



PATIENT

Whiskey Hardman

SPECIES

Canine

BREED

Border Collie

SEX

Intact Female

AGE

7 Months

WEIGHT

8.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency
 Clinic of the High
 Country

REFERRING VET

Dr. Wolverton

INVOICE

16367

DATE

06/05/26

PRESENTING CLINICAL SIGNS

Earlier this week housemate brought to ER for getting into Ibuprofen 200mg. Hospitalized and recovered well- initially thought Whiskey did not get into anything but she stopped eating and developed diarrhea.

Abnormal PE/Chem/CBC/UA Results: Glu 145, Crea 2.6, BUN 72, Phos 9.6, Amy 1948 usg 1.012, Bld 250 cpl 62

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 minimal anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. Folly catheter placement was evident.

The **kidneys** were bilaterally swollen yet structurally unremarkable otherwise. No obstructive disease was visualized. The left kidney measured 5.73 cm in length. The right kidney measured 5.5 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 2.0 cm x 0.31 cm width at the cranial pole and 0.35 cm width at the caudal pole. The right adrenal gland measured 1.86 cm x 1.17 cm width at the cranial pole and 0.45 cm width at the caudal pole.

Spleen

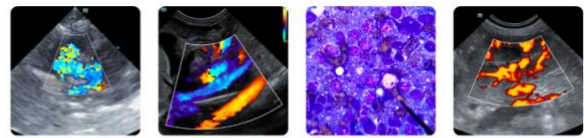
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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. 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. The portal vein to vena cava ratio was 1:1. The vena cava appeared volume contracted.

Gastrointestinal

The **stomach** in this patient revealed some shadowing material measuring up to 1.2 cm with suspended debris and minor retention of ingesta. The pylorus was free of evident pathology. the small intestine and colon were unremarkable.



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Pancreas

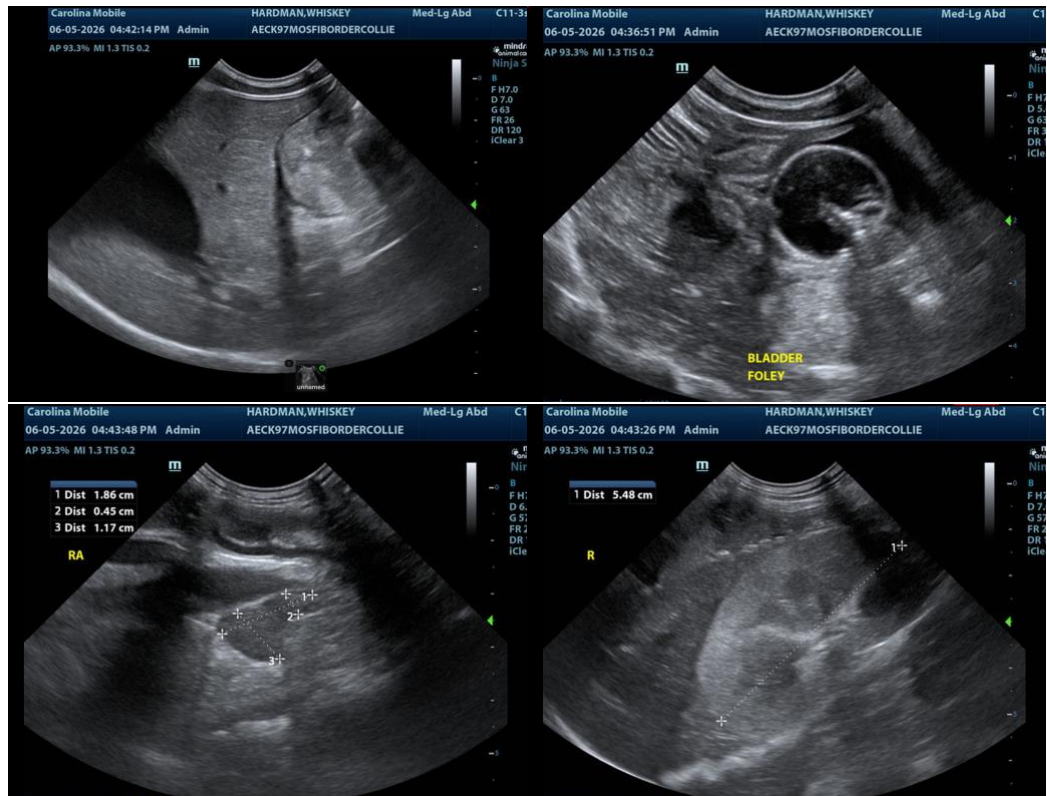
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

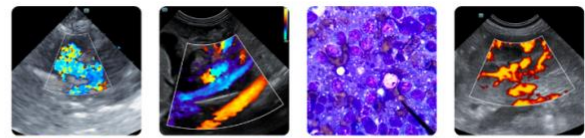
ULTRASONOGRAPHIC FINDINGS

- Retention of ingesta and shadowing material- possible foreign matter or retained medications.
- Acute renal insult- toxin exposure, infectious agents, immune-mediated disease are all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of reproductive pathology was present. 72 hour IV fluid protocol with reassessment of the renal profile is indicated +/- renal biopsy.





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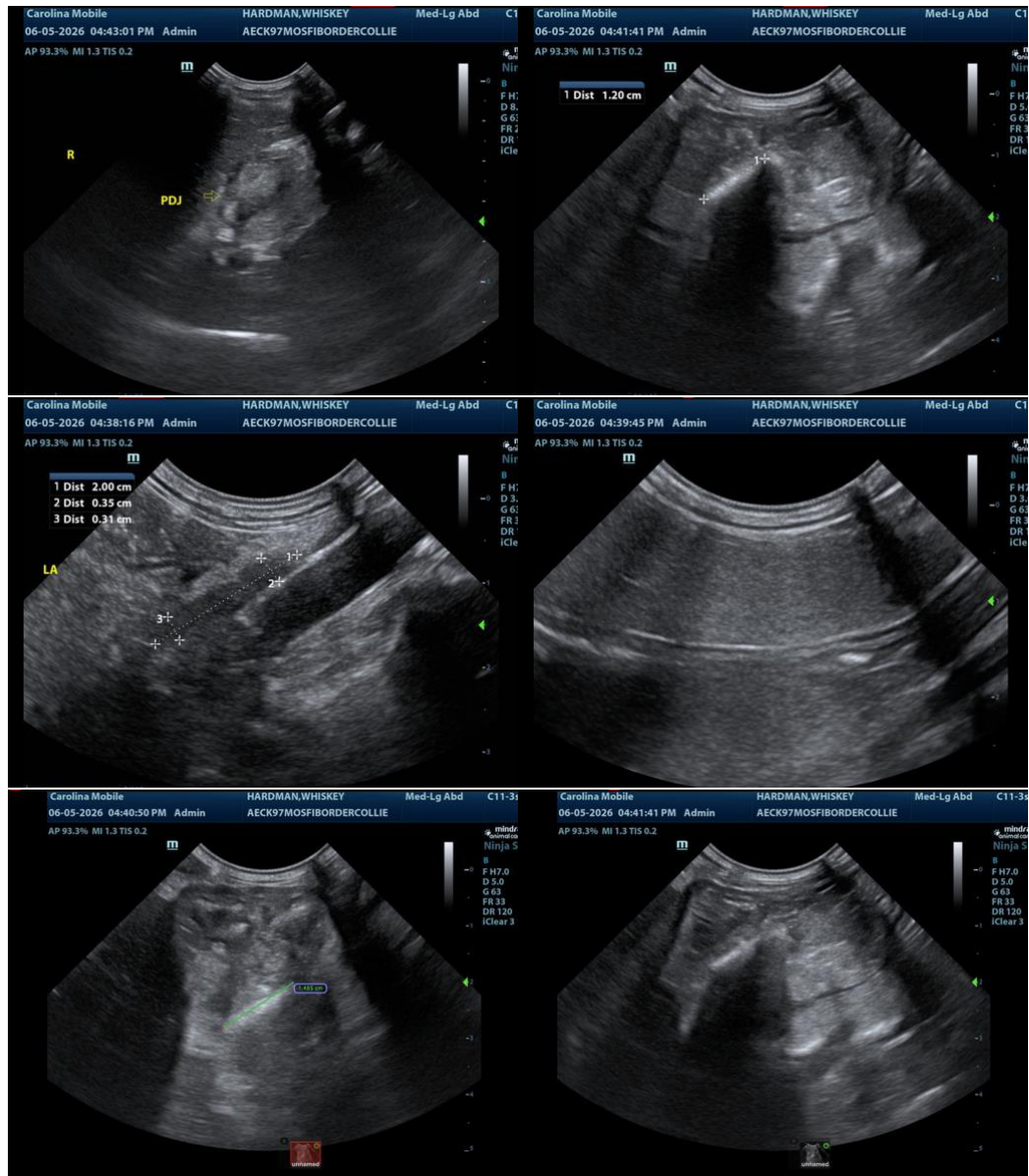
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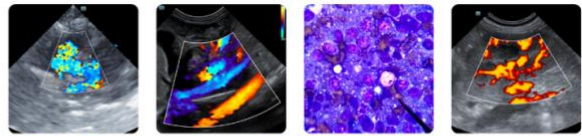
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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