



**PATIENT**

Rex Kliff

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

9

**WEIGHT**

78.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ken Leal

**HOSPITAL NAME**

Newton Veterinary  
Hospital

**REFERRING VET**

Dr. Collin Timony

**INVOICE**

16290

**DATE**

06/04/26

**PRESENTING CLINICAL SIGNS**

Possible foreign body. Sock ingestion. Vomiting. Vomiting sock the continued vomiting. Initial rads possible pyloric obstruction. Repeat rads - no obstruction seen. Medications. Cerenia, famotidine

Abnormal PE/Chem/CBC/UA Results: Ply 93K. GGT 16 Cholesterol 332

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 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** measured 1.49 cm. The pre- and post-prostatic urethra were unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 6.6 cm in length.

*Adrenal Glands*

The **right 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 right adrenal gland measured 2.75 cm x 1.67 cm width at the cranial pole and 0.95 cm width at the caudal pole.

The **left adrenal gland** presents at the upper limits of normal measuring 2.5 cm x 0.8 cm width at the cranial pole and 0.52 cm width at the caudal pole.

*Spleen*

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted. The spleen was folded upon itself cranially. Minor micronodular changes were noted in the spleen.

*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



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

The **stomach** was empty with mild gastric wall mural hypertrophy measuring up to 1.15 cm in wall thickness. The descending colon was unremarkable. The pyloric junction appeared to be thickened with hyperechoic inclusions consistent with ulcerative disease. No evidence of foreign bodies were noted. The duodenum was empty.

**Pancreas**

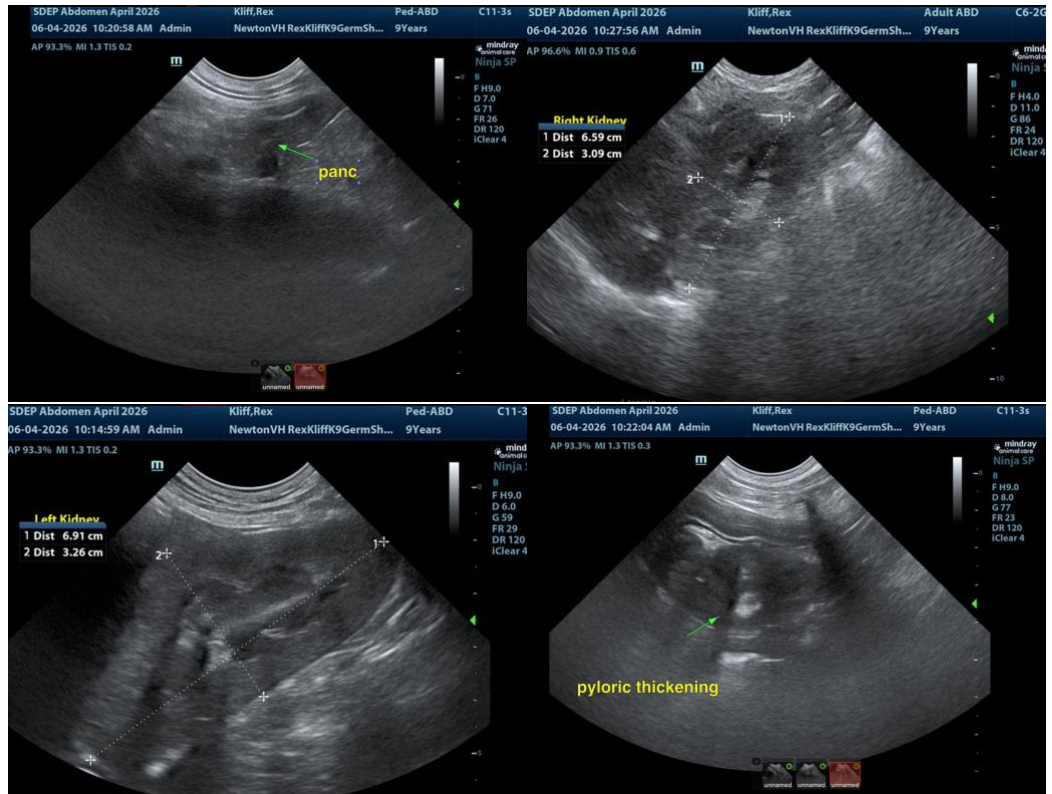
The right base of the **pancreas** revealed approximately 4.0 cm to 5.0 cm of heterogeneous parenchymal changes.

**ULTRASONOGRAPHIC FINDINGS**

- Ulcerative gastritis pattern with concurrent chronic active pancreatitis.
- Left adrenal gland at the upper limits of normal.
- Age-related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

24-hour NPO and GI protective protocol are warranted. Endoscopy is indicated if clinical signs persist.





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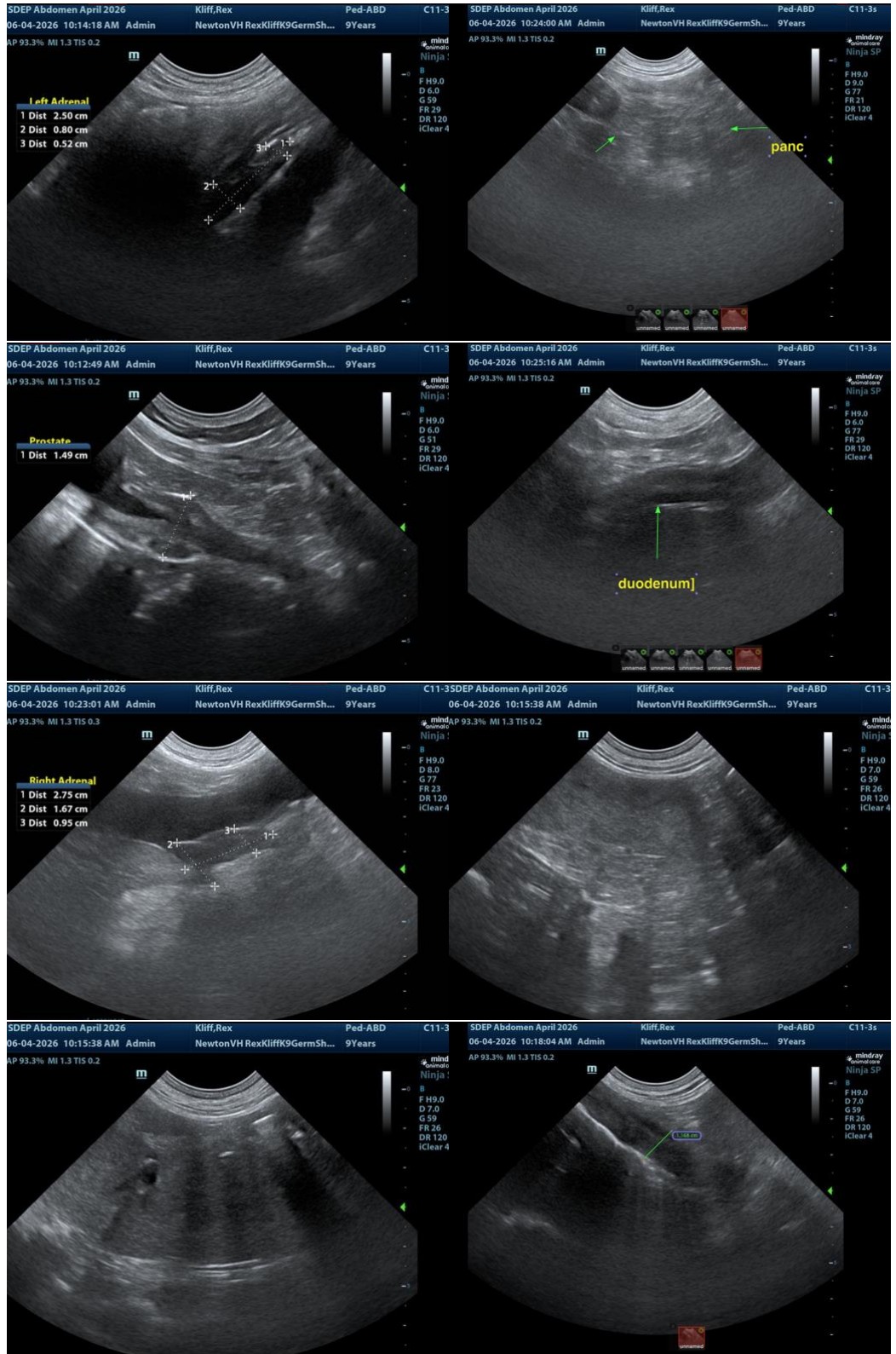
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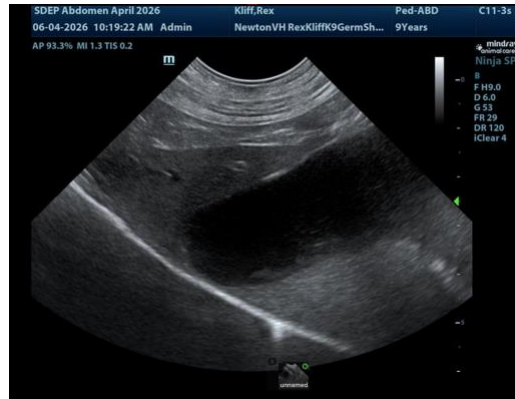
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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