



## PATIENT

Sunny Aira

## SPECIES

Canine

## BREED

Welsh Corgi

## SEX

Neutered male

## AGE

5 years

## WEIGHT

36 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Gudrun Gunther

## HOSPITAL NAME

New Frontier Animal  
Medical Center

## REFERRING VET

Dr. Gunther

## INVOICE

68612

## DATE

11/12/25

## PRESENTING CLINICAL SIGNS

History: 10/27/25 - See for acute vomiting, hyporexia, diarrhea. Treated for pancreatitis and elevated liver enzymes with oral Amoxicillin/Clavulanate and Cerenia, Cerenia injection, rx Hill's I/D lowfat 11/11/25 - no vomiting, diarrhea, moderate hyporexia Recheck bloodwork  
Abnormal PE/Chem/CBC/UA Results: 10/27/25: CBC - leukocytosis due to neutrophilia CHEM - ALT 870 ALP 1004 GGT 18 Pancreatic Lipase significantly elevated -795 11/11/25 - ALT 617 ALP 1990 Pancreatic Lipase - 1685 CBC/CHEM for today pending Abdominal fluid - serosanguinous

## 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 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 6.1 cm. The left kidney measured 5.8 cm.

### 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. The left adrenal gland measured 2.53 x 0.59 cm at the caudal pole and 0.43 cm at the cranial pole. The right adrenal gland measured 2.3 x 0.8 cm.

### Spleen

The **spleen** was slightly heterogenous with subtle, micronodular changes. Slight free fluid was noted around the spleen with enhanced mesentery in the cranial abdomen. This is likely owing to portal hypertension.

### Liver

The **liver** revealed coarse architecture with increased portal markings and subnormal size with significant remodeling. The gallbladder wall was thickened and echogenic. The regional lymph nodes in the cranial abdomen were enlarged and measured up to 1.5 cm.



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## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

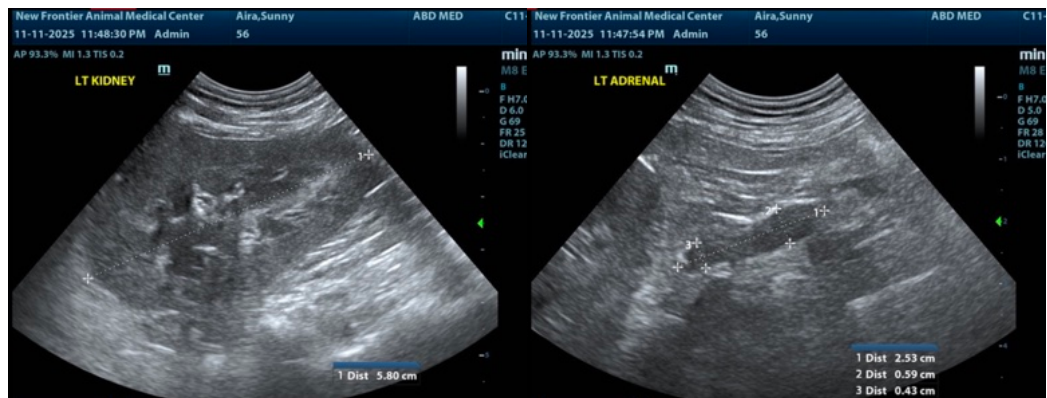
The right limb of the **pancreas** revealed mixed, hypoechoic parenchymal changes and irregular contour.

## ULTRASONOGRAPHIC FINDINGS

- Cholangiohepatitis liver presentation with multi-focal lymphadenopathy. Hepatic failure. Potential round cell neoplasia/lymphoma.
- Concurrent right limb pancreatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers are indicated. FNA of the accessible lymph nodes, right pancreatic limb, liver and spleen are indicated or core liver biopsy. The prognosis is extremely guarded.





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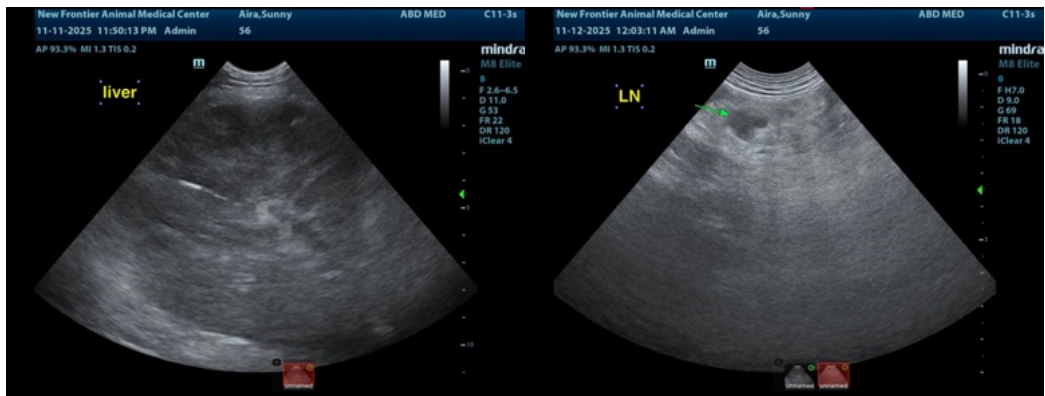
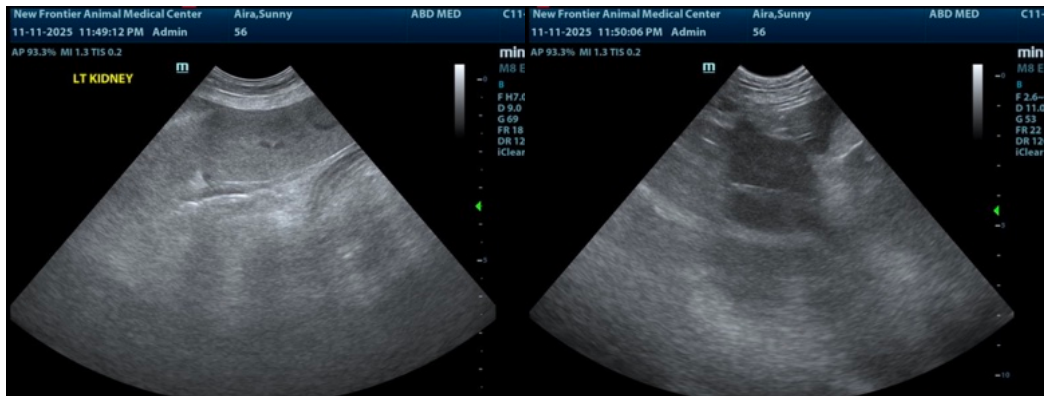
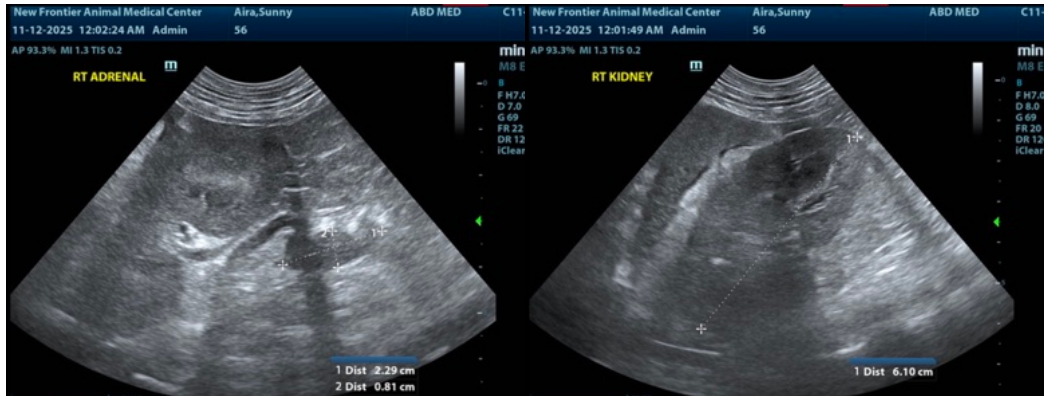
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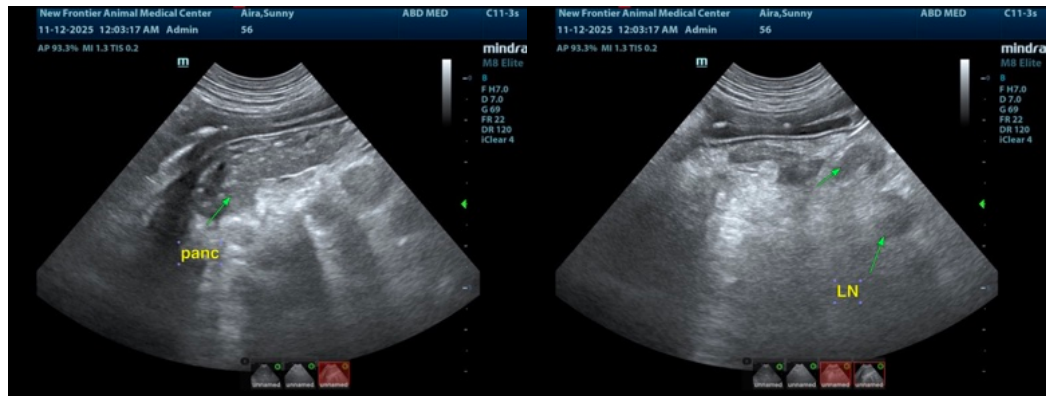
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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