



DATE PRESENTING CLINICAL SIGNS

6/6/26

Patient History: - Vomited once Wednesday daytime (likely treats)

PATIENT

- Decreased appetite Wednesday evening, did not eat dinner with normal enthusiasm

Mason Burrill

- Ate sister's food Wednesday evening

- Vomited all food at 2am Thursday morning

SPECIES

Canine

- Lethargy since Wednesday, very abnormal for patient

- Ate Thursday and Friday evenings without normal enthusiasm, no vomiting since Thursday

- Increased water consumption noted Friday morning

- Caught ingesting bird seed off ground 2 days ago

- Normally very vocal and enthusiastic about food

BREED

Mix

Current Medications: - Cerenia 1mg/kg IV Q24hr

- Ondansetron 0.2mg/kg IV Q8hr

- No oral medications dispensed at this time.

Labwork Results: Labwork not submitted.

SEX

Neutered Male

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Sedated with Dexdomitor, Ketamine and Buprenorphine.

Stat Report: Requested.

Imaging Performed by: Andi Parkinson, BS, RDMS.

AGE

6/6/19

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

98.9 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

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. Left kidney measured 8.0 cm.

HOSPITAL NAME

Homeward Bound
Urgent Care

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. Left measured 2.38 cm x 0.69 cm at the cranial pole and 0.65 cm at the caudal pole. Right measured 3.0 cm x 0.77 cm at the caudal pole and 0.68 cm at the cranial pole.

REFERRING VET

Not Provided

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.

INVOICE

75742

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 was overdistended with progressively shadowing luminal material, consistent with ingesta, measuring 12.0 cm. The shadowing structures measured up to 1.1 cm. Most consistent with kibble yet should be matched with any history of foreign matter. Some distal small intestine revealed slight reactive mesentery and steatitis pattern, consistent with enteritis and steatitis. Some spastic small intestine noted.

Pancreas

The right base of the pancreas was slightly heterogeneous and mildly irregular, suggestive for low-grade inflammation.

A pancreatic lymph node was slightly rounded and hypochoic measuring 0.90 cm.

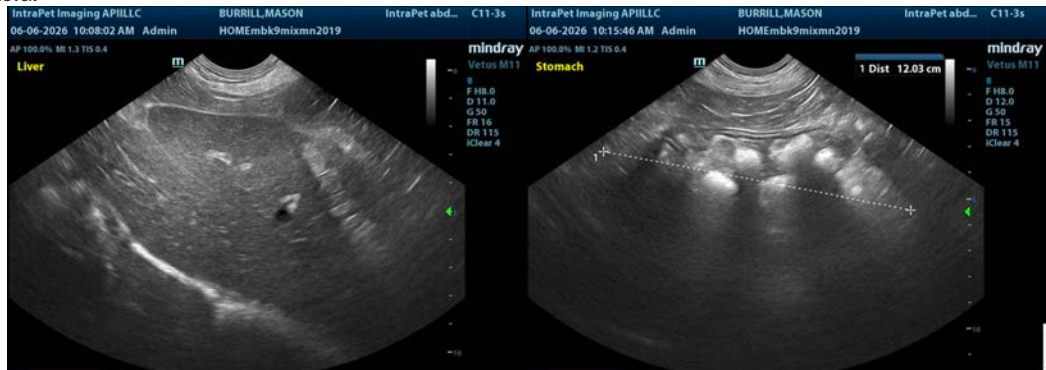
A mesenteric lymph node presented normal length to width ratio with slight, swollen contour, measuring 4.2 cm x 1.1 cm. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

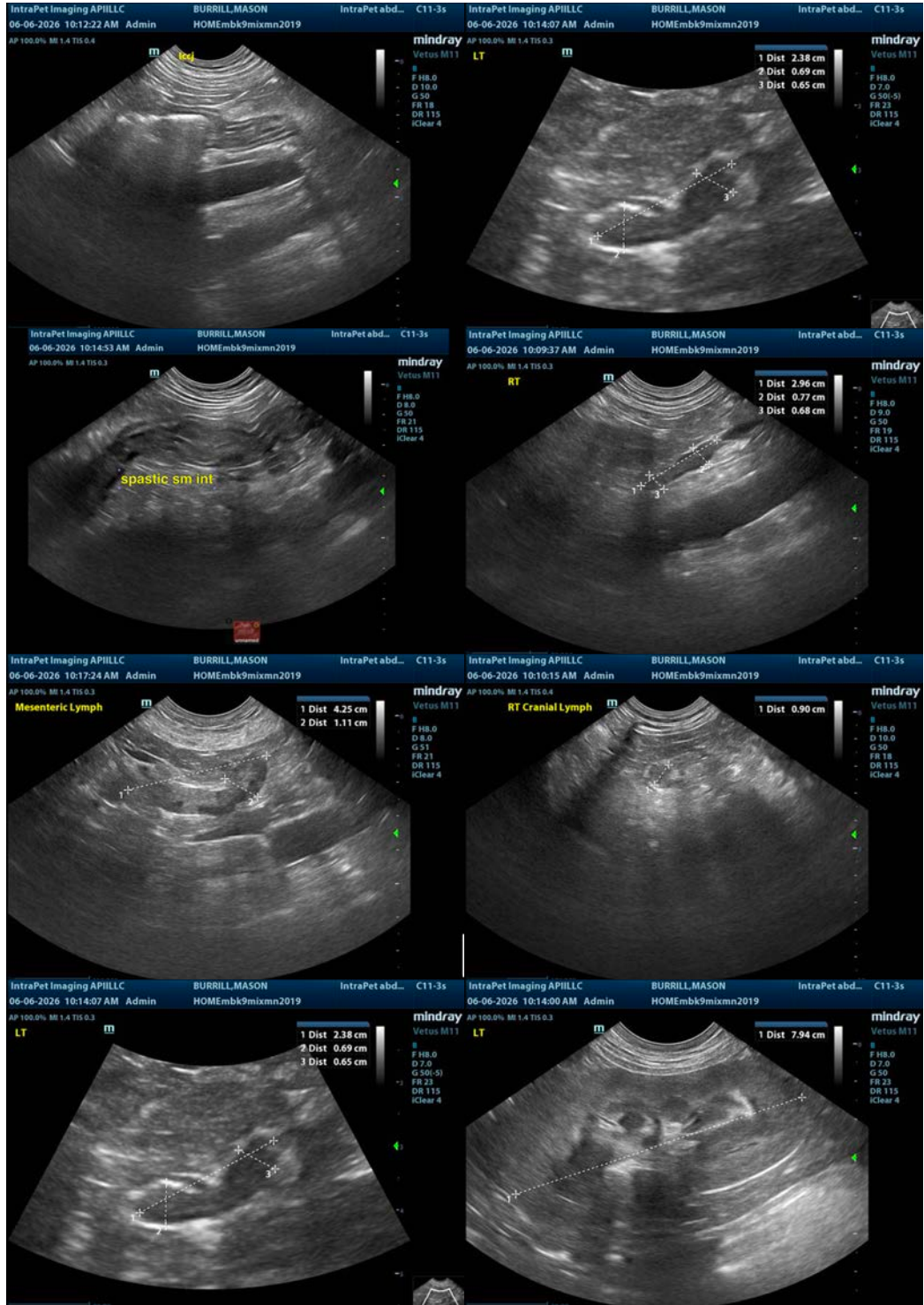
ULTRASONOGRAPHIC FINDINGS

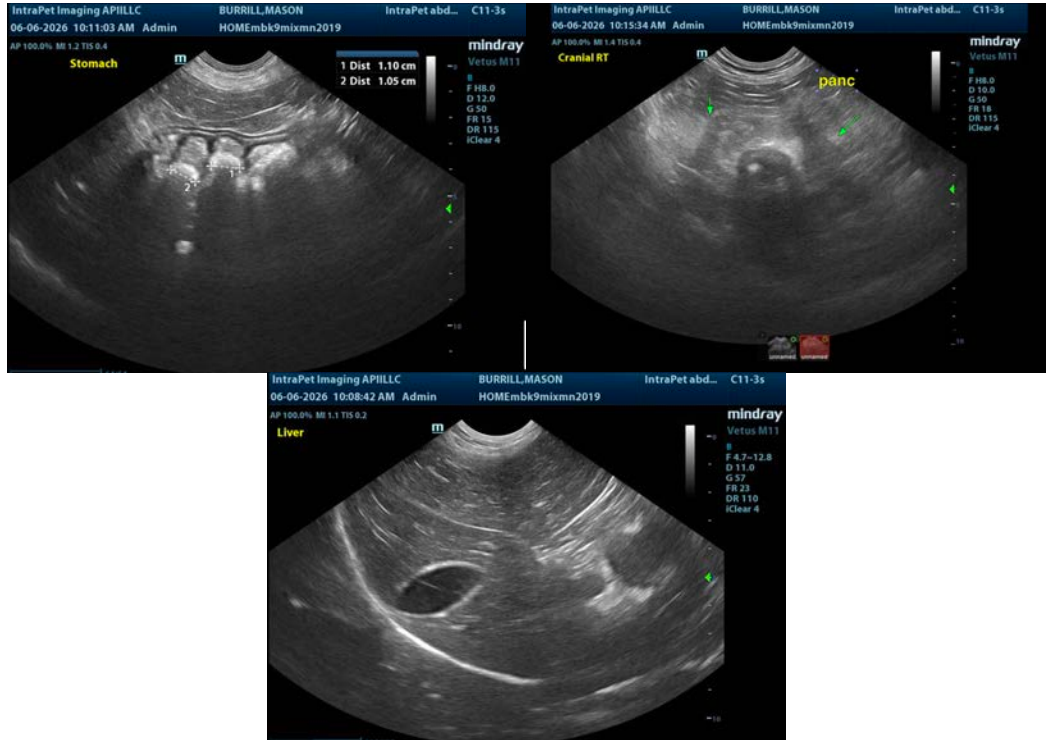
- Gastroenteritis pattern with shadowing luminal gastric material.
- Slight pancreatic and mesenteric reactive lymph nodes, consistent with lymphadenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient has history of dietary indiscretion, then induction of vomiting could be considered with evacuation of the gastric material. Fecal text, management for enterotoxins, potential induction of vomiting all indicated. Recheck sonogram in 48-72 hours to ensure adequate resolution. No evidence or suspicion of neoplasia.







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.

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