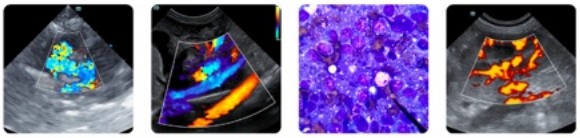

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Hazel Walker

SPECIES

Canine

BREED

Dachshund

SEX

Intact female

AGE

5 months

WEIGHT

7.4 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany AH

REFERRING VET

Dr. Hunt

INVOICE

68989

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History of severe vomiting. Hx of dietary indiscretion. Presented ADR, severe nausea, severe salivation. Mild abdominal pain during exam. Rads showed dilated stomach, gas filled fundus. Concern for poss pyloric FB. Brief BW panel, CBC/CHEM wnl, spec cPL wnl ABNORMAL Labwork Values None Current Medications N/A Notes to Specialist (if any) R/O foreign body

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 right kidney measured 4.16 cm. The left kidney measured 4.0 cm.

The left ovary was uniform and measured 0.42 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 left adrenal gland measured 1.44 x 0.37 cm at the cranial pole and 0.32 cm at the caudal pole. The right adrenal gland measured 1.67 x 0.29 cm at the caudal pole and 0.41 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 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

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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

Examination of the **gastrointestinal tract** revealed chyme within the stomach. The gastric fundus revealed shadowing material that is consistent with foreign matter and measured approximately 5.0 cm. This appeared to be extending from the gastroesophageal inlet to the gastric fundus. The pylorus was patent at the time of the sonogram. Artifact obscured some visibility. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

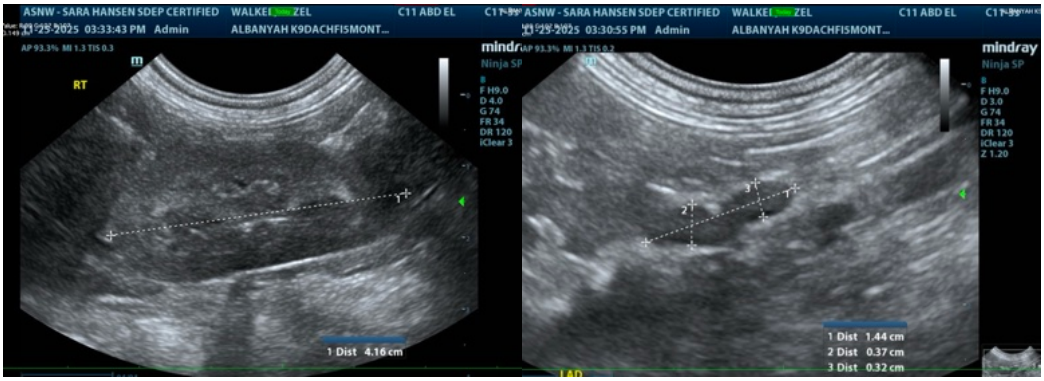
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Shadowing material in the gastric fundus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

12-18 hour n.p.o. with a recheck sonogram is recommended to ensure that the material is persistently present. If clinical signs persist then direct exploratory surgery is indicated. Endoscopy is also an option. My personal preference would be to n.p.o. this patient at 12 hours with a recheck of the stomach sonographically to ensure that the material is persistent present.



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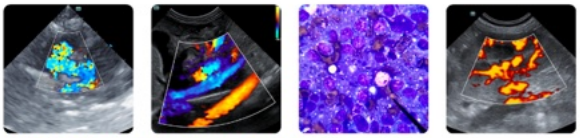

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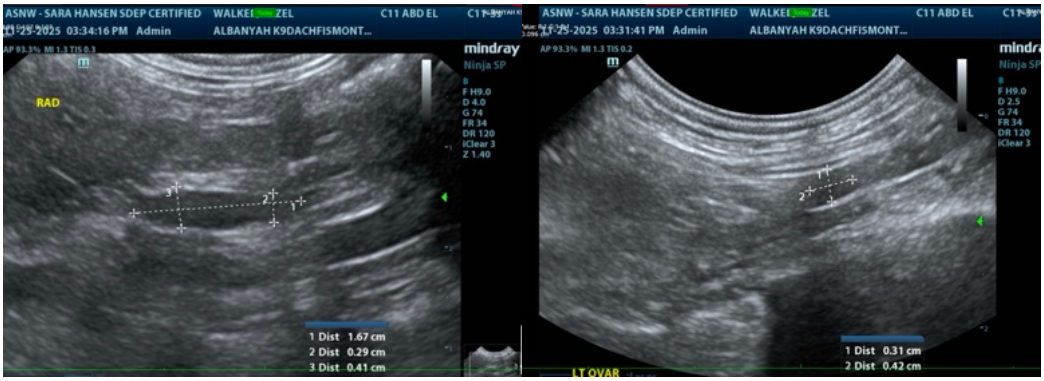

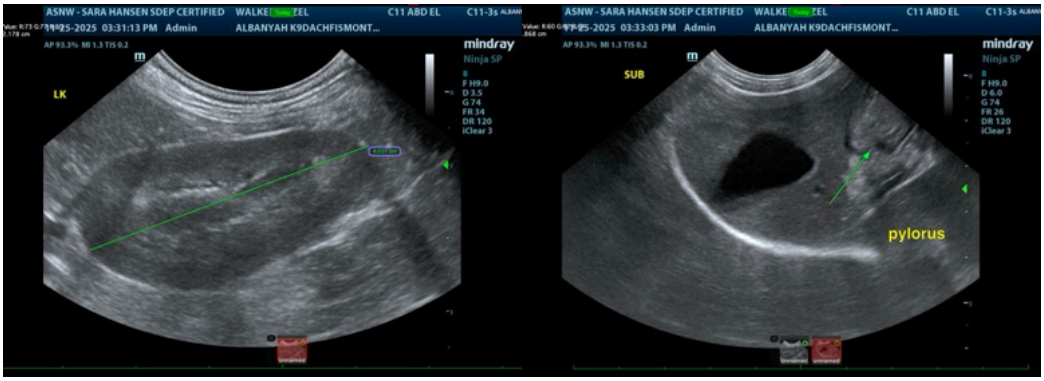

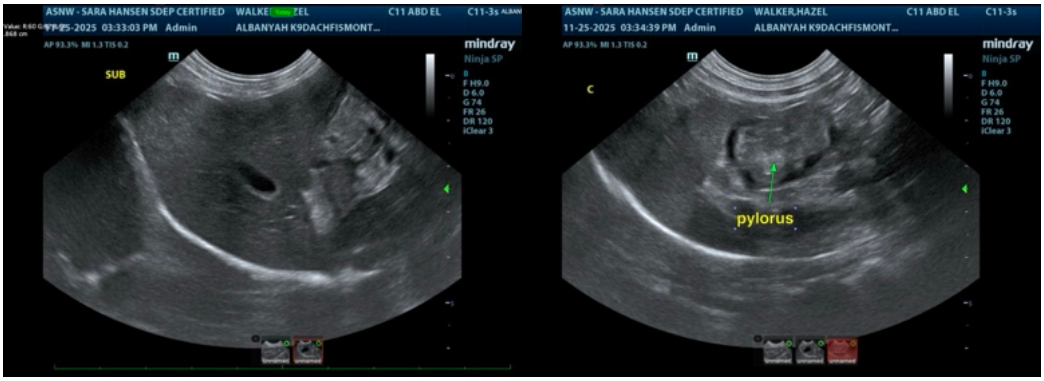

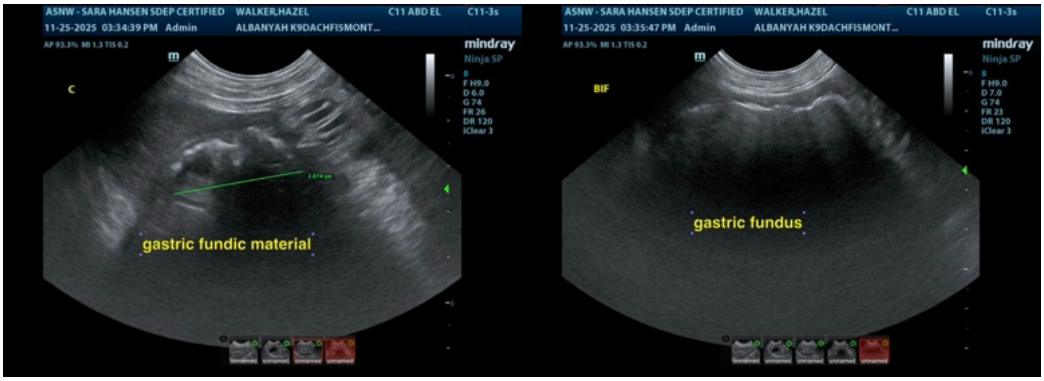

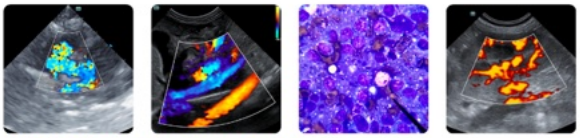

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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