



PATIENT

Canela Prieto

SPECIES

Canine

BREED

Border Terrier

SEX

Spayed female

AGE

12 years

WEIGHT

17 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Coen

INVOICE

68731

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: 10/20/2025 P was treated for Giardia from Columbia 4-6 months ago. 2 days ago, she regurgitated twice. She ate a little yesterday and then none today. She has been shaken when she is resting at home. She is drinking a little. Meds: Metro, Fenbendazole/praziquantel, pro-biotics about 4 months ago. Prevention: Simparica Trio 11/06/25 Recheck, still not eating well Breath smells bad Smells food and walks away Feeds a home cooked meal and dry kibble Stools have been soft Drinks less than normal NO vomiting Pet takes Simparica Trio monthly Diet: Turkey/duck kibble, mixed veggies and blueberries. RX Entyce 15 mg/ml 0.8 ml PO Q 24 15 ml sent home Advised owner to administer Pepcid or Omeprazole 10 mg daily 11/13/25 Recheck P is still not eating adequately per Owner. Gave Entyce for a week, no improvements while on appetite stimulant. P gagging when meds are administered O offering different foods. Current Diet: Dry food turkey w/ veggies Only vomited (green bile) once this morning Started giving Omeprazole 1/2 tab Had soft stool yesterday Drinking less Pred 5mg: 1/2 tab PO BID x 4 days. Then SID x 7 days. Then q48hrs. #10 Mirtazapine 15mg: 1/2 tab PO SID #5 Sucralfate 1g: crushed 1/2 tab with water PO BID #10

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 3.9 cm. The right kidney measured 4.02 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 right adrenal gland measured 1.7 x 0.4 cm at the cranial pole and 0.44 cm at the caudal pole. The left adrenal gland measured 1.88 x 0.58 cm at the cranial pole and 0.38 cm at the caudal pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without



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signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed non-disruptive, hypoechoic nodular changes, particular in the left lateral liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

The **stomach** was filled with shadowing material, likely ingesta; however, soft foreign matter cannot be ruled out. This measured up to 2.5 cm. Variable, mild, small intestinal thickening was noted and measured up to 0.5 cm with some early loss of mural detail and reactive surrounding mesentery. Mucosal striations and fogging were noted elsewhere.

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

Age related abdominal changes.

Enteritis and sectorial lymphangectasia pattern.

Regional intestinal thickening, potential emerging GI lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for lymphangectasia and inflammatory bowel is indicated. However, a recheck sonogram is recommended in 10-14 days. Note that the prednisone may be suppressing a more significant presentation.



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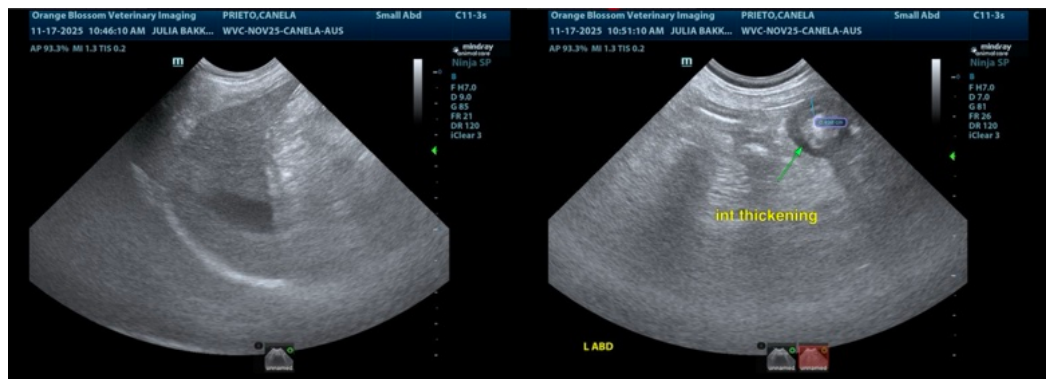
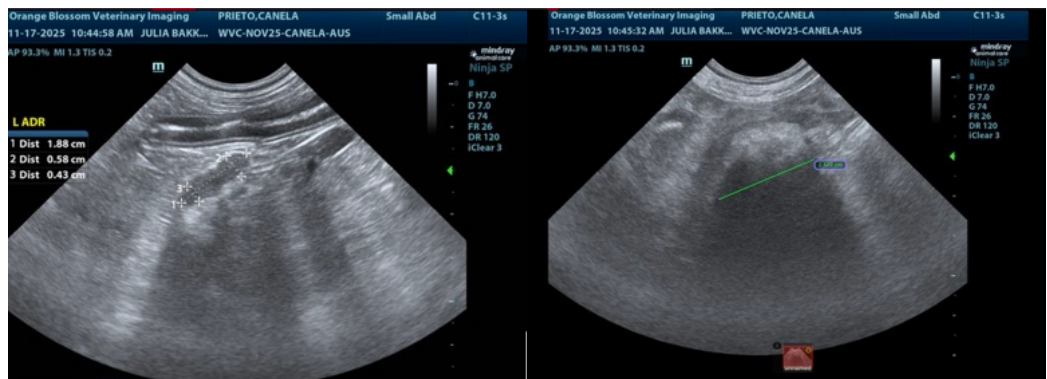
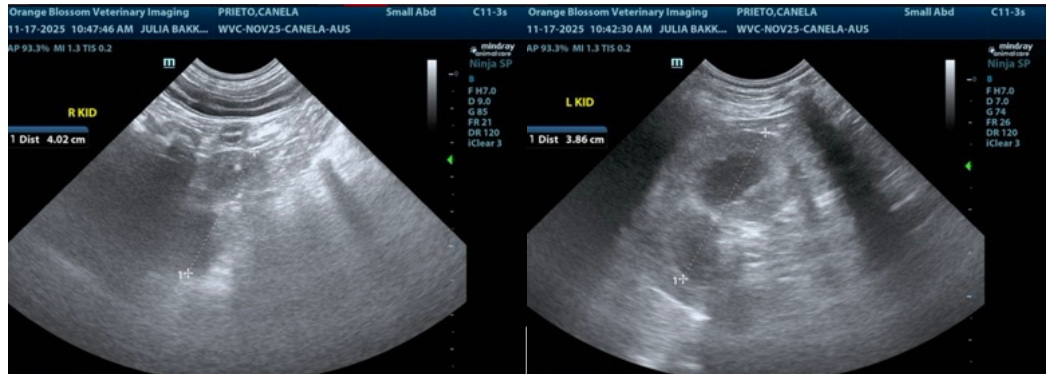
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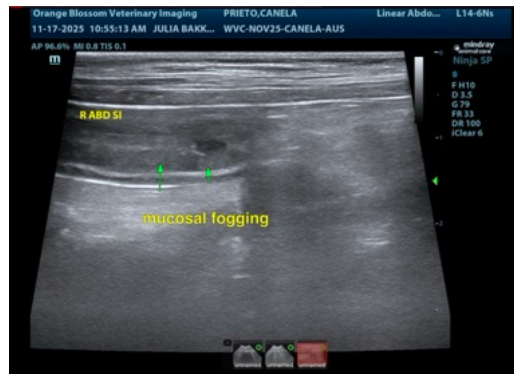
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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