



PATIENT

Daisy Weaver

SPECIES

Canine

BREED

Parson Russell Terrier

SEX

Spayed Female

AGE

13 Years

WEIGHT

10.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pear Wyomissing
ER

INVOICE

13281

DATE

01/21/26

PRESENTING CLINICAL SIGNS

- AUS to further evaluate anorexia, lethargy, anemia (HCT 24%), fever. Hyporexia to anorexia for ~1 week duration. Hematuria noted at pDVM. Seen by Hershey ER this morning where fever was noted - 103.2. Vomiting on Saturday followed by diarrhea for 24-48 hrs. Abdominal pain noted at Hershey ER. Physical exam reveals right sided cervical pain. Formed brown stool on rectal.
- Referred to BP Wyo ER for AUS
- Meds: Apoquel, fluconazole (for hematuria? per O), Entyce. Prescribed sucralfate, gabapentin, omeprazole, but has not given.

Abnormal PE/Chem/CBC/UA Results: Hershey ER 1/21/26: - CBC: HCT 28.8%, retic 21.9 L, Mono 1.52 H, Chol 97 L, - pancreatic lipase 165 N, - 4Dx negative x4, - USG 1.018, 22 /hpf RBCs on UA, - Autoagglutination negative. - 3V AXR and CXR: gastrointestinal gas and fluid, nonspecific gastroenterocolitis. Landisville 1/21/26: CBC: HCT 23.9%, WBC 16.64, lymph 3.5, mono 2.59 H, neut 10.13, plt 317 - UA and urine culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **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. Slight left kidney pyelectasia was evident measuring 0.12 cm. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.9 cm in length. The right kidney measured 4.72 cm in length.

Adrenal Glands

The **adrenal glands** were subnormal in size. The left adrenal gland measured 1.5 cm x 0.31 cm width at the cranial pole and 0.30 cm width at the caudal pole. The right adrenal gland measured 1.16 cm x 0.20 cm width at the caudal pole and 0.31 cm width at the cranial 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** revealed coarse architecture and heterogenous nodular changes consistent with hepatic remodeling owing to history of inflammatory hepatopathy. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon contained soft stool. A minor amount of soft ingesta was noted in the stomach.

Pancreas

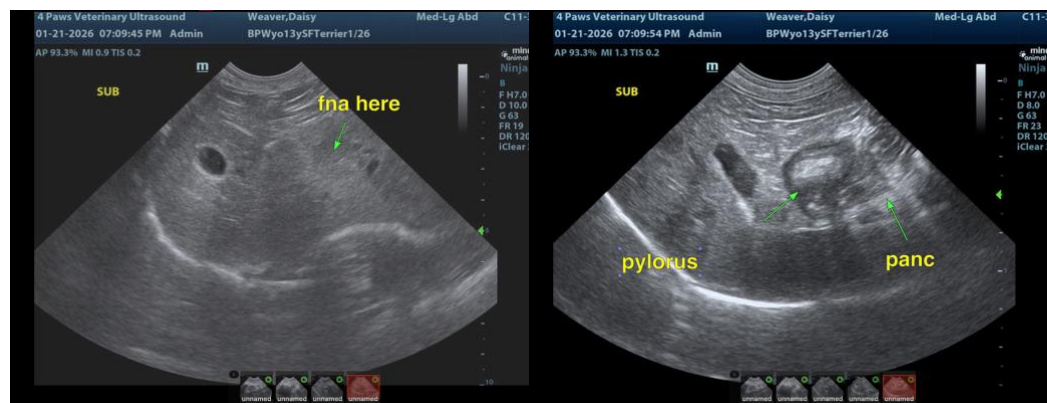
The pancreas presented mildly hypoechoic and slightly irregular. Low-grade inflammation is suspected. Some level of low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort.

ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling.
- Prominent pancreas.
- Flattened adrenal glands.
- Gastroenteritis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general liver is indicated for further definition with mild potential for underlying neoplastic process. The cause of the anemia is unclear in this patient. Even though the patient is geriatric, I would recommend screening for occult Addison's disease that would explain the anemia and the flattened adrenal glands and GI signs. GI protective protocol and bile acid profile is warranted to ensure more significant disease is not present other than the hepatic remodeling and nodular hyperplasia.





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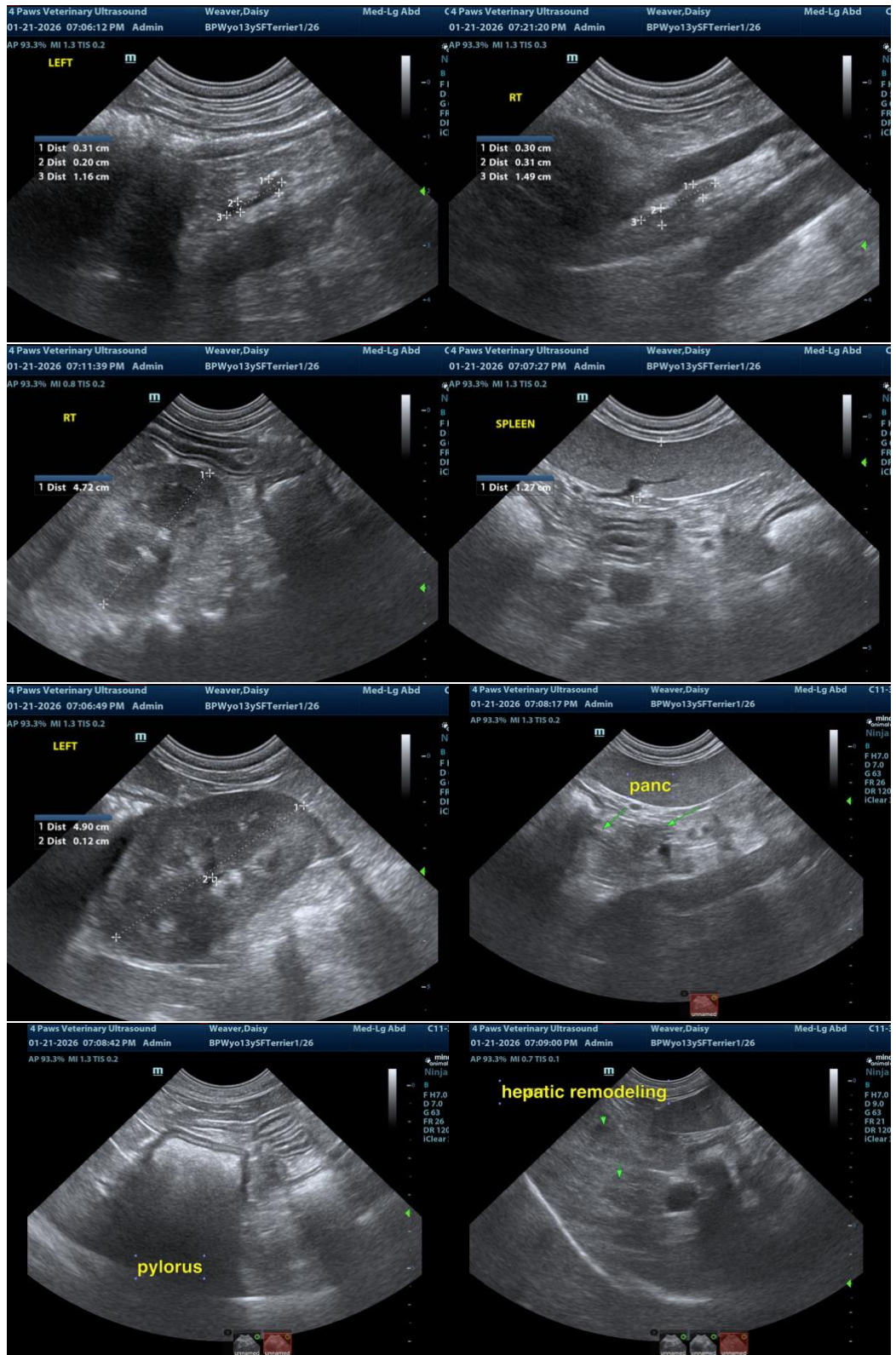
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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