



PATIENT

Otis Roberts

SPECIES

Canine

BREED

Corgi

SEX

Neutered Male

AGE

9 Years

WEIGHT

37.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Rachel South, DVM

HOSPITAL NAME

River Valley AH

REFERRING VET

Trevor South, DVM

INVOICE

35374

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: P presents for recheck ultrasound. O was diagnosed with gastritis and placed on Zithromax, Metronidazole, Omeprazole (all at recommended dosages) and Cerenia PRN after last ultrasound. O stated P does great while on meds (specifically metronidazole), but once the course was finished they noticed the lip smacking, drooling and loud gut sounds return. They are also trying to get him switched to hydrolyzed diet, but he is being picky and currently eating low fat i/d while trying to mix in the hydrolyzed diet.

Abnormal PE/Chem/CBC/UA Results: Bloodwork today (1/12/26) CBC: unremarkable Chem: mildly elevated TBili and lipase; hypophosphatemia.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. The residual prostate measured 5.0 mm.

The **right kidney** 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 5.9 cm.

The **left kidney** was severely dystrophic and subnormal in size with cortical cysts. The left kidney measured 2.5 cm. This is consistent with end stage dystrophy or primary dysplasia with secondary degenerative changes.

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 0.55 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measured 0.41 cm at the cranial pole and 0.42 cm at the caudal 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 primarily anechoic content. The cystic and common bile ducts were normal. No



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine 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

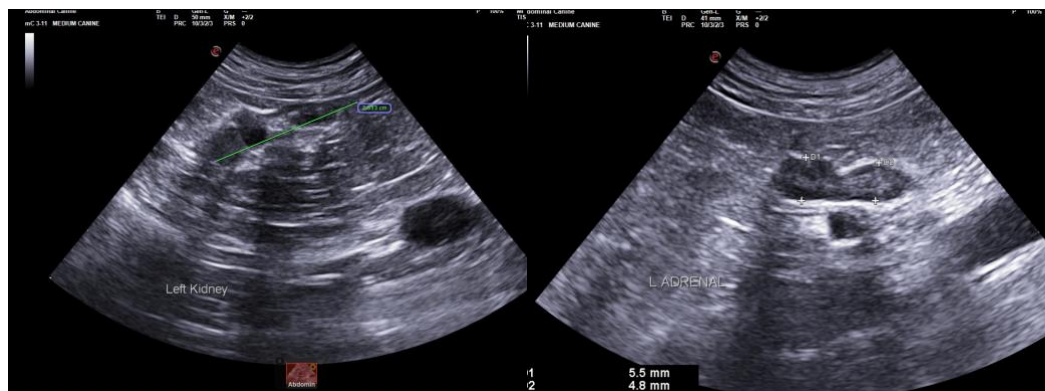
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Hypoplastic or dysplastic left kidney
- Unremarkable right kidney
- No evidence of residual GI pathology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney is likely nonfunctional yet appears to be stable. Given the patient history, I do recommend continuation of therapy, even though structurally the GI tract is unremarkable. The bilirubin elevations are likely artifactual and should be rechecked. Otherwise, endoscopy with examination of the esophagus and gastric wall is indicated for a microulcerative disease that would not necessarily be visible sonographically.





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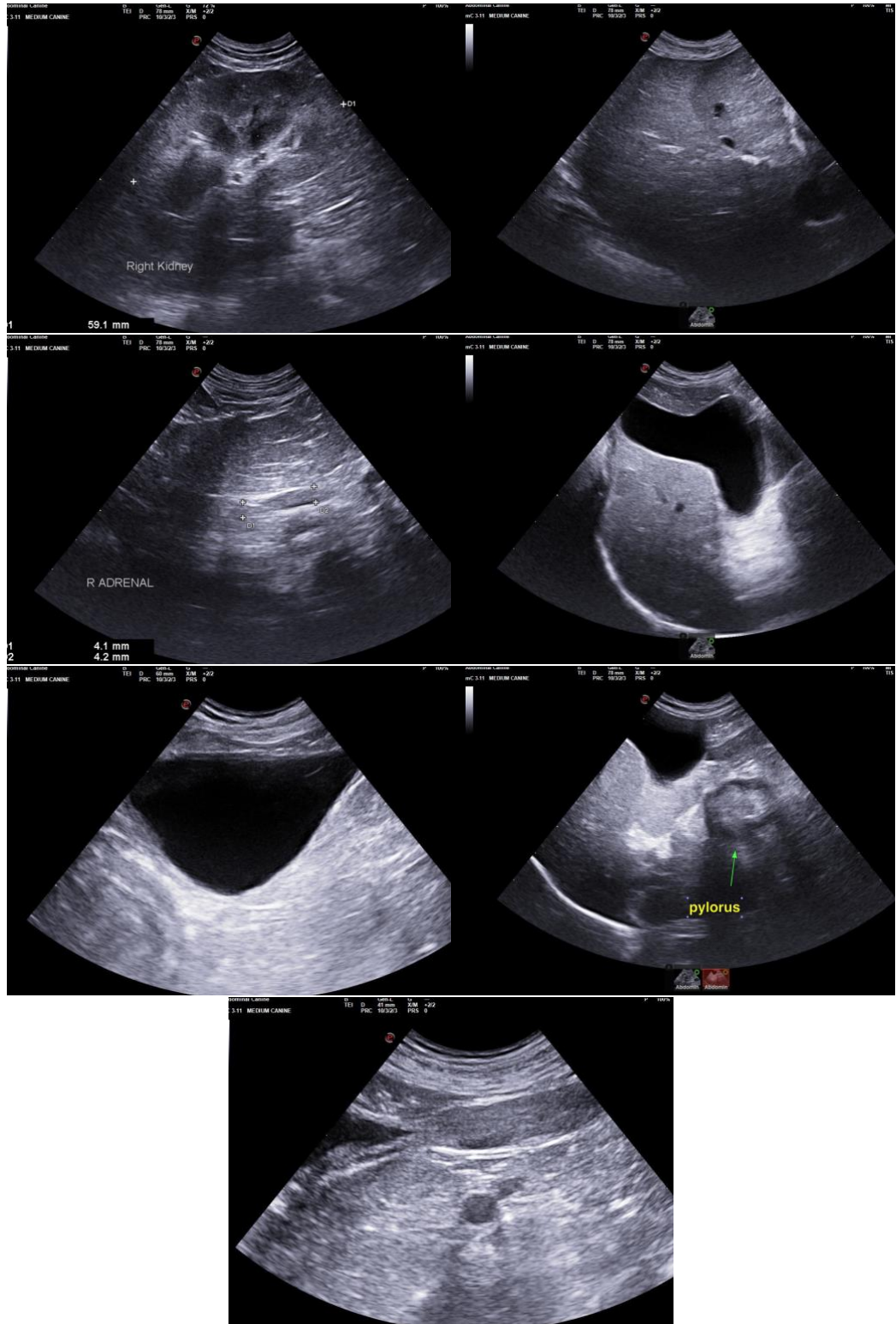
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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