

**PATIENT**

Murray Bretschneider

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

30 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

Dr. Bretschneider

**INVOICE**

69831

**DATE**

1/6/26

**PRESENTING CLINICAL SIGNS**

History: Stable but intermittent vomiting for a week. Moderate weight loss too. Meds: Cerenia

**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 was 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 right kidney measured 5.0 cm. The left kidney measured 4.9 cm.

**Adrenal Glands**

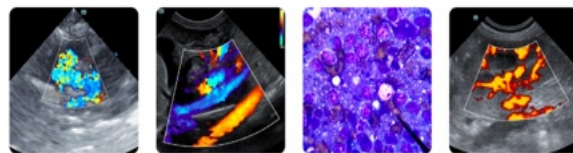
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.04 x 0.87 cm at the cranial pole and 0.43 cm at the caudal pole. The left adrenal gland measured 0.5 cm at the caudal pole and 0.48 cm at the cranial 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 was noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Slight increased portal markings were noted. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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***Gastrointestinal***

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The **stomach** in this patient revealed shadowing 5.9 cm dense gastric foreign body. A separate shadowing foreign body was noted in the distal small intestine and measured 2.6 cm with mesenteric inflammation. The upper pyloric outflow revealed a focal thickening with reactive surrounding mesentery. This should be biopsied at the time of surgery. There are also areas of intestinal stasis. The descending colon was empty in this patient.

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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.

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***Free Abdomen***

Slight pancreatic lymph node enlargement was noted and measured 0.8 cm.

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30 lbs

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

Gastric and intestinal foreign bodies with concurrent underlying GI disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical exploratory with expectations towards gastrotomy, enterotomy and GI biopsies with particular focus on the pyloric outflow are all indicated.

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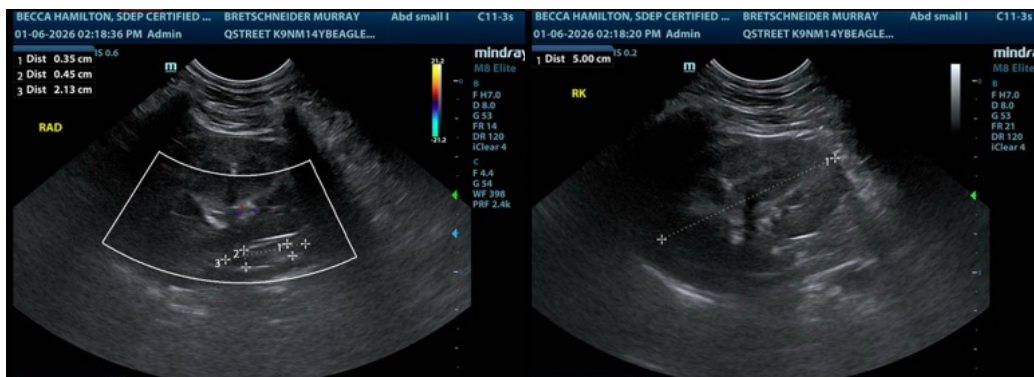
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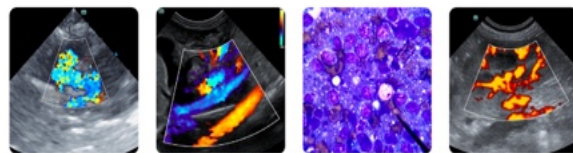
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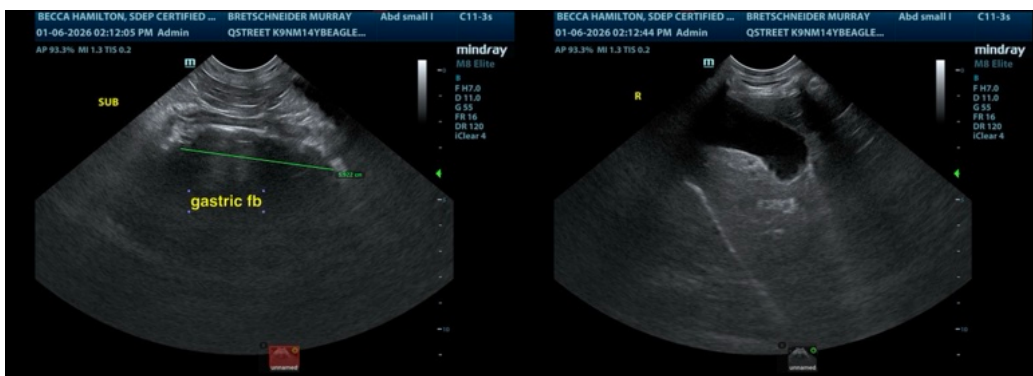
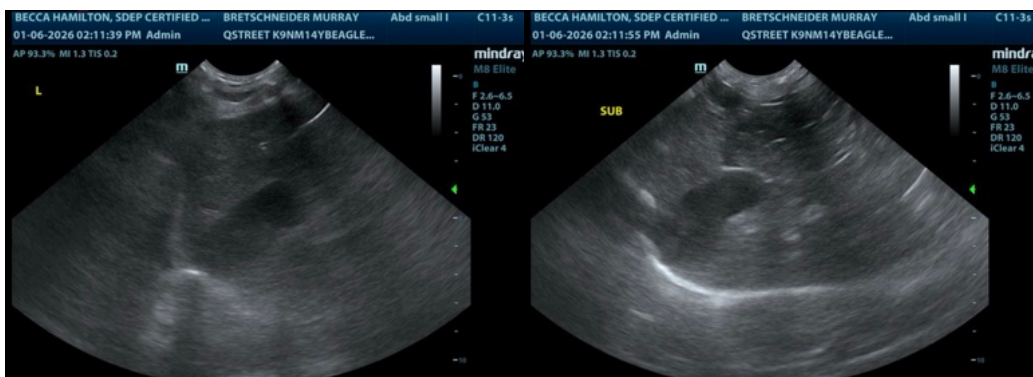
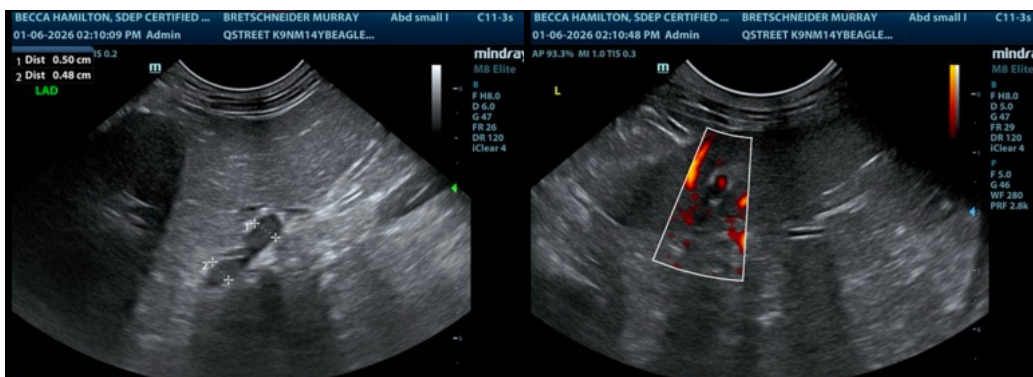
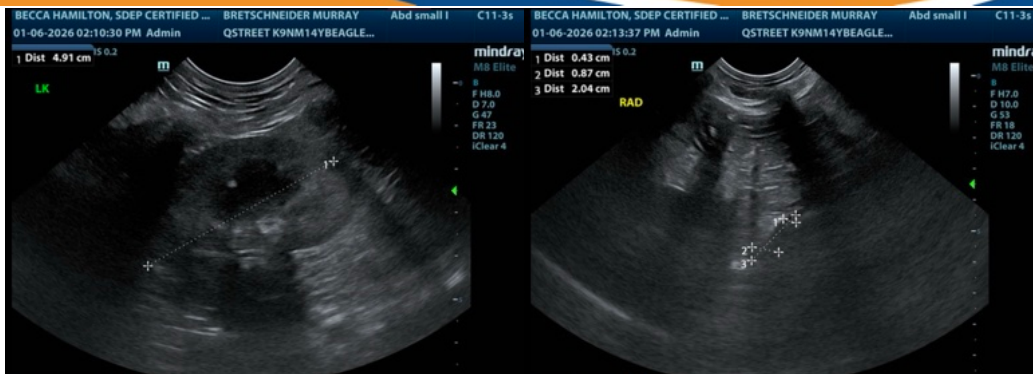
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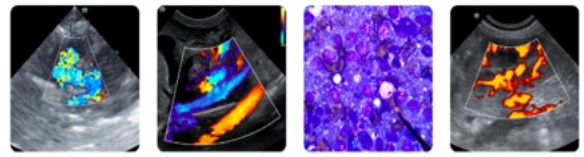
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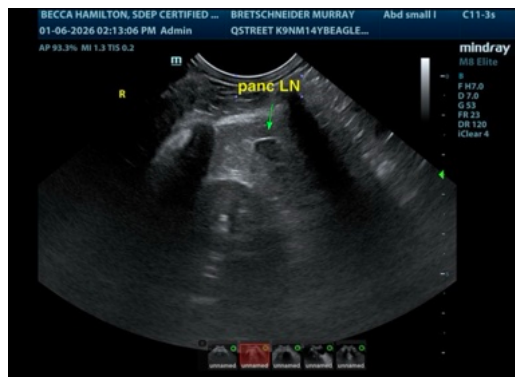
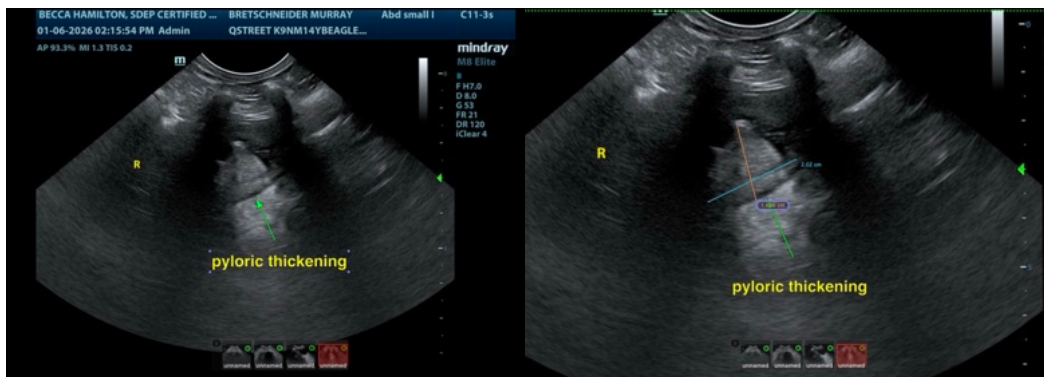
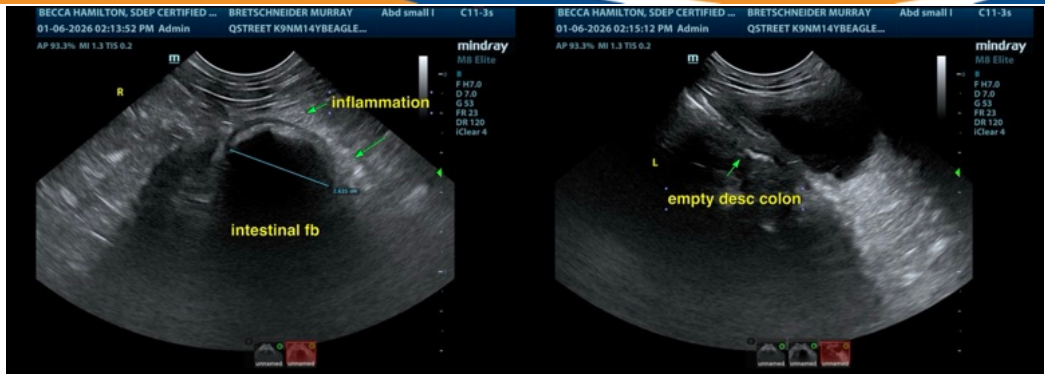
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**

[info@SonoPath.com](mailto:info@SonoPath.com)