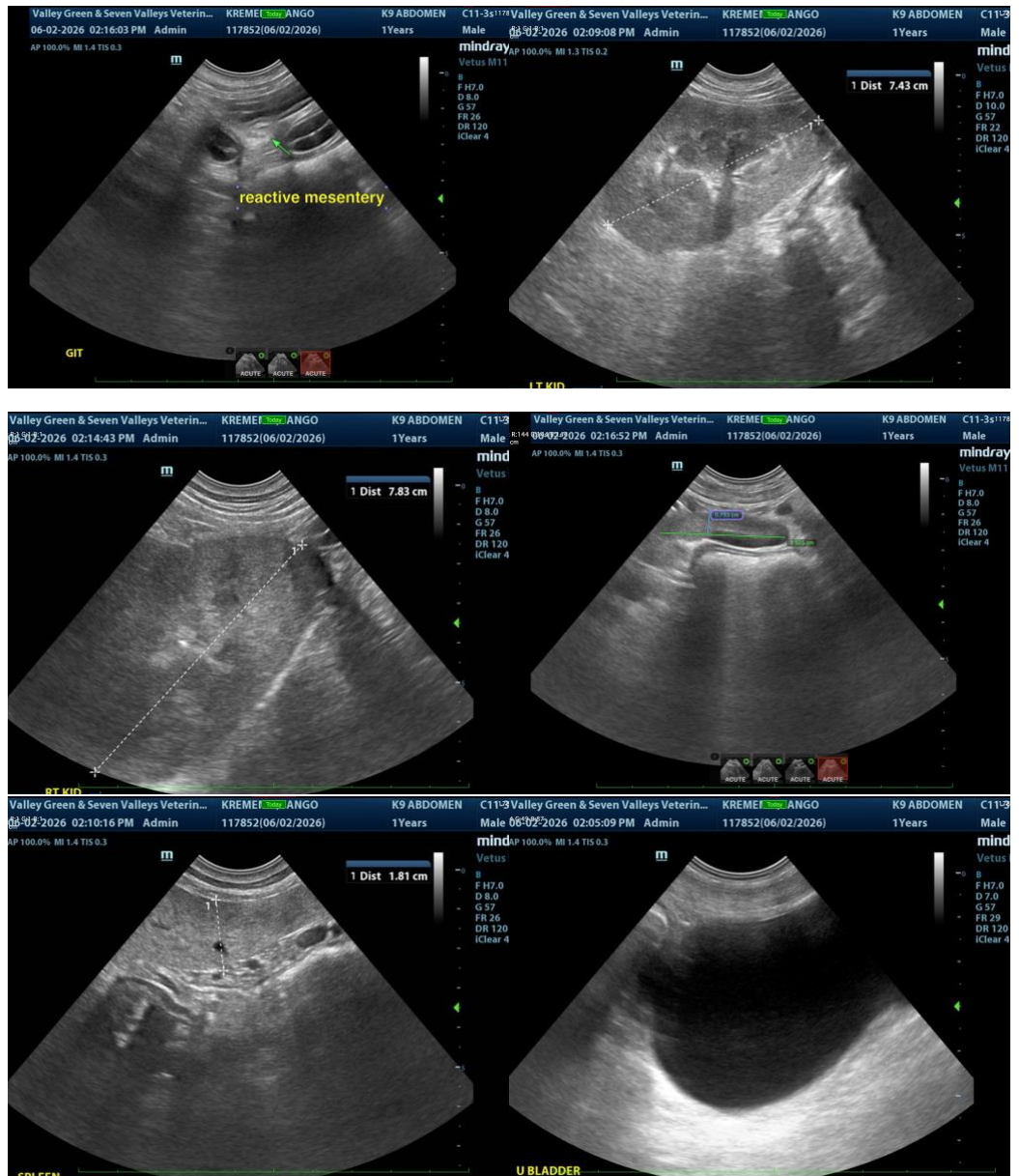
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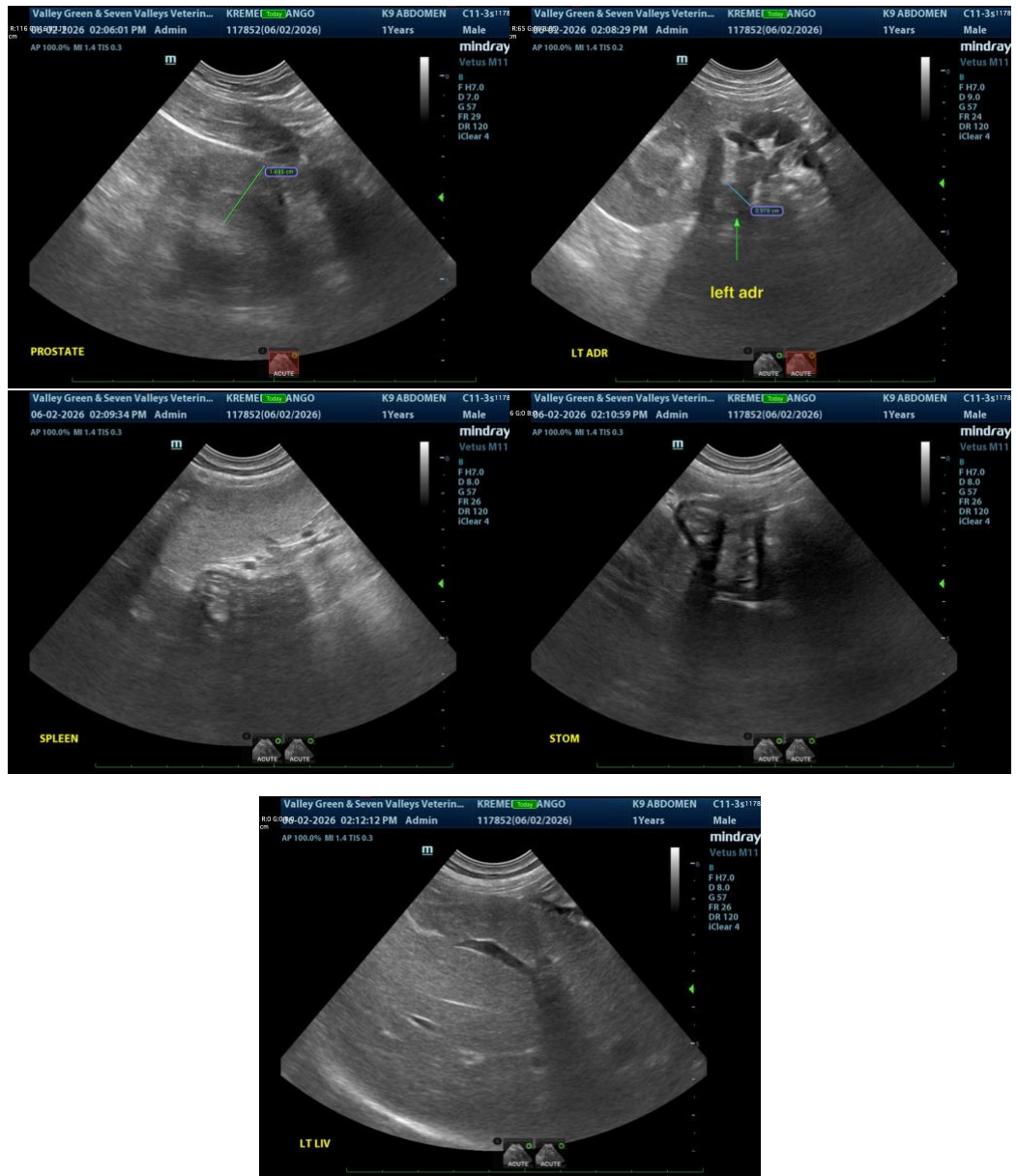
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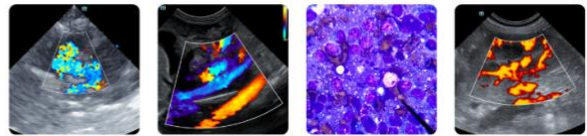
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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