



## PATIENT

Sadie Huber

## SPECIES

Canine

## BREED

English Setter

## SEX

Spayed female

## AGE

10 years

## WEIGHT

45 lbs

## PRESENTING CLINICAL SIGNS

History: patient has chronic diarrhea for few months. Fecals neg. slightly responded to medications but never went away. Blood work unremarkable. Differential - food sensitivity/IBD/infiltrative disease/malabsorptive disease.

Abnormal PE/Chem/CBC/UA Results: unremarkable.

## 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 was 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.0 cm.

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

### Adrenal Glands

Both **adrenal glands** were 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.

## IMAGING PERFORMED BY

Dr. Anthony Smatt

### Spleen

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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.

## REFERRING VET

Dr. Szpicek

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### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Occasional hypoechoic nodule was noted and was non-disruptive. Some 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



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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.

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## Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness and acceptable curvilinear mural detail. Hyperperistalsis was noted, yet transit of chyme appeared normal. There was dilated small intestine followed by empty small intestine. I cannot rule out the potential of partial obstruction, yet it was not evident. The colon was filled with normal stool. Therefore, a full obstruction is unlikely.

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## Pancreas

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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.

## WEIGHT

45 lbs

## ULTRASONOGRAPHIC FINDINGS

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- Age related abdominal changes.
- Hyperperistalsis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## IMAGING PERFORMED BY

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As long as adequate transit is occurring, no specific pathology is noted; however, if delayed transit is an issue then further imaging of the GI tract with focus on dilated small intestine should be followed until its finality to ensure an obstructive process is not present.

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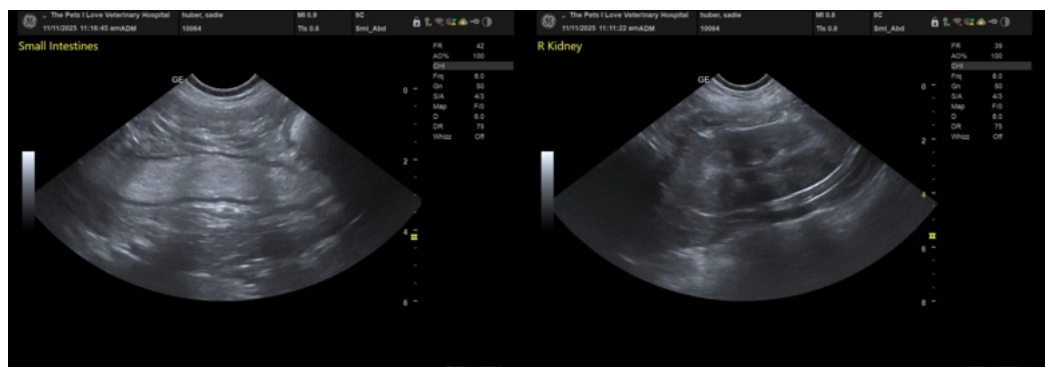
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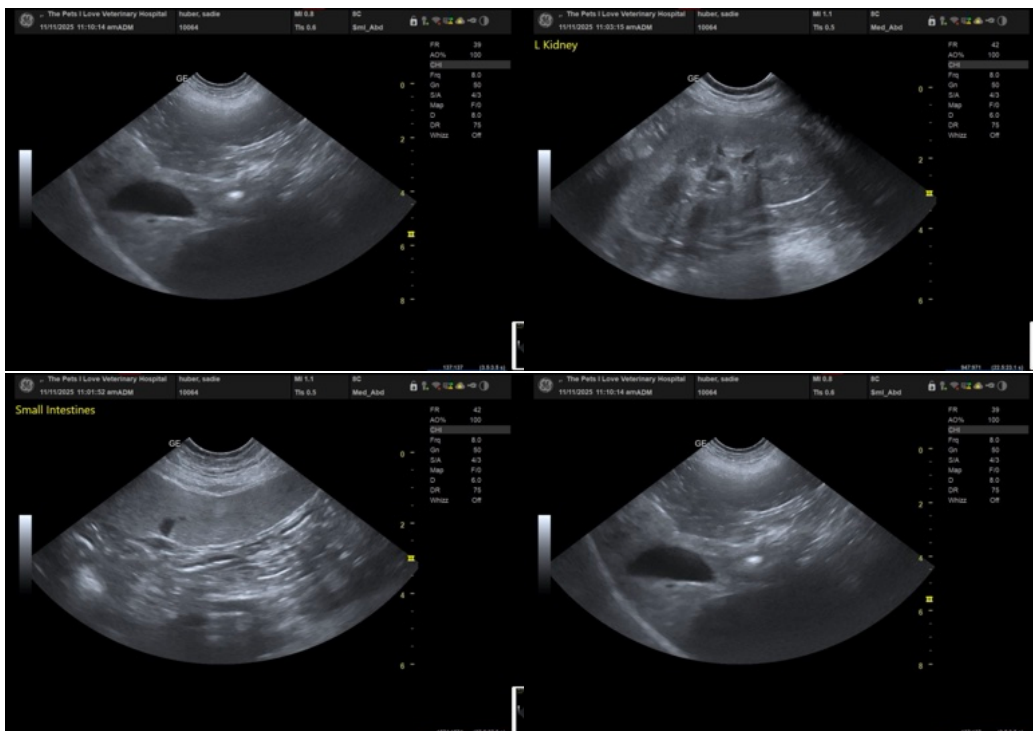
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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