



PATIENT

Mya Horton

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

14 Years

WEIGHT

10

INTERPRETED BY

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

IMAGING PERFORMED BY

Ray Caughman

HOSPITAL NAME

Dogwood Animal
Hospital

REFERRING VET

Dr. Ashika Augustine

INVOICE

72030

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Patient presented 4 weeks ago with bleeding, O are unsure if she is spayed or not. At the time of presentation, vulva was not swollen and patient had a UTI. On 2 week recheck UTI was cleared but bleeding remains.

Abnormal PE/Chem/CBC/UA Results: Grade 4/6 holosystolic murmur

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 2.8 cm. The right kidney measured 3.7 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 0.38 cm. The right adrenal gland measured 0.35 cm.

Spleen

The **spleen** revealed a focal hypoechoic nodule measuring 1.6 cm at the mid cranial body. Disruption of architecture noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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 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

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



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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 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.

Other

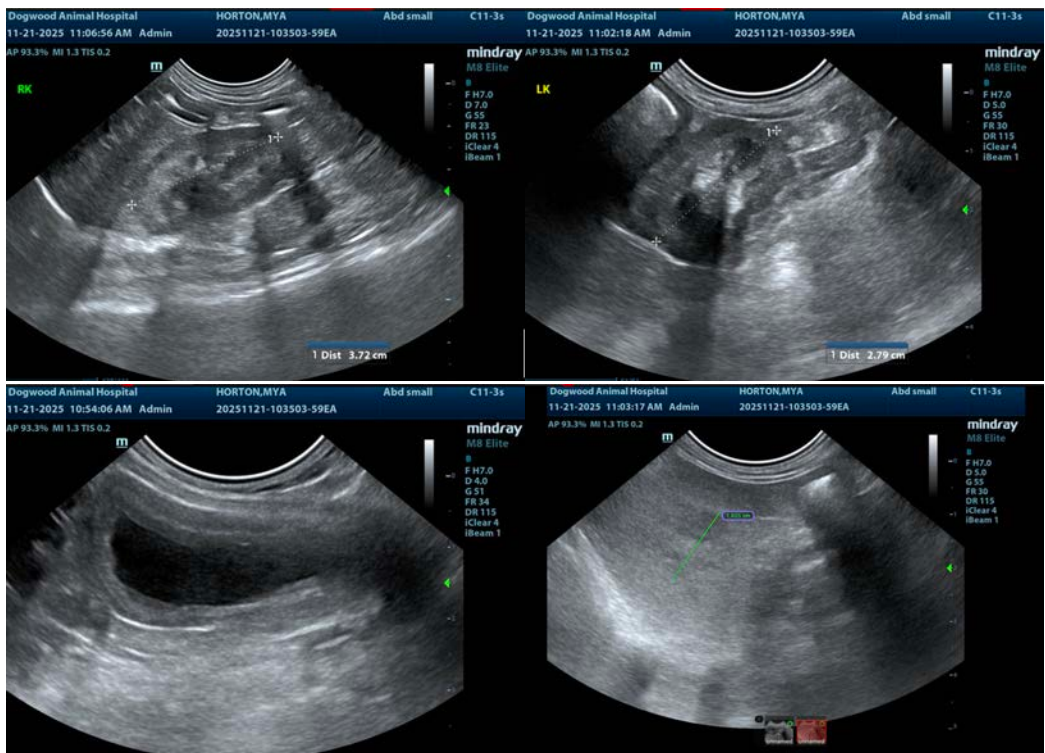
The uterus was thickened (0.67 cm). The left uterine horn was slightly fluid filled. The ovaries were not visualized.

ULTRASONOGRAPHIC FINDINGS

- Thickened uterus with slightly fluid filled left uterine horn.
- Hypoechoic splenic nodule.
- Age related urinary bladder and kidney changes.
- Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This appears to be an intact female. However, the ovaries were not overtly visualized yet the uterus appears pathological, consistent with metritis or active heat with chronic mucosal changes. Recommend ovariohysterectomy and splenectomy in this patient after chest radiographs and echocardiogram.





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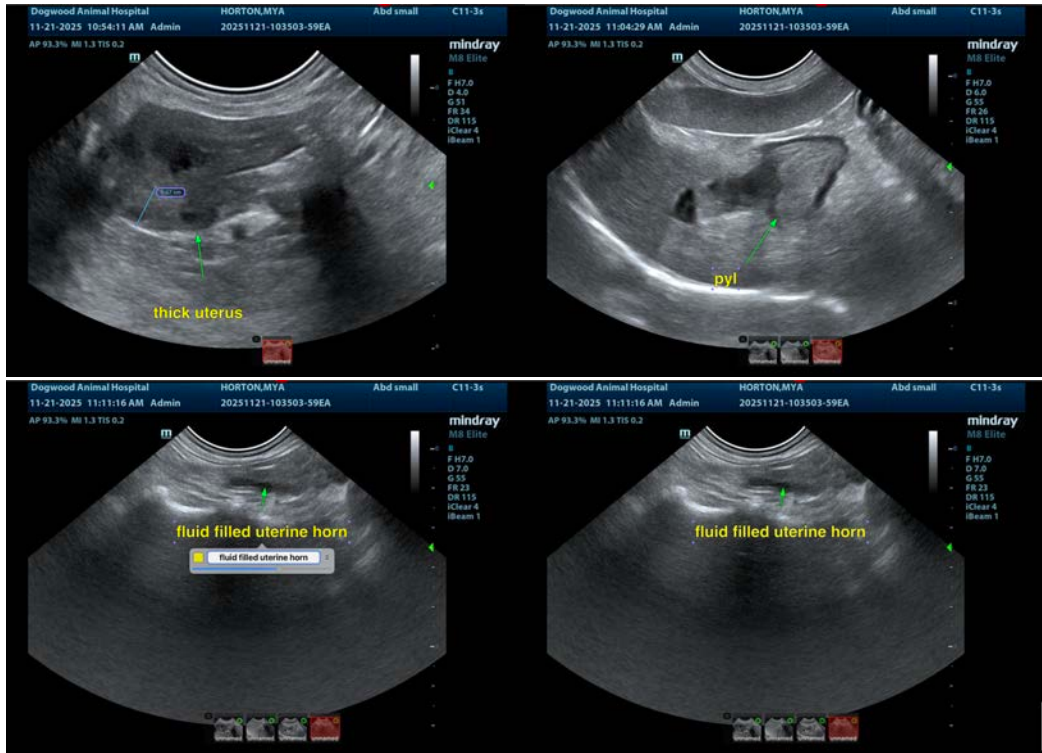
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com