



PATIENT

Freyja Rawlings

SPECIES

Canine

BREED

Husky

SEX

Female

AGE

5 years

WEIGHT

56 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Danielle Shemanski,
DVM

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Lefler

INVOICE

69948

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Patient has been having vomiting and diarrhea for a few weeks. Patient presented for a second exam on December 23rd. Patient had a grand mal seizure on presentation; gave 1.5 mL of Midazolam and patient responded. Postictal period lasted 45 minutes. CLINICAL SIGNS: one seizure, suspected urolithiasis, MEDICATIONS: Cerenia 24mg 2 PO SID Metronidazole 250mg 1 PO BID
Abnormal PE/Chem/CBC/UA Results: CBC=reticulocytosis, Chem=TBil=1.1 (0.0- 0.9), BG=153 (72-143) All else WNL including BUN. Lateral abdomen rad revealed small liver and uroliths per RDVM

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. Multiple calculi were noted and entered into the pelvic urethra. No evidence of inflammatory or neoplastic changes was 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. The right kidney measured 7.0 cm. The left kidney measured 5.0 cm.

The iliac trifurcation was unremarkable.

Adrenal Glands

The left **adrenal gland** was normal in size and contour and measured 0.6 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland was subnormal in width and measured 0.4 cm.

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



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

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Gastrointestinal

The **stomach** revealed excessive gas, yet no evidence of structural disease was noted and no foreign bodies. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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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.

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ULTRASONOGRAPHIC FINDINGS

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Unremarkable GI tract with bladder and urethra calculi.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's is indicated. I recommend reassessing the bilirubin elevation as this may be artifactual as there was no evidence of structural disease responsible for the elevated bilirubin and it would be odd to be elevated without other liver enzyme elevations. There was no evidence of portosystemic shunting or suspicion of it.

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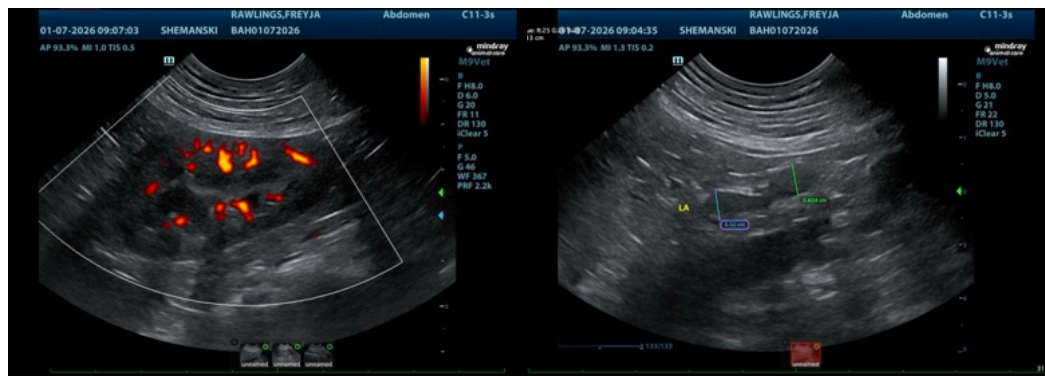
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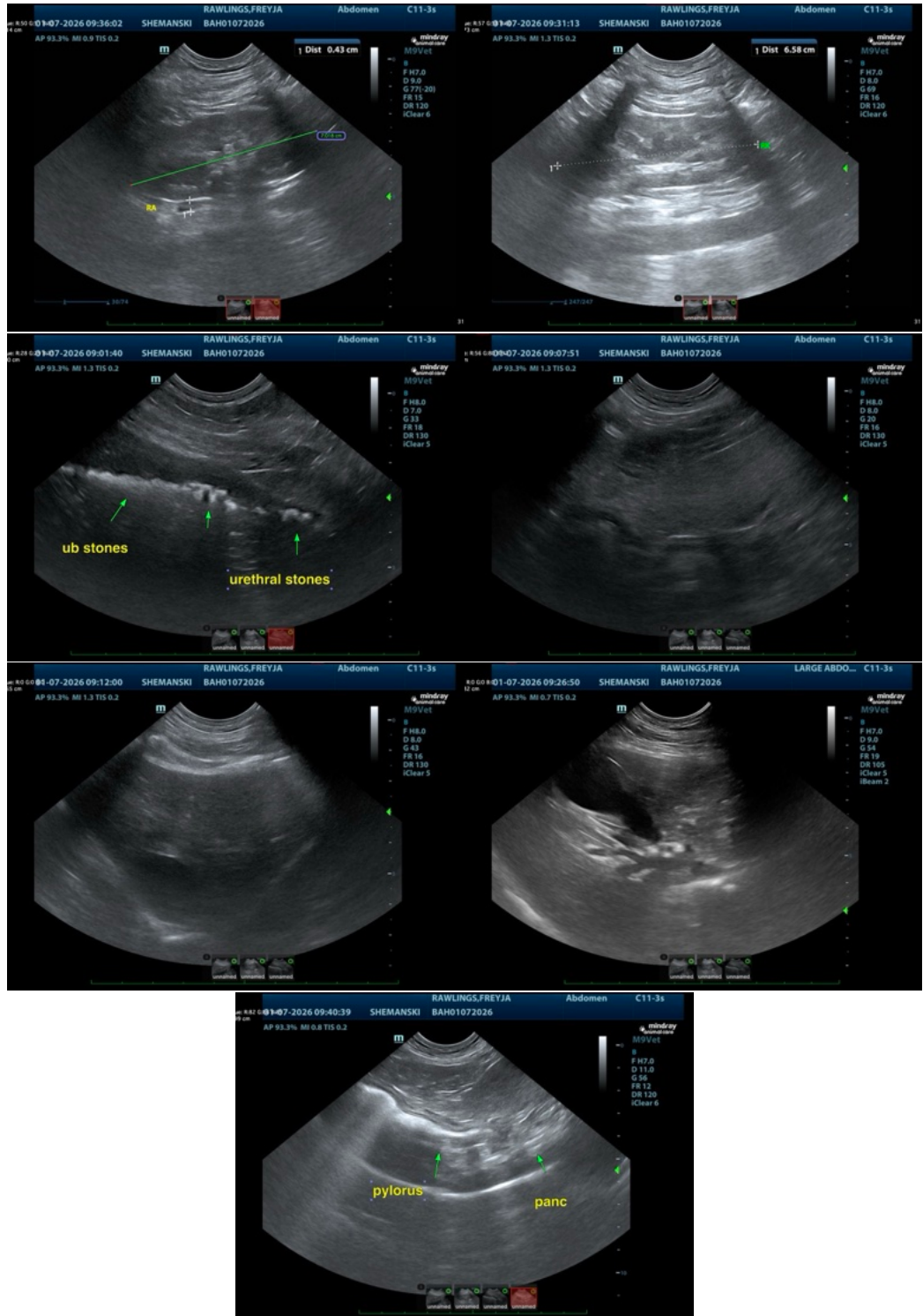
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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