



## PATIENT

Luna De Leon

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Female

## AGE

5 Months

## WEIGHT

16.5 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Maria Lara

## HOSPITAL NAME

Allure Veterinary  
Hospital & Urgent Care

## REFERRING VET

Dr. Chelsea Rivera

## INVOICE

72186

## DATE

11/27/25

## PRESENTING CLINICAL SIGNS

Patient was hospitalized 11/25 after being diagnosed with Parvovirus Enteritis on 11/23 receiving Monoclonal Antibody with no major improvement since then, patient was started on trickle feeding through a NG tube, Cerenia, Ondansetron, Ampicillin Sulbactam, Amikacin, Methadone and Pantoprazole. Patient was Leukopenic on presentation with unremarkable chemistry. Luna has been on continuous monitoring of blood glucose (all normal) PCVs and electrolytes. 11/26 regurgitation was present, radiographs did not show signs of foreign body or intussusception - metoclopramide was added to treatment plan. 11/27 rDVM raised concern for intussusception, patient still regurgitated overnight of 11/26 to 11/27.

Abnormal PE/Chem/CBC/UA Results: 11/25 9:51am WBC 1.21 K/mcL (5.05-16.76) L NEU 0.04 K/mcL (2.95-11.64) L LYM 0.86 K/mcL (1.05-5.1) L EOS 0.01 K/mcL (0.06-1.23) L 11/25 11pm Na 144 mmol/L (145-157) L 11/26 10am HCT 30.8% (37.3-61.7) L WBC 3.01 K/mcL (5.05-16.76) L NEU 0.07 K/mcL (2.95-11.64) L EOS 0.04 K/mcL (0.06-1.23) L 11/26 ALB 1.9 g/dL (2.1-3.6) L 11/27 HCT 35.7% (37.3-61.7%) L WBC - WNL NEU 0.06 K/mcL (2.95-11.64) L LYMP 7.23 K/mcL (1.05-5.10) H MON 1.91 K/mcL (0.16-1.12) H EOS 0.03 K/mcL (0.06-1.23) L

## 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 2.0 cm beyond the cystourethral junction.

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 5.8 cm. The right kidney measured 7.25 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 0.80 cm at the cranial pole and 0.50 cm at the caudal pole. 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.



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## 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.

## Gastrointestinal

The **stomach** was empty, as was the small intestine. Some spastic small intestine noted. Soft stool noted in the colon. Juvenile mesenteric lymph nodes 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.

## ULTRASONOGRAPHIC FINDINGS

- Enterocolitis pattern.
- Juvenile mesenteric lymph nodes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign bodies. Supportive care should prove effective.

Differentials for diarrhea include occult parasitism, dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Most acute cases of diarrhea will respond to probiotic therapy, fiber, and gastrointestinal diets over the next 3-5 days.

Given the lack of response to management, for an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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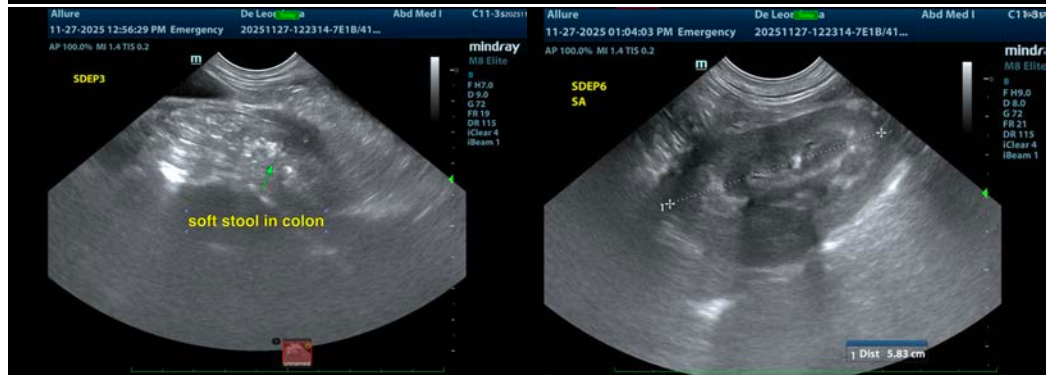
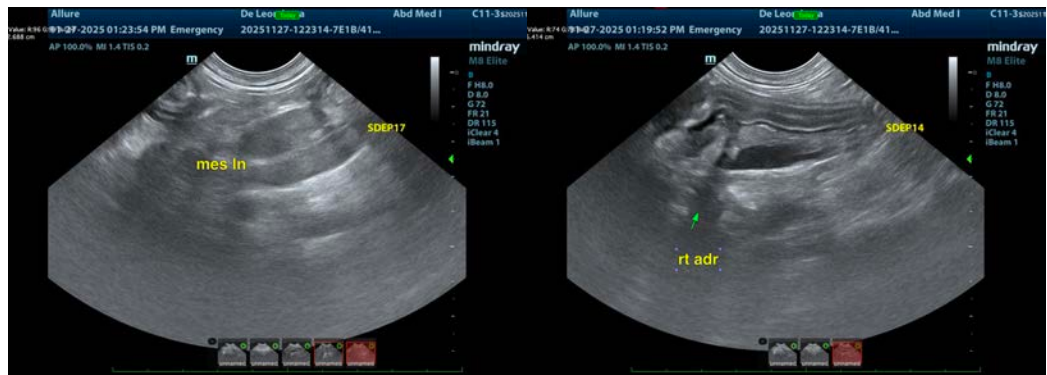
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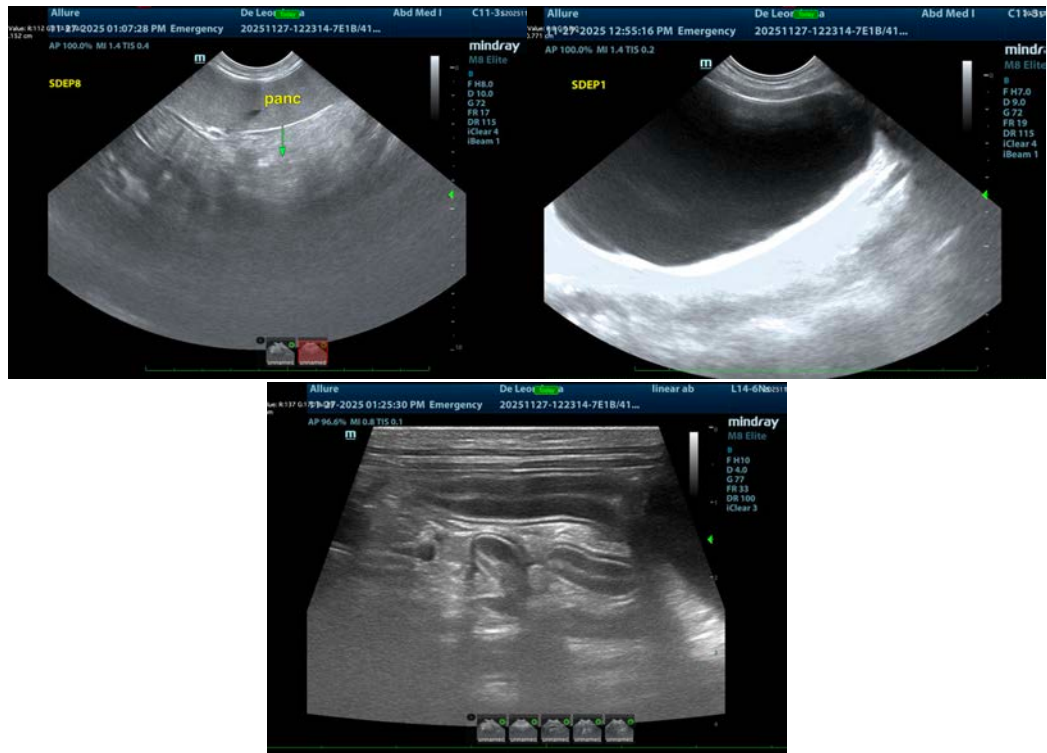
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)