



## PATIENT

Bailey Law

## SPECIES

Canine

## BREED

Lab x Shepherd

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

21 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mayra Sanchez

## HOSPITAL NAME

Sunset Animal Hospital

## REFERRING VET

Dr. Cristina Polit

## INVOICE

72939

## DATE

1/2/26

## PRESENTING CLINICAL SIGNS

Chronic and severe weight loss, diarrhea, and recurrent hematuria.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 1/5; dental attrition CBC/chem: NAF UA: 3+ blood, 3+ WBC, 2+ cocci Abdominal radiographs: No obvious masses or uroliths seen TLI: > 50 Folate: low 3.6 cobalamin: normal

## 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. Minimal amount of urine present at the time of the sonogram. 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. Right kidney measured 6.1 cm. Left kidney measures 5.2 cm.

### Adrenal Glands

The **right adrenal gland** was 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. Right measured 2.4 cm x 0.64 cm.

The region of the **left adrenal gland** was imaged, no evident pathology.

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



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## 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.

## Other

Comet tail lung pattern noted through the diaphragm.

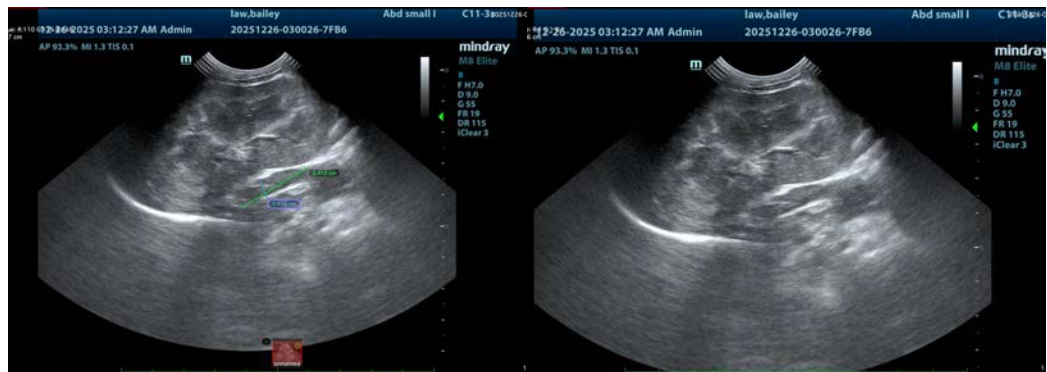
## ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen.
- Comet tail lung pattern noted through diaphragm.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt visceral disease responsible for the weight loss in this patient. However, comet tail lung pattern noted through the diaphragm. Chest radiographs warranted if not already performed to assess for alveolar disease.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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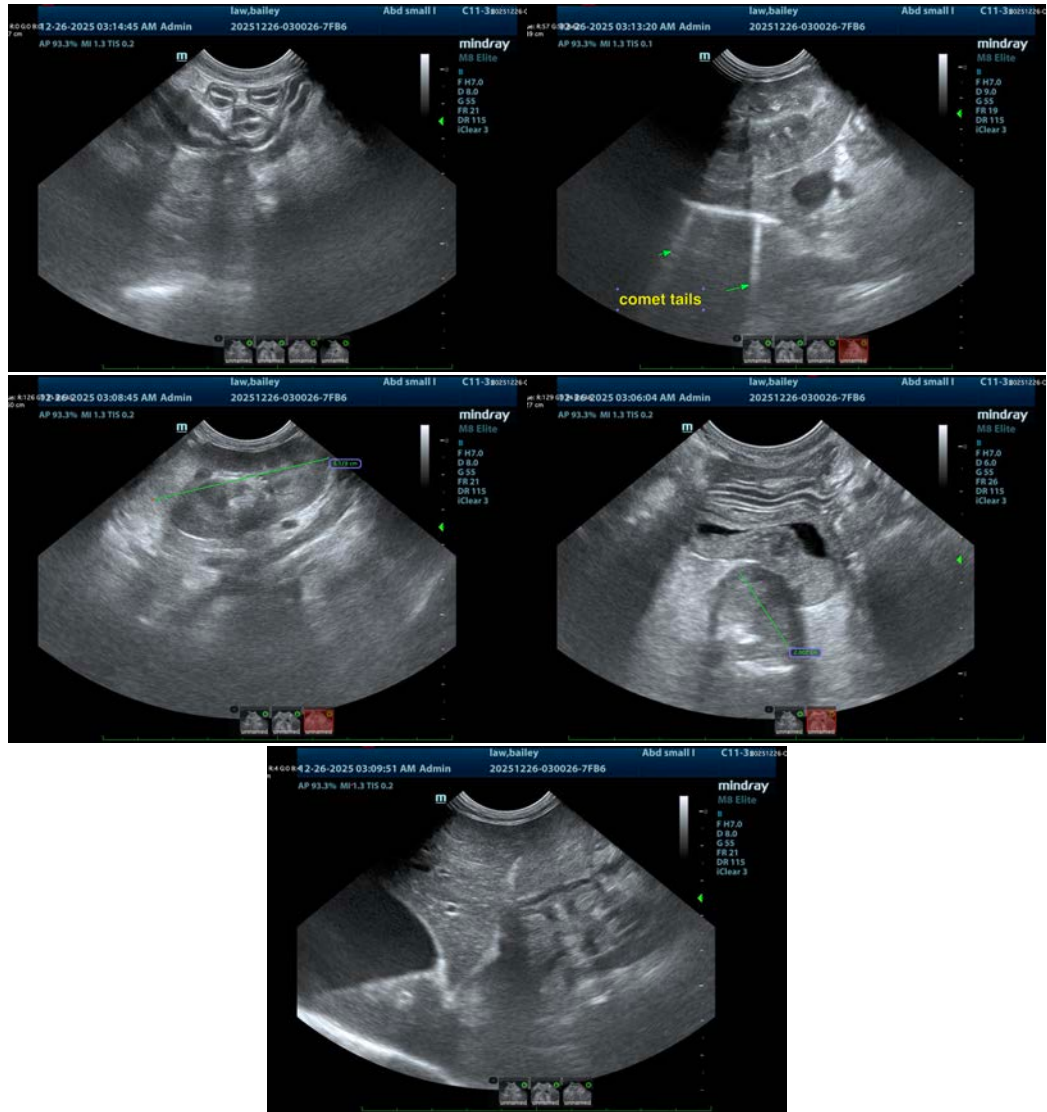
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
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