



**PATIENT**

Millie Carness

**SPECIES**

Canine

**BREED**

Basset Hound

**SEX**

Spayed female

**AGE**

8 years

**WEIGHT**

76 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Farview AC

**REFERRING VET**

Dr. Mosaad

**INVOICE**

71087

**DATE**

1/29/26

**PRESENTING CLINICAL SIGNS**

- Vomiting after eating ice, lethargic and not acting the same
- Rads show enlarged spleen, enlarged liver
- PE revealed distended abdomen and labored breathing.
- ALP ^, RBC 8.58^, RDWc 24.6^, LYM 0.85 Low.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 8.65 cm. The left kidney measured 8.08 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 2.8 x 0.63 cm at the cranial pole and 0.74 cm at the caudal pole. The right adrenal gland measured 2.7 x 0.9 cm at the cranial pole and 0.49 cm at the caudal pole.

**Spleen**

The **spleen** revealed hyperechoic lipid plaques noted, yet not pathological.

**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.



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**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

**Heart**

Rapid view of the heart revealed no evidence of pathology.

**ULTRASONOGRAPHIC FINDINGS**

Lipid plaque on the spleen.  
 Partially full stomach.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I cannot rule out soft foreign depending on when the patient ate prior to the sonogram. There was no other evidence of visceral pathology. If vomiting persists then endoscopy is indicated. If the patient was not n.p.o. at the time of the sonogram and the patient continues to vomit then recheck sonogram at complete n.p.o. status is indicated.





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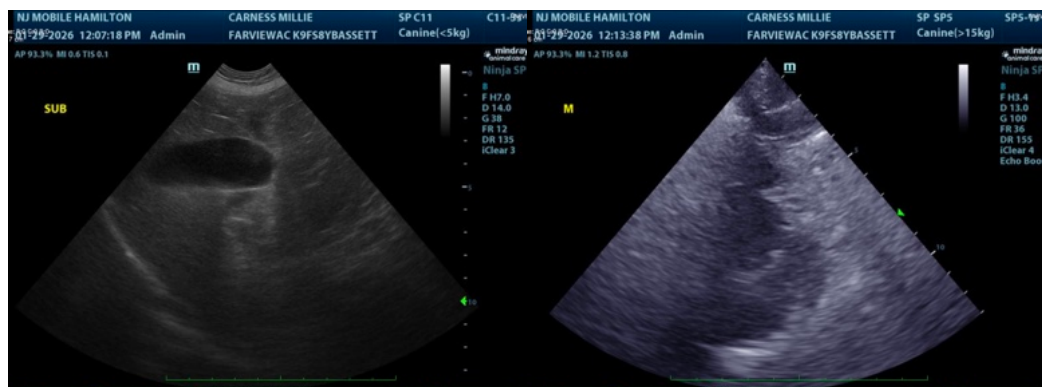
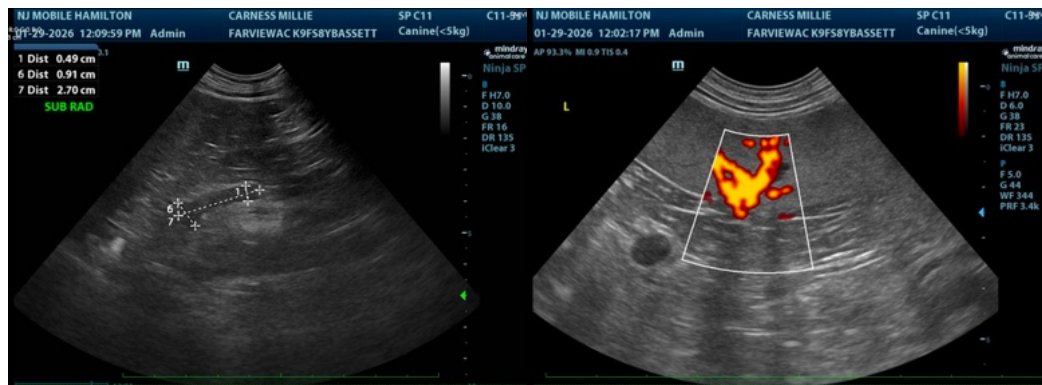
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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