



## PATIENT

Athena De Leo

## SPECIES

Canine

## BREED

American Bully

## SEX

Spayed Female

## AGE

6 Years 10 Months

## WEIGHT

55.5 pounds

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (Canine &  
Feline), Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Tracy Eure

## HOSPITAL NAME

Moyock Animal  
Hospital

## REFERRING VET

Dr. Tracy Eure

## INVOICE

12517

## DATE

12/01/25

## PRESENTING CLINICAL SIGNS

Athena has been lethargic with vomiting, diarrhea, and inappetence since this past Friday. She was treated with supportive fluids and Cerenia at the ER over the weekend. She has not vomited or had diarrhea in the past 24 hours but is still not eating.

Abnormal PE/Chem/CBC/UA Results: Chemistry panel was WNL today. CBC revealed an increased WBC, and bacteria was present in the urine on the UA today. She has a history or chronic, recurring UTIs. See attached Bloodwork

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** and visible pelvic urethra (to a depth of 3.0 cm) were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 right kidney measured 6.78 cm in length. The left kidney measured 5.4 cm in length.

### *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 0.40 cm width. The right adrenal gland measured 1.0 cm width at the cranial pole and 0.57 cm width at the caudal pole.

### *Spleen*

The **spleen** presented mildly enlarged and slightly folded upon itself.

### *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*

There was some residual chyme and gas 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



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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. No associated abnormal lymphatic activity was noted.

## *Pancreas*

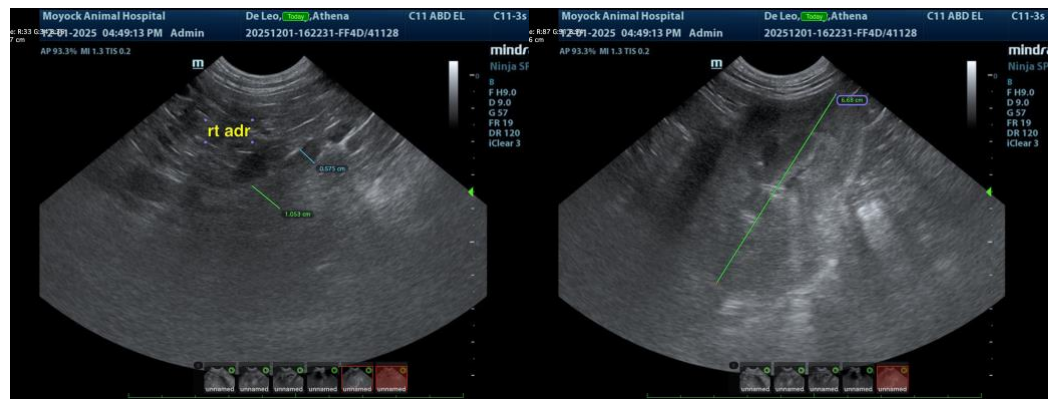
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Minor splenic enlargement.
- Partially full stomach.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Oral and esophageal disease should be considered as the visceral presentation is benign.



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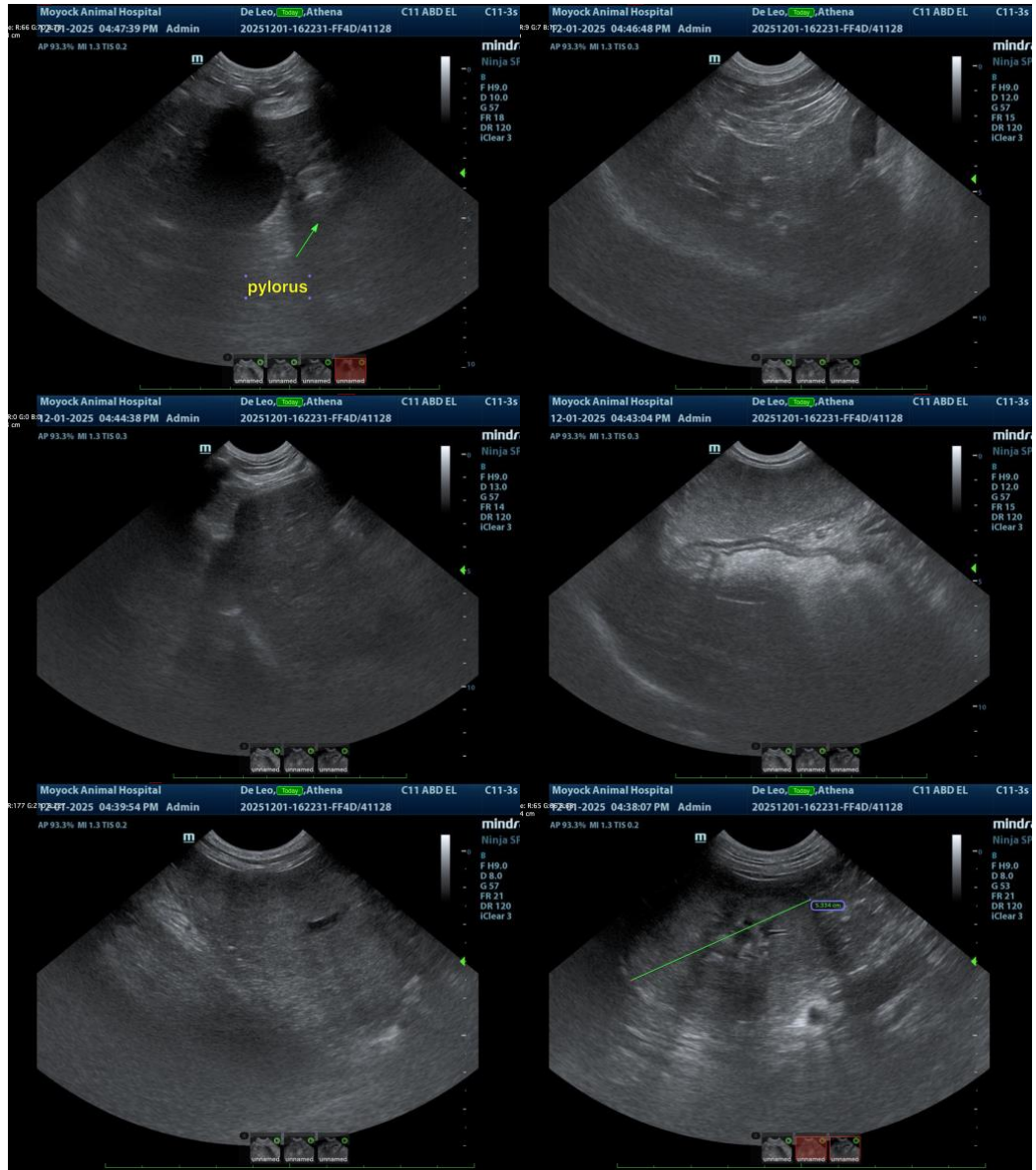
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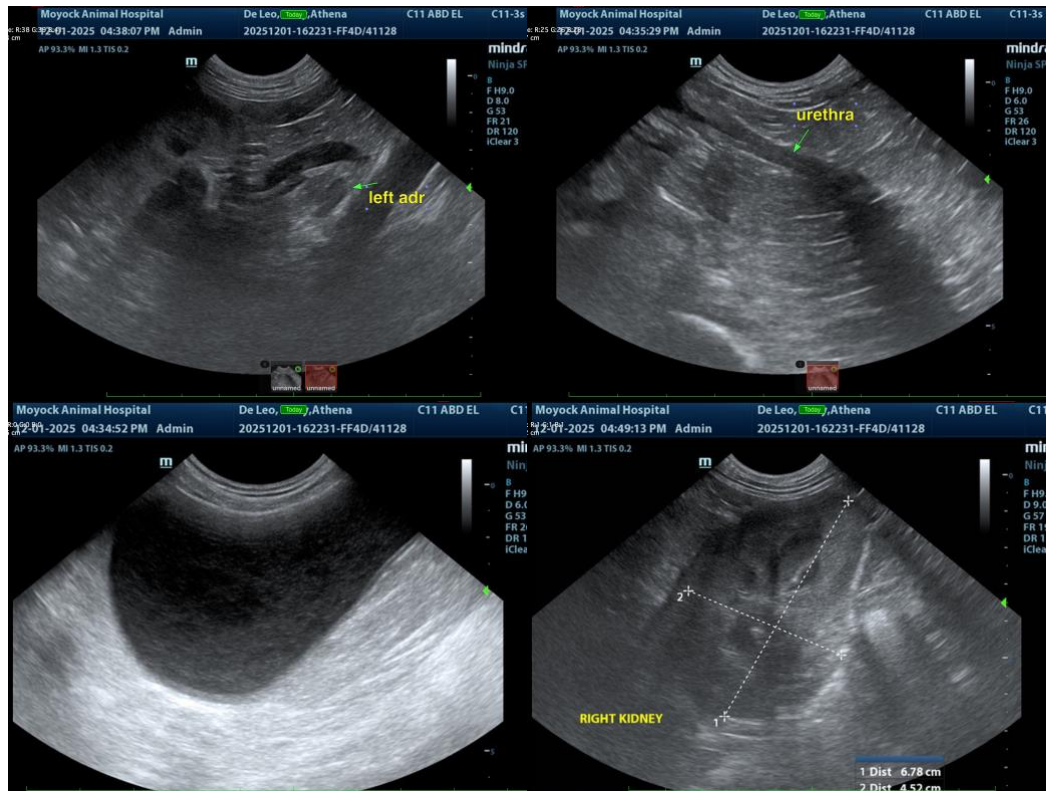
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
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