



PATIENT

Wiggles Doherty

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

10 Years

WEIGHT

41.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brittany Wolfe

HOSPITAL NAME

HomeVets

REFERRING VET

Dr. Brittany Wolfe

INVOICE

72059

DATE

11/21/25

PRESENTING CLINICAL SIGNS

P has had some unintentional weight loss and has become very PU/PD and increased appetite. Multiple Blood pressure readings have all been normal.

Abnormal PE/Chem/CBC/UA Results: Nov 15th UA, USG 1.025, pH 5.5, otherwise normal CBC/chem/t4 in June all normal ATCH in July normal ACTH today, still normal but a little higher

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 **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 left kidney measured 7.0 cm.

Adrenal Glands

The **right adrenal gland** was 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 0.90 cm at the cranial pole and 0.55 cm at the caudal pole.

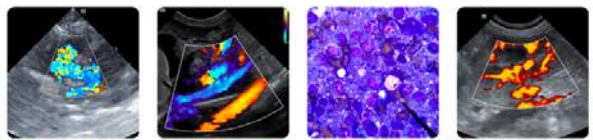
The **left adrenal gland** was largely normal with slight irregularity in one view. Slight area of mineralization noted. The left adrenal gland measured 0.50 cm.

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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

The gastric wall was slightly thickened. Excessive GI gas noted. Some mucosal remodeling was noted in the gastric wall. No loss of mural detail. Gastric wall measured up to 1.2 cm. The small intestine and colon were unremarkable.

Pancreas

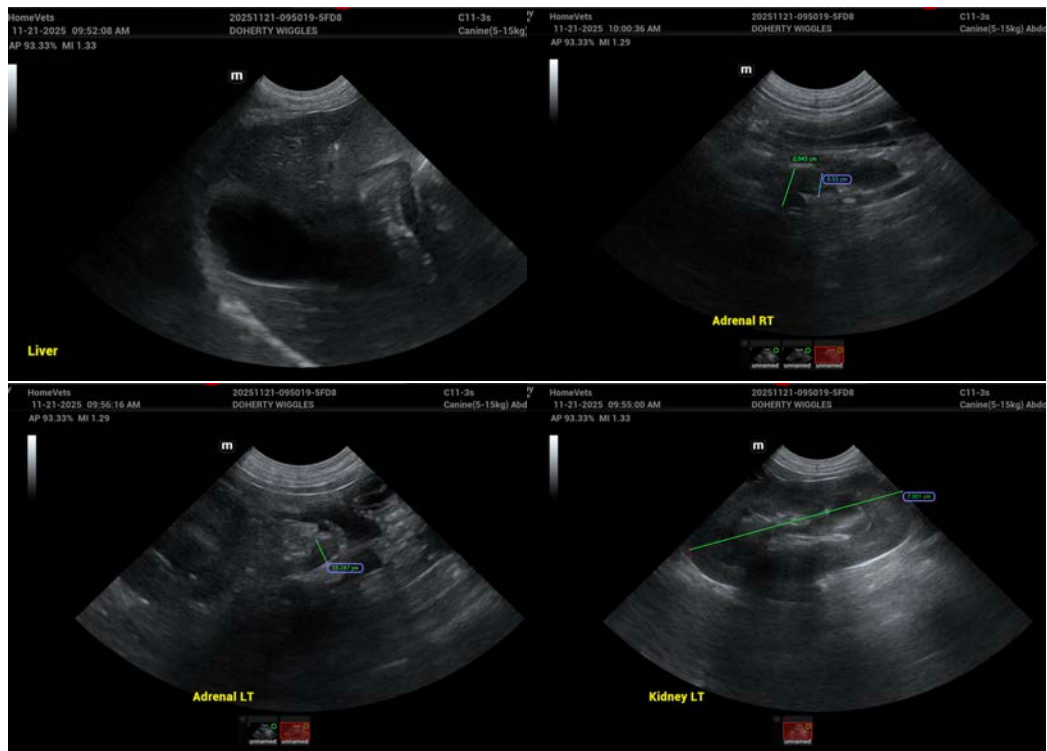
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable adrenal glands.
- Slightly thickened gastric wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for potential clinical signs related to chronic gastritis recommended. I cannot rule out PDH or potential emerging left adrenal tumor. However, the changes were subtle on the left adrenal. The right adrenal appears normal.





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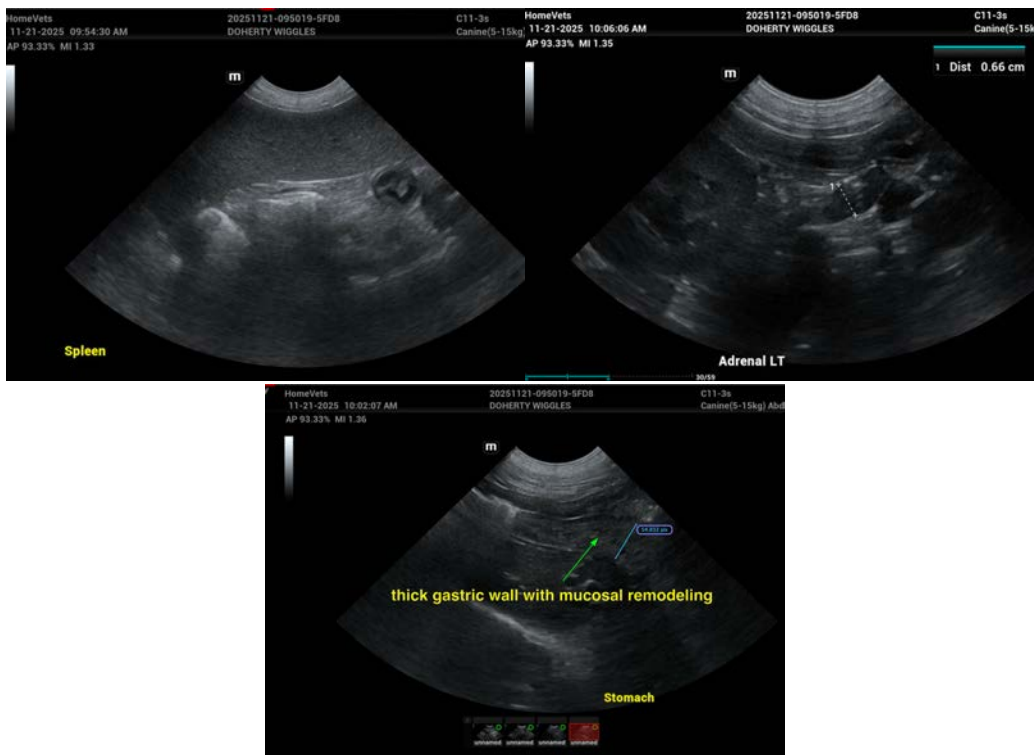
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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