



PATIENT

Izzy King

SPECIES

Canine

BREED

Airedale Terrier

SEX

Spayed female

AGE

6 years

WEIGHT

44.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jaime Uren

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Rowan

INVOICE

70240

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: Izzy is a 6yr, FS, Airedale Terrier that presents for an ultrasound primarily to assess the adrenal glands +/- look for an ovarian remnant. This patient was spayed on 12/9/2025 after having a litter of puppies a few months prior. She had prominent swelling on the left cranial mammary tissue that leaked out grainy, brown fluid prior to surgery so antibiotics were used for potential mastitis. This did not help so a hormonal cause was suspected and the patient was spayed. On 1/15/26 she presented for signs of estrus (leaking bloody fluid, engorged vulva). UA revealed 3+ blood, 3+ epithelial cells, and a USG of 1.003. BW pre-op prior to surgery had NSF. On exam, she is BAR with NSF outside of the cranial mammary tissue is still swollen with the dark discharge. Suspect a potential ovarian remnant vs atypical adrenal disease vs ectopic tissue vs other.

Abnormal PE/Chem/CBC/UA Results: PCT 0.27 % 0.14-0.55 WBC 10.47 10³/uL 4-16.53 NEU 7.09 10³/uL 2.88-11.72 LYM 2.50 10³/uL 0.83-4.91 MONO 0.34 10³/uL 0.14-1.02 EOS 0.54 10³/uL 0.04-1.62 BAS 0.00 10³/uL 0-0.12 NEU % 67.8 % LYM % 23.9 % MONO % 3.2 % EOS % 5.1 % BAS % 0.0 % RBC 8.14 10⁶/uL 5.82-8.9 HGB 20.3 g/dL 13.2-22 HCT 53.8 % 36.9-60 MCV 66.1 fL 60-76 MCH 24.9 pg 21-28.2 MCHC 37.8 g/dL 33.4-39.2 RDW % 15.5 % 12.2-16.4 PLT 345 10³/uL 126-660 MPV 7.8 fL 8-14.1 BUN 17.1 mg/dl 9-29 Creatinine 1.1 mg/dl 0.4-1.4 Total Protein 7.4 g/dl 5.5-7.6 Glucose 83 mg/dl 75-125 ALT (GPT) 32 U/I <120 ALP 55 U/I <140

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed slight thickening with anechoic urine. There was no evidence of masses or calculi. However, urinalysis is warranted if not already performed with potential culture if any inflammatory sediment is present.

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. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia was noted. The right kidney measured 7.1 cm. The left kidney measured 6.4 cm.

The uterine stump was thickened in this patient and measured 1.8 x 3.0 cm. Disorganized tissue was present. Stump pyometra or potential uterine neoplasia is possible. Further imaging of the ovarian fossae is recommended to assess for potential residual ovarian tissue or direct exploratory surgery with expectations of resection of the remaining portion of the uterine stump and inspection of the ovarian fossae.

Adrenal Glands

The **left adrenal gland** appeared flattened measuring 0.8 x 0.34 cm. The region of the right adrenal gland was imaged with no evidence of pathology.



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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.

Gastrointestinal

There was some residual chyme and gas 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.

ULTRASONOGRAPHIC FINDINGS

Thickened uterus. Potential emerging stump pyometra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Enrofloxacin trial over a 3 week period with a recheck sonogram could be considered. Screening for Addison's is warranted given the isoechoic, flattened right adrenal and low normal size on the left adrenal gland and breed predisposition.



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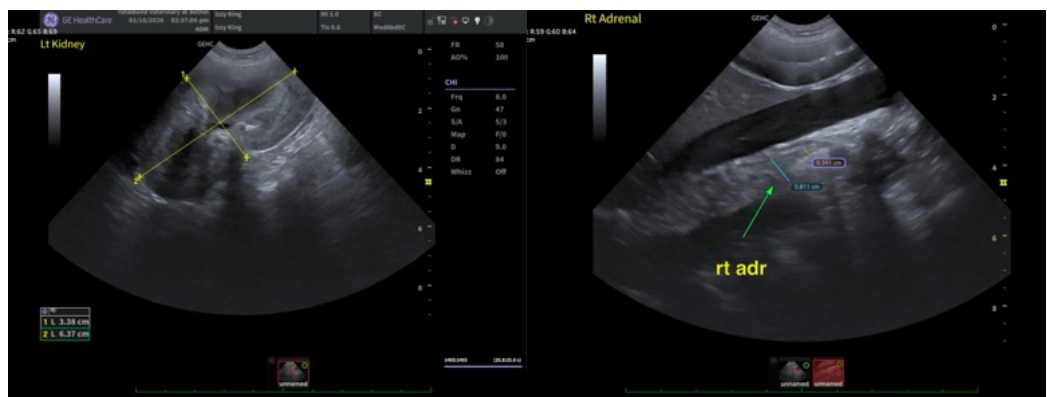
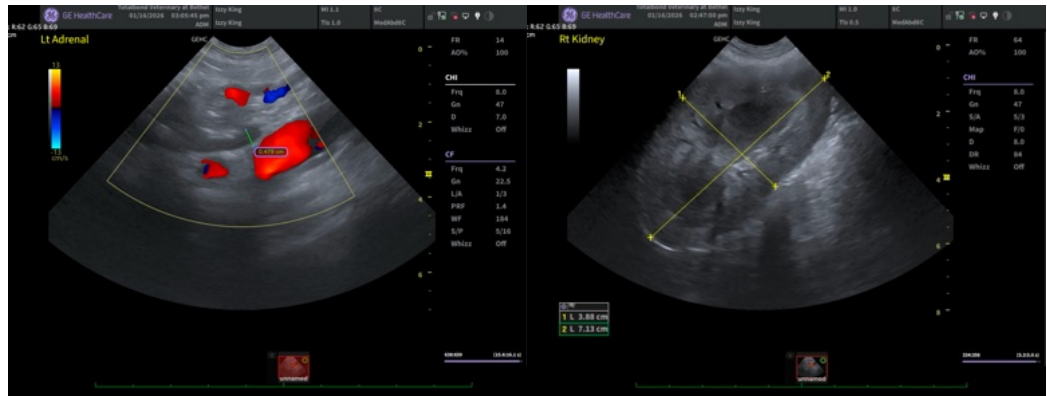
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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