



PATIENT

Kalohee Varela

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

11

WEIGHT

33.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Chris Hovenden

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Chris Hovenden

INVOICE

71866

DATE

11/17/25

PRESENTING CLINICAL SIGNS

Hypotension, prolonged CRT, tachycardia, tachypnea on triage- resolved. Open diagnosis for suspected hypovolemic shock. Presents for lethargy, diarrhea and constant panting. Febrile at presentation (105.2F) 12 hours ago, now normothermic. Began 2d ago after P couldn't jump on couch. She has been non-weight bearing on her left front leg since this morning. Historic front limb arthritis. Decreased appetite, but still eating. The owners have been feeding her chicken and rice for the last 2 days. No possible fish exposure.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 41.8%(N), WBC 21.39(H), Retic. hemoglobin 19.7(L), Neu 16.42(H), suspected bands, Mono 1.95(H), PLT 173(N) Chem17: Glob 4.9(H), ALP 229(H)

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 6.77 cm. Right kidney measured 6.83 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

Liver

The **liver** presented minor uniform enlargement. Parenchyma was uniform with a minor amount of remodeling. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted.



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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.

Free Abdomen

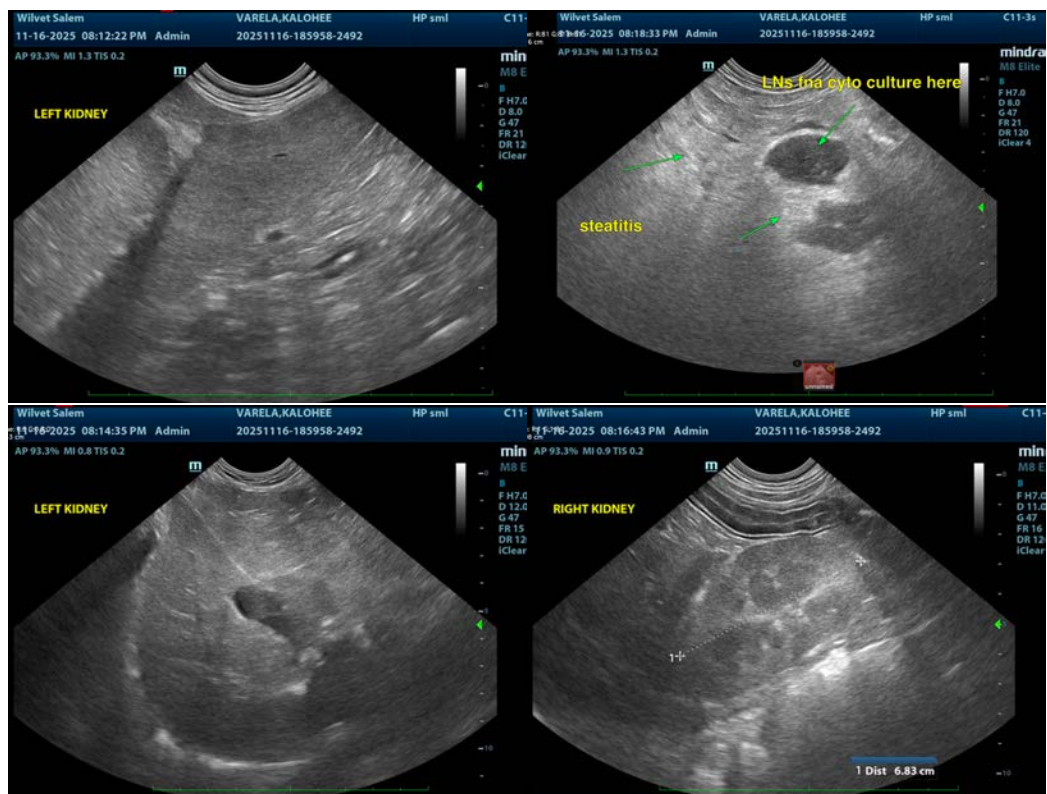
The caudal abdomen revealed hypoechoic rounded lymph node enlargement with regional inflammation and steatitis. The largest lymph node measured approximately 2.0 cm x 1.0 cm. Inflamed regional tissues and slight areas of free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Minor hepatic enlargement, subjectively benign hepatopathy.
- Caudal abdominal lymphadenopathy with regional steatitis pattern.
- Age related renal changes.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA, cytology and culture of the caudal abdominal lymph node indicated. FNA of the liver also indicated for further definition. Round cell neoplasia versus aggressive lymphadenitis possibly related to insect bite or toxin or aggressive bacteria.





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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,
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