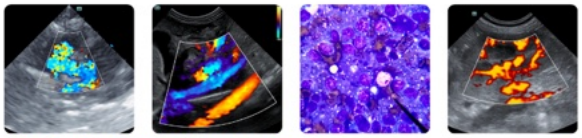

PATIENT

Molly Reynolds

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Spayed female

AGE

8 years

WEIGHT

61.6 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Flanders VC

REFERRING VET

Dr. Aleda Chang

INVOICE

68599

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: Chronic GI disturbances, Diarrhea, chronic pancreatitis Medications: levothyroxine 0.6 mg bid, Keppra XR 1500 mg bid, Yang Yin Xi Feng San, phenobarbital 194.4mg bid, clorazepate 30 QID, (for 24 hrs as noted by Eclipse doctor), KBr 750 mg sid,
HCT = 62 HGB = 20.4 Precision PSL = 183 chloride = 124 Midazolam = 0.2 mg

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 3.0 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 6.94 cm. The left kidney measured 6.7 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 2.27 x 0.63 cm at the caudal pole and 0.63 cm at the cranial pole. The right adrenal gland measured 1.96 x 0.5 cm.

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 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

The **stomach** revealed shadowing material that measured 3.3 cm. There is transit of chyme into the small intestine, so full obstruction is not present. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content. Enhanced mesentery was noted around the small intestine. This is suggestive for transmural inflammation.

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.

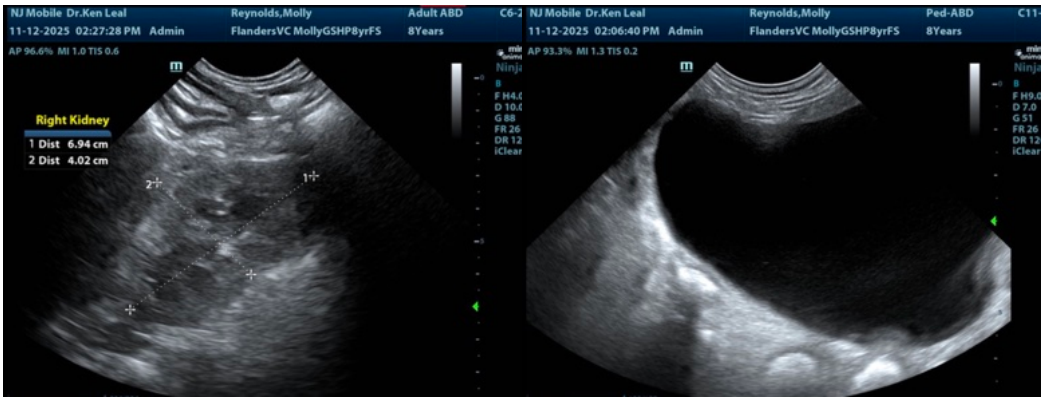
ULTRASONOGRAPHIC FINDINGS

Shadowing gastric material with delayed transit.

Enhanced mesentery around the small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was n.p.o. at the time of the sonogram then I would be strongly concerned for gastric foreign matter. GI biopsies are indicated. If the patient is not n.p.o. at the time of the sonogram then recheck sonogram of the pyloric outflow just prior to surgery would be indicated. Feeding history of potential dense structures measuring 2-4 cm would be recommended. Endoscopy could also be considered as an option. However, gastrotomy and GI biopsies are likely in the best interest of this patient with confirmation of n.p.o. status and persistence of the shadowing structures.



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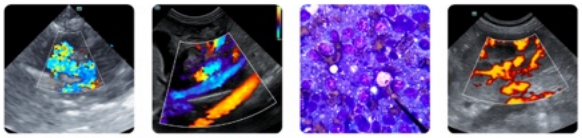

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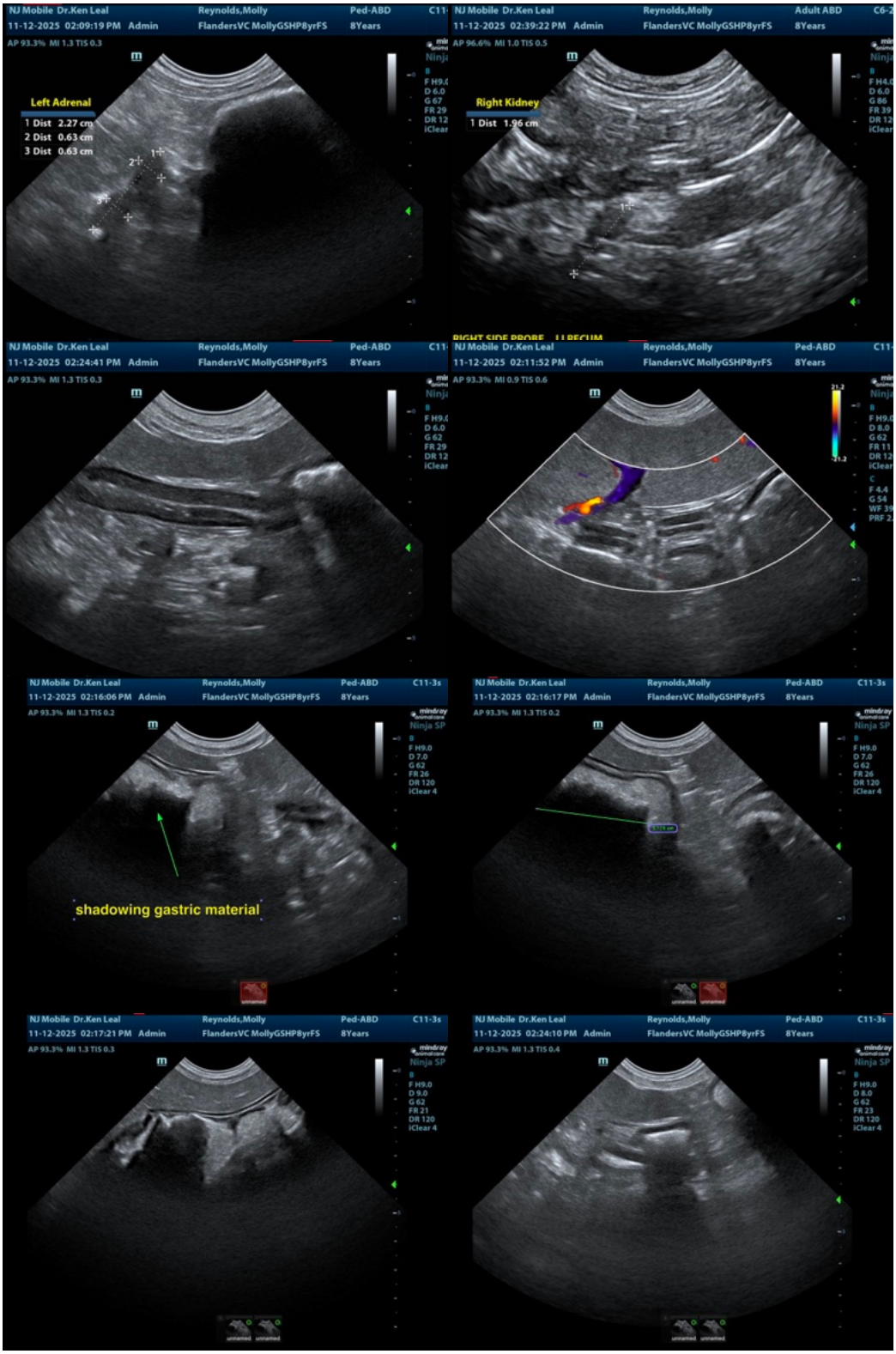

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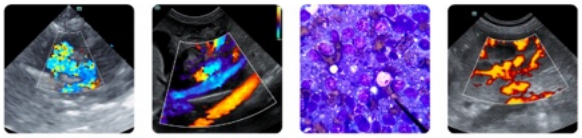

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

Info@SonoPath.com