

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Lucy Thibodeau  
**SPECIES** Canine  
**BREED** Toy Poodle  
**SEX** Spayed Female  
**AGE** 2 Years  
**WEIGHT** 1.7 kg

Acute abdominal pain and lethargy starting June 3, no known trigger. Vocalizing when abdomen touched, no change in appetite. History of bilateral medial luxating patellas. Very tense abdomen before methadone. AFAST free fluid score 0/4, stomach appears full despite having eaten more than 3 hours prior, some loops of SI appear gas distended, NSF on rectal, no spinal pain or proprioceptive deficits. Start Maropitant, Buprenorphine. Mechanical obstruction?

Abnormal PE/Chem/CBC/UA Results: Mildly low creatinine, normal pancreatic lipase, normal lactate, USG greater than 1.050

**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 2.93 cm in length. The right kidney measured 3.2 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 1.15 cm x 0.33 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland measured 1.18 cm x 0.58 cm width at the cranial pole and 0.28 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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hamilton Region  
 Emergency Veterinary  
 Clinic

**REFERRING VET**

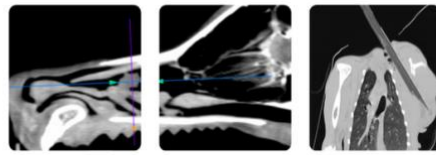
Dr. Ho

**INVOICE**

16319

**DATE**

06/04/26



**PATIENT** *Gastrointestinal*

Lucy Thibodeau

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The **stomach** was empty. Minor pyloric hypertrophy was present. Some spastic small intestine was observed with mesenteric lymph nodes. 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 1.47 cm x 0.50 cm. No evidence of foreign bodies. Areas of mucosal speckling were present in the small intestine as well.

**Pancreas**

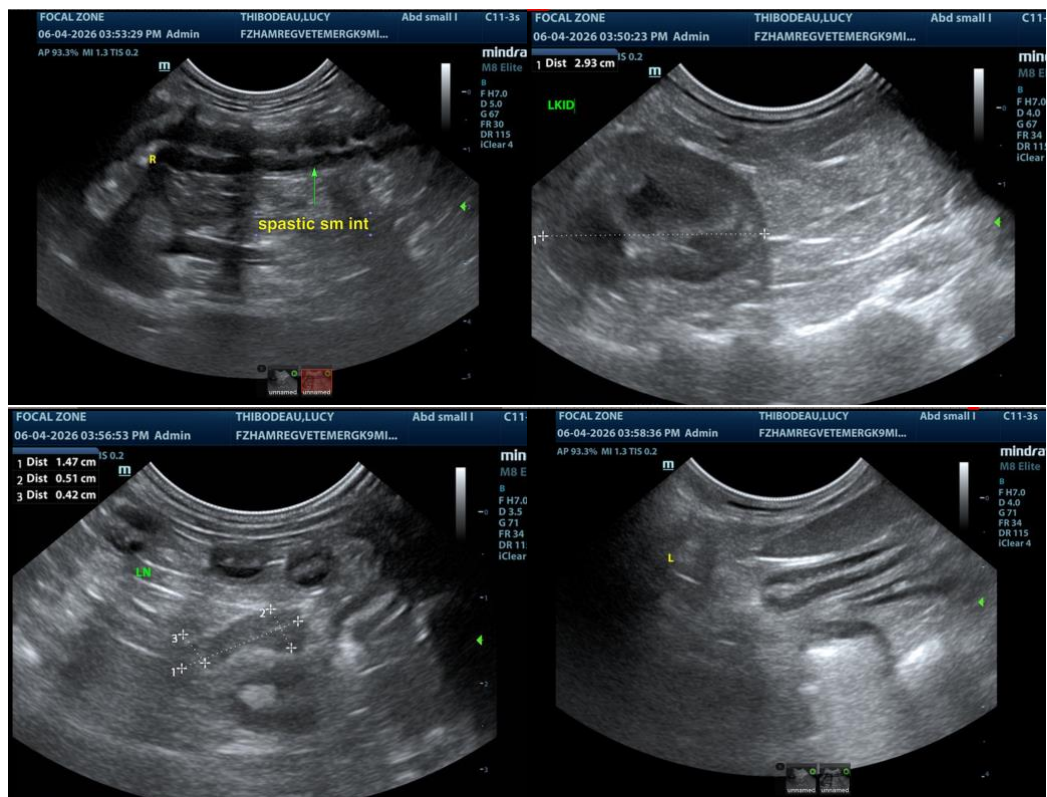
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

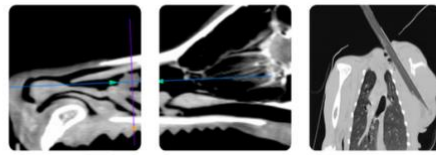
**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific gastrointestinal upset and minor pyloric hypertrophy.
- Reactive mesenteric lymph nodes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

GI protectant protocol, potential diet change, parasite management are all indicated, yet subjectively the abdomen appears benign.





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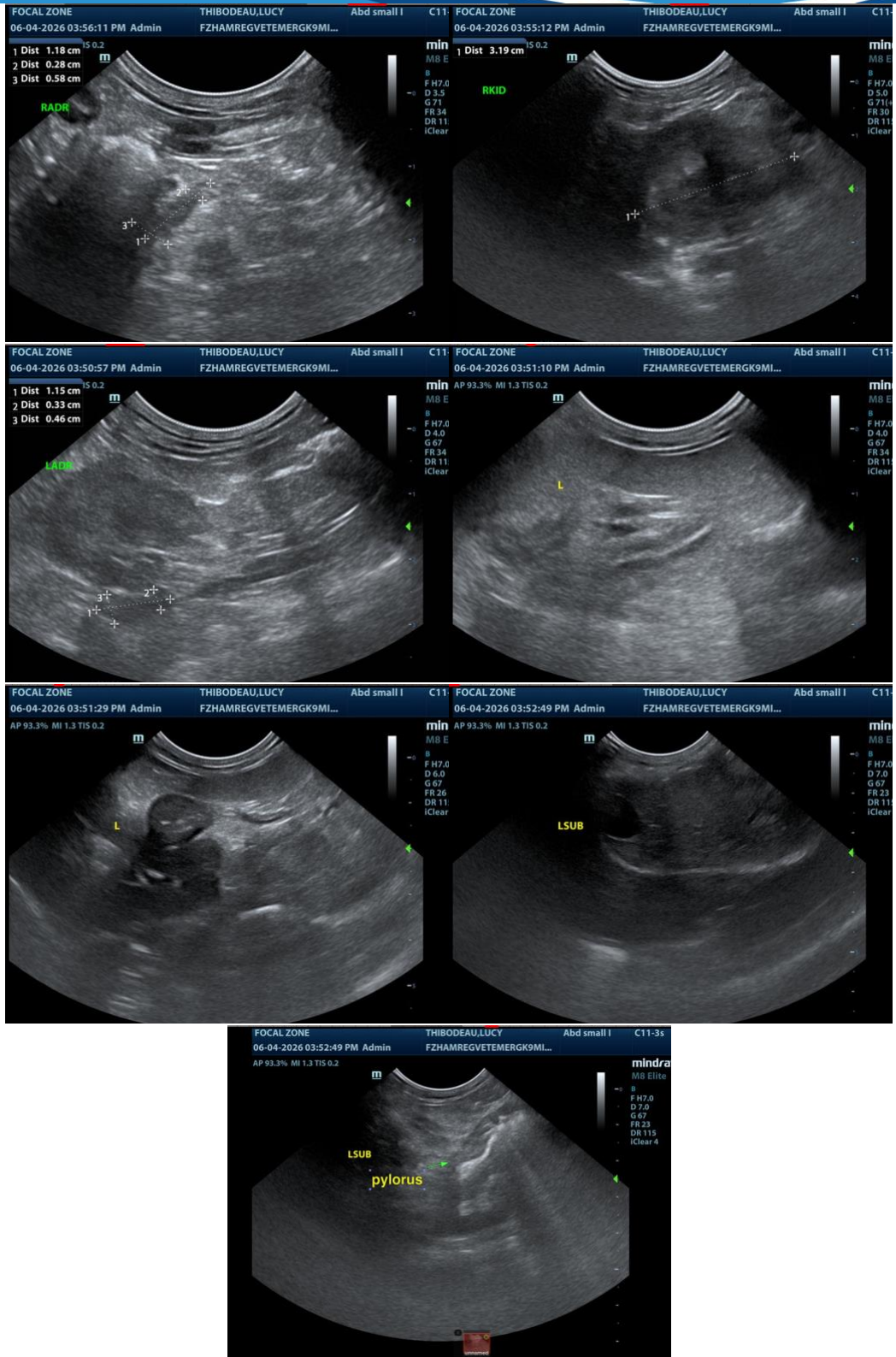
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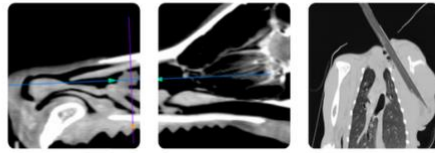
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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