



PATIENT

Maisie Amundson

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed female

AGE

2 ½ years

WEIGHT

13.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Betsy

HOSPITAL NAME

Inspire AH Highalnds
Ranch

REFERRING VET

Dr. Wolsky

INVOICE

69479

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Patient has had bloody diarrhea for a significant portion of her life, unresponsive to food changes (currently on ultamino), and tylan powder. Resting cortisol was wnl (3.1) January 2025- Texas A&M GI profile was unremarkable except for slightly increased TLI. Patient had bronchopneumonia in late October (resolved without issue). Has been on metronidazole multiple times without response. O has declined repeating labwork at this time. Fecal run in 3/2025 was NSF. Abnormal PE/Chem/CBC/UA Results: BCS 3/9, has gone from 15.6 lbs to 13.6 lbs in 1.5 months. TLI in January 2025 was >50

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 was 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 4.14 cm. The right kidney measured 4.09 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 0.3 cm. The right adrenal gland measured 0.75 cm at the cranial pole and 0.62 cm at the caudal pole.

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 was 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



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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

Examination of the **gastrointestinal tract** revealed gastric hypertrophy and mild areas of luminal fluid. The gastric wall thickness measured up to 1.0 cm. Minor intestinal thickening was noted with areas of muscularis hypertrophy. The colon was unremarkable.

Pancreas

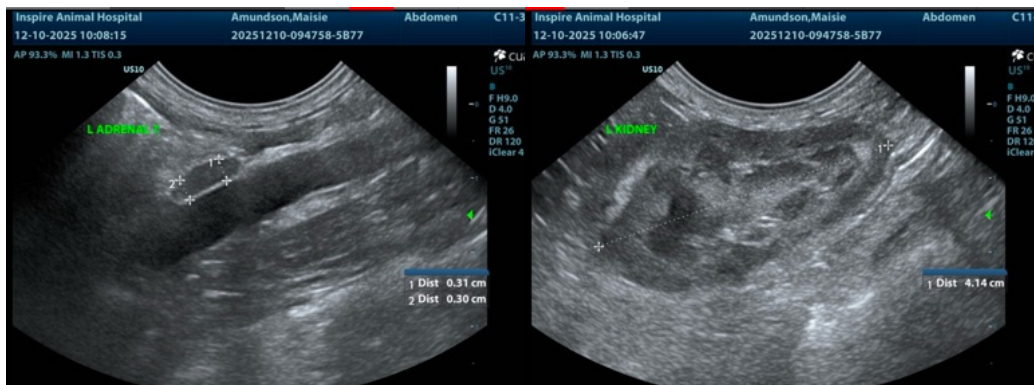
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Non-specific gastroenteritis pattern with pyloric hypertrophy. Underlying inflammatory bowel or occult parasitism and dietary intolerance are all potentials.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of neoplasia or foreign bodies. Full thickness surgical biopsies of the GI tract would be ideal.





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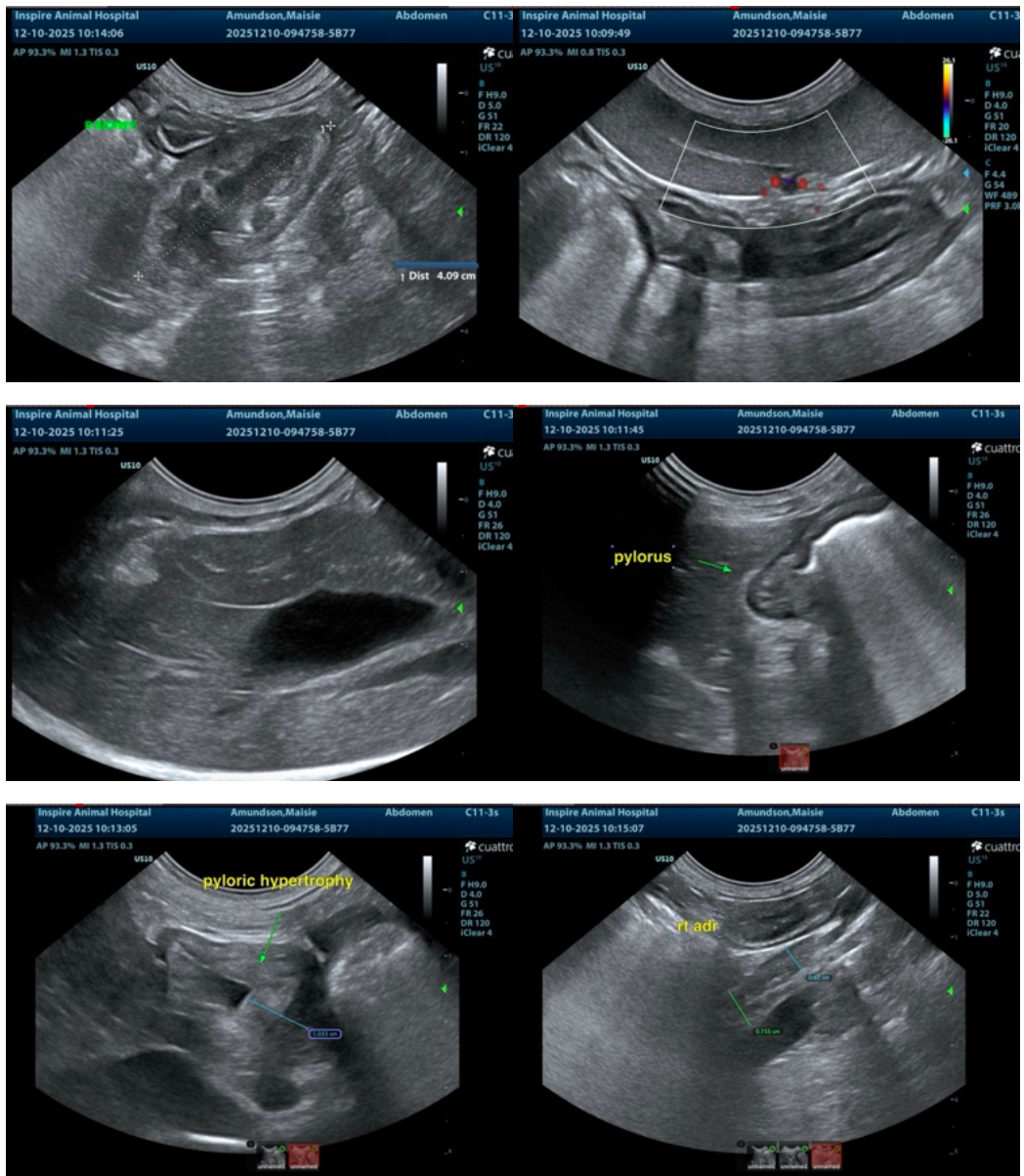
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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