



PATIENT

Rylee Jean Barajas

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

5

WEIGHT

32.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kari Wilson, DVM

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Kari Wilson, DVM

INVOICE

72406

DATE

1/23/26

PRESENTING CLINICAL SIGNS

Rylee Jean is a 5 YO FS Boxer who was presented for being quiet and having a poor appetite. P has historical ARVC and takes sotalol for it. P has history of left CCL tear and had a TPLO performed. P then had a secondary patella fracture after the TPLO. P also has history of pancreatitis and ringworm within the last 6 months. O started cooking a homemade diet and p was eating that well until the last 4 days. O did give trazodone yesterday twice for her physical therapy and is unsure if that had anything to do with it.

Abnormal PE/Chem/CBC/UA Results: CPL- abnormal IP 5.3 (1.9-5.0)

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 **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. Left kidney measured 7.2 cm. Right kidney measured 7.5 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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.

Gastrointestinal

The **stomach** revealed shadowing luminal material that would suggest grass accumulation. However, it is not likely a clinical issue. Gas accumulation also noted in the stomach. The small intestine and colon were unremarkable.



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Pancreas

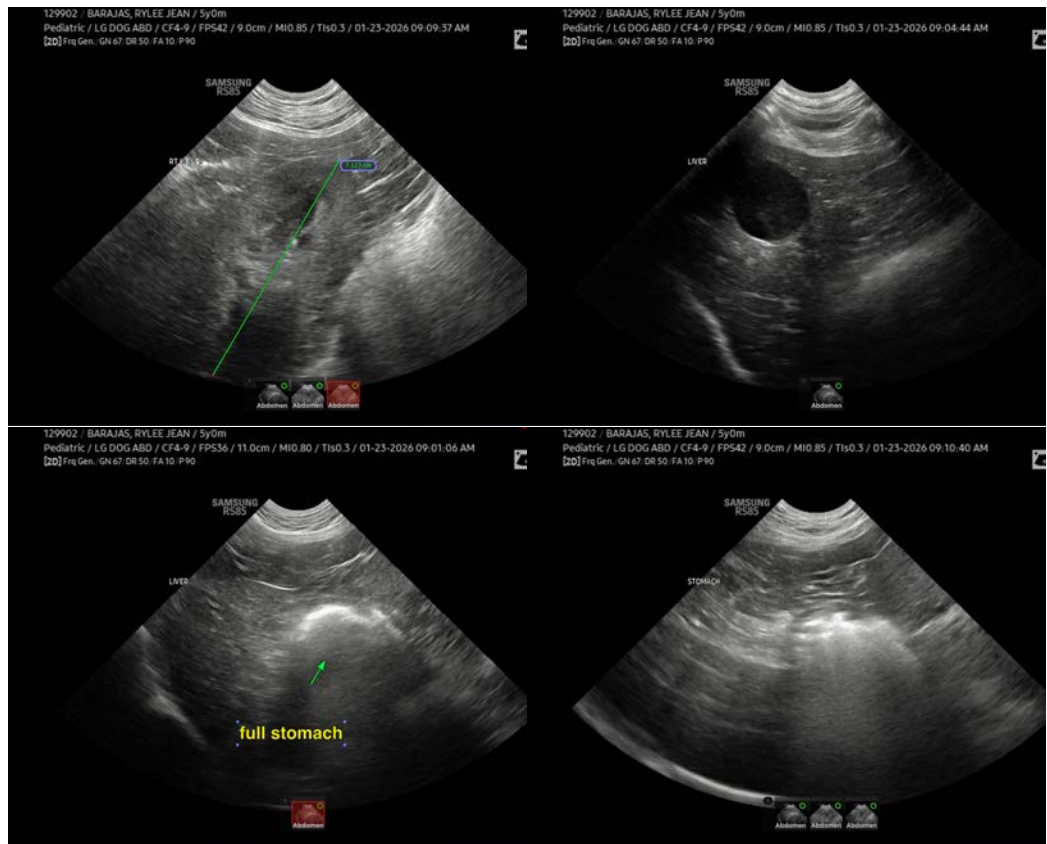
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with possible soft shadowing gastric material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's warranted, given that the adrenals were not overtly visualized. No evidence of structural disease otherwise.





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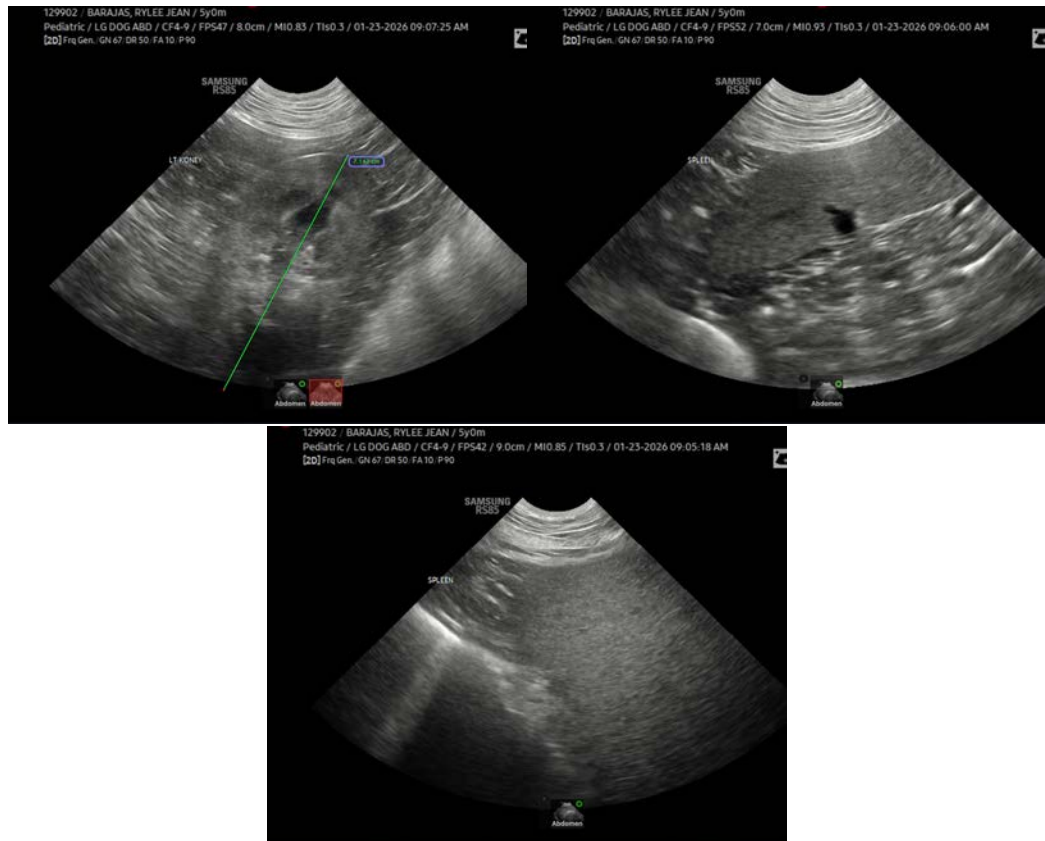
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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