

PATIENT

Isabella Montero

SPECIES

Canine

BREED

Mixed

SEX

Female

AGE

12 Years

WEIGHT

39 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kimberly Carrion Rivas

HOSPITAL NAME

Consultorio Veterinario
las Brisas

REFERRING VET

Dr. David Trautmann

INVOICE

13036

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

The patient presented to the clinic with loss of appetite and weakness. She underwent a blood chemistry test, which showed elevated BUN of 86. She's currently on IV fluids, renal food and supplements. Her last ultrasound showed changes in kidneys and liver. Also, her chemistry done on august 2025, chemistry her kidneys levels were normal.

Abnormal PE/Chem/CBC/UA Results: CRE: 6.5 BUN: 86 ALP: 199

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Dystrophic mineralization was noted and non-obstructive at this time. The right kidney revealed slight pyelectasia with corticomedullary calculi. The left kidney measured 5.4 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evident pathology.

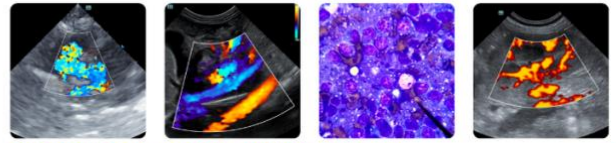
Spleen

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. The spleen was folded upon itself cranially.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal



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The **stomach** in this patient is mildly thickened measuring up to 1.1 cm consistent with gastritis. Some retention of nonobstructive ingesta was noted in the stomach. The small intestine and colon were unremarkable.

Pancreas

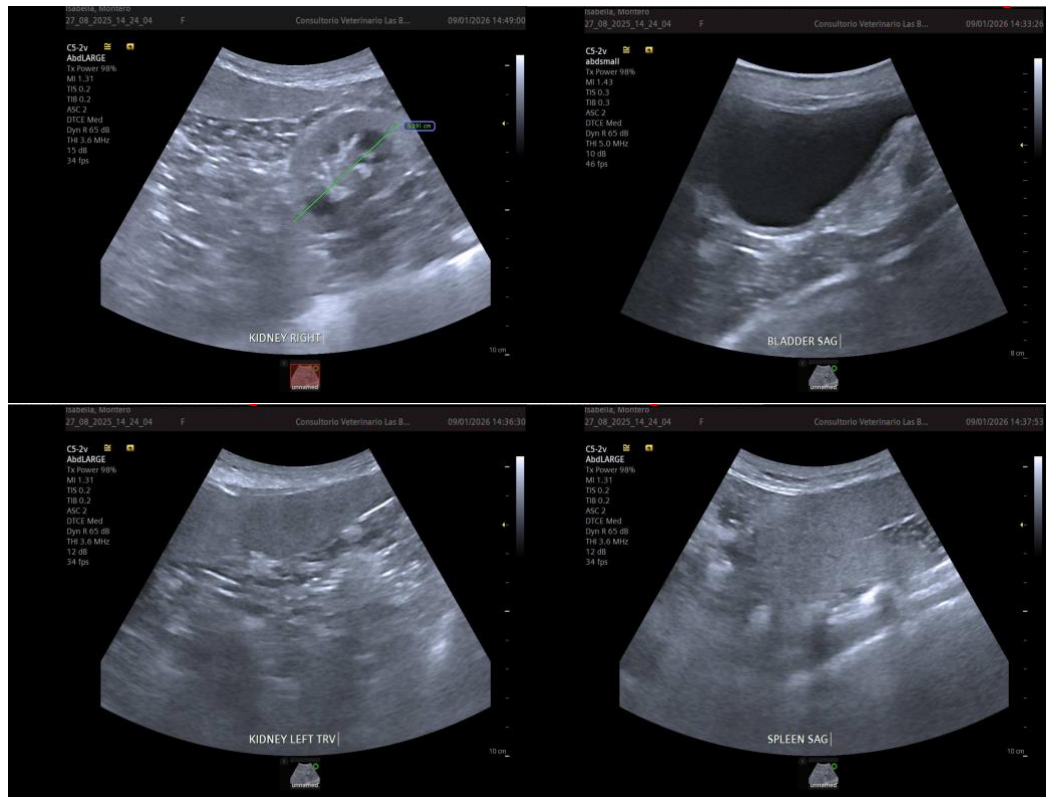
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

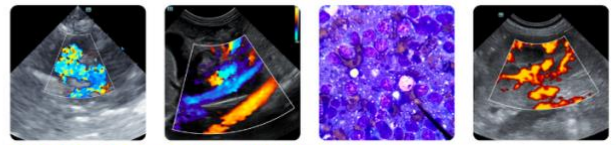
ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern
- Right kidney pyelectasia and nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full urinary work up is warranted. The kidneys do not appear to be end stage. The degenerative changes are considered mild to moderate. The patient may have passed calculi recently. 72-hour IV fluid protocol, blood pressure and culture are all indicated. Screening for Addison's is indicated given that the adrenal glands were not overtly visible.





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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, Owner, Founder -- SonoPath.com

info@SonoPath.com