



PATIENT

Hoop Connolly

SPECIES

Canine

BREED

Australian Shepherd x

SEX

Spayed Female

AGE

10 Years

WEIGHT

13.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Honsted

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Honsted

INVOICE

72648

DATE

12/18/25

PRESENTING CLINICAL SIGNS

P presented for having diarrhea for the past 4 days. Owner says that it is liquidy and has blood in it. No vomiting or lethargy. P does have history of pancreatitis. Recently switched from fresh pet roll to bag. No current medications. Current Medications: No F/T/HW prevention. Assessment: Pancreatitis, IVDD, Overweight, Periodontal Dz.

Abnormal PE/Chem/CBC/UA Results: Please see attached radiology report and bloodwork.

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. Right kidney measured 4.6 cm. Left kidney measured 4.48 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. Right measured 0.95 cm at the cranial pole and 0.70 cm at the caudal pole.

The region of the **left adrenal gland** was unremarkable.

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** presented mild increased portal markings. The gallbladder and common bile duct were unremarkable. History of cholangiohepatitis likely yet changes were fairly mild.

Gastrointestinal

The gastrointestinal tract was structurally unremarkable with empty lumen. Minor soft stool noted in the colon. Minor excessive GI gas noted without evidence of visceral disease.



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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

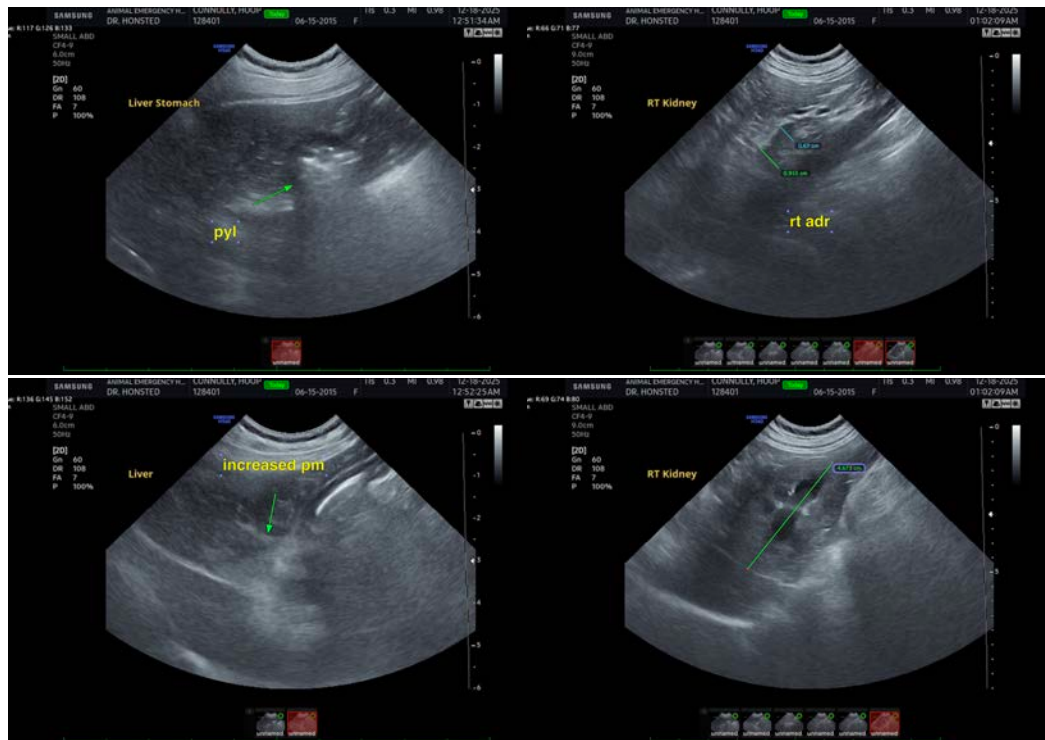
- Non-specific mild gastrointestinal upset without structural disease.
- Mild hepatic remodeling.

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.

Radiographs: Mild abnormal GI content.





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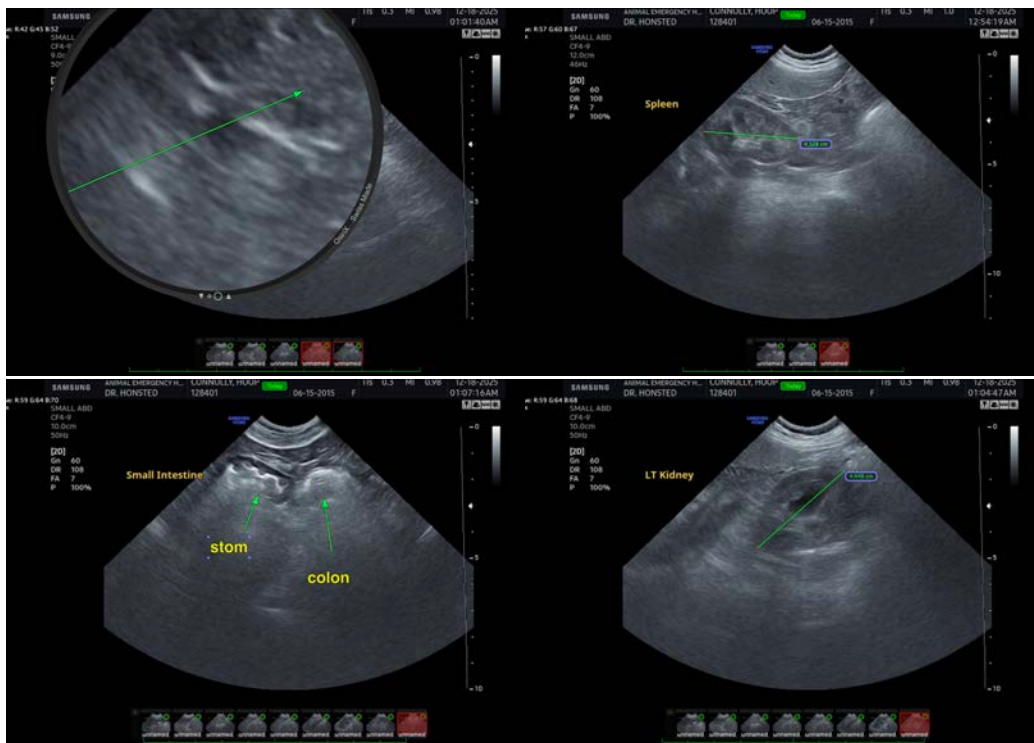
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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