



PATIENT

Puppy Kahlua Graham-Aquilino

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

10

WEIGHT

69

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Kahn

INVOICE

35960

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: vomited 4 times today Current meds Niacinamide Pimobenden Levothyroxine Zonisamide Potassuim Bromide Pheno.

Abnormal PE/Chem/CBC/UA Results: WBC 41 K Neuts Mono Lipase 932 Pheno 19.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra 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. This is a moderate change. 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 right kidney measured 6.0 cm. The left kidney measured 6.3 cm.

Adrenal Glands

The **left 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 0.6 cm.

The region of the **right 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** revealed heterogenous multifocal hypoechoic nodular changes with disruption of architecture. The largest nodular measured up to 2.0 cm in the left lateral liver. Ultrasound guide FNA is indicated to assess for metastatic disease. Slight free fluid was noted between the liver lobes. The gallbladder and common bile duct were unremarkable.

Gastrointestinal



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Some retention of ingesta was noted in the **stomach**. Reactive mesentery was noted associated with minor areas of small intestinal thickening without overt neoplastic criteria. **See Free Abdomen section.

Pancreas

**See Free Abdomen section.

Free Abdomen

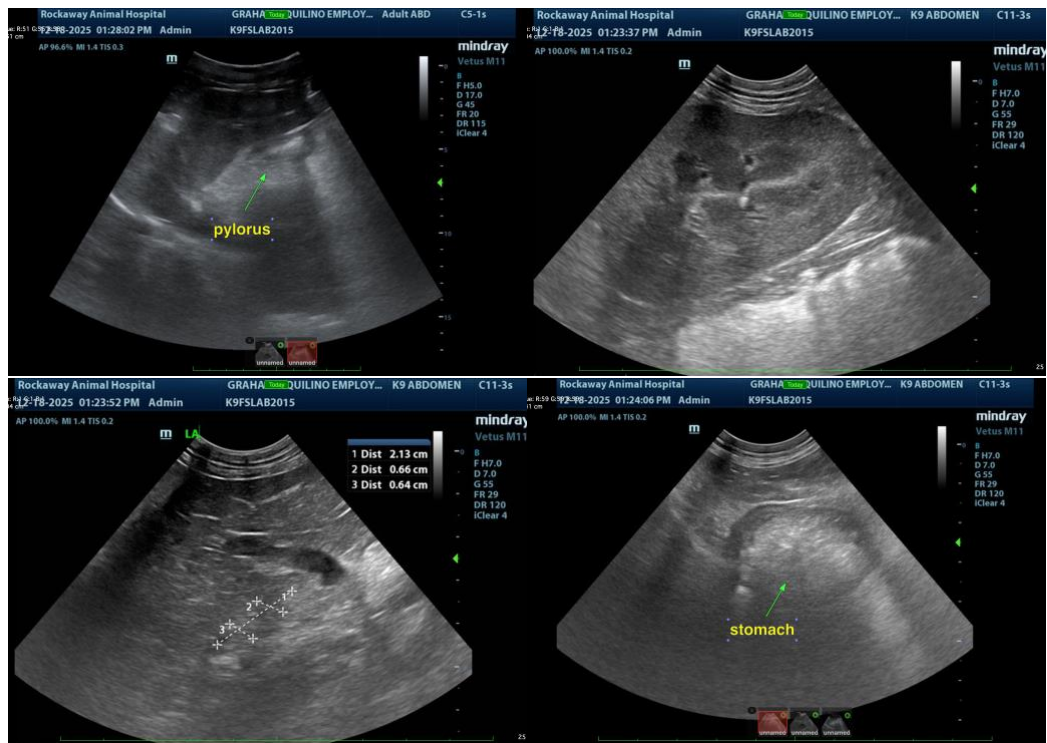
Steatitis pattern was noted associated with the stomach, pancreas, and colon.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis/steatitis/pancreatitis pattern with undefined hepatic nodules, concern for metastatic disease versus nodular hyperplasia.
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver nodules is recommended. Management for gastroenteritis/pancreatitis with plasma expanders, broad spectrum antibiotics, GI protectant protocol and 24-hour NPO and recheck sonogram in 48-72hours is indicated to ensure adequate resolution.





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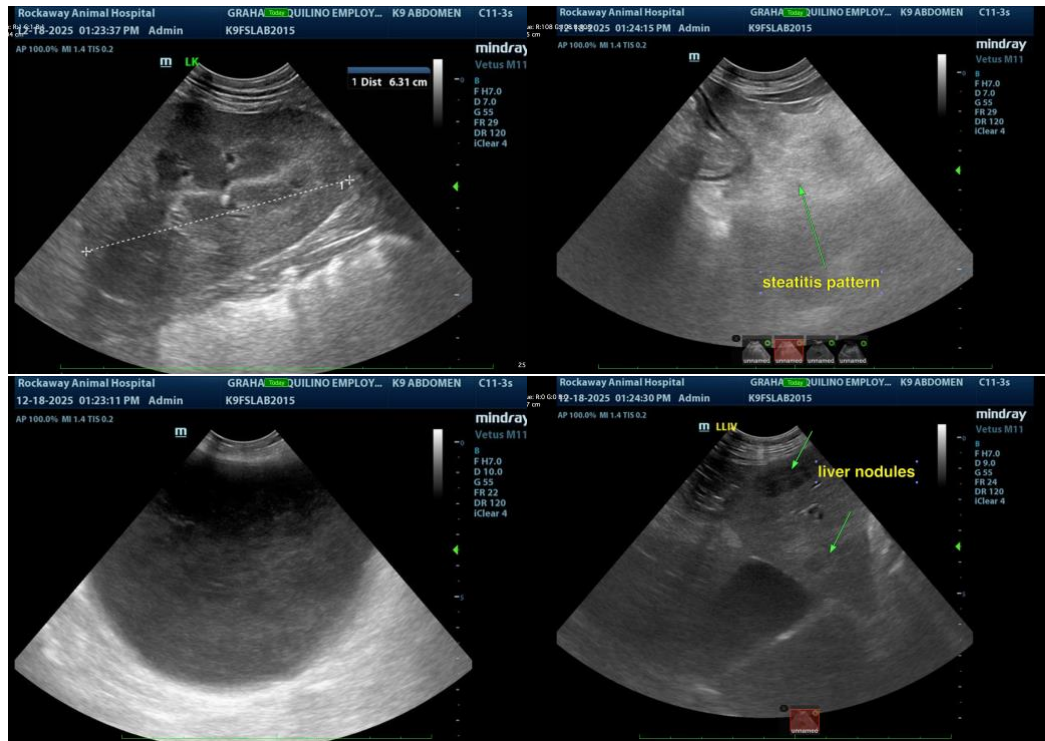
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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