



PATIENT

Sadie Kelly

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

11 years

WEIGHT

46 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anthony Smatt

HOSPITAL NAME

The Pet I Love

REFERRING VET

Dr. Smatt

INVOICE

69251

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: P present for lethargy, V+/D+ and abdominal pains - O sated since 10/17/25 - V+; food/ bile/ water - Increased thirst - Decreased appetite - Lethargic - O stated P has been drooling for the past 2 weeks - O stated P started having liquid D+ - O stated P is obviously uncomfortable. P is very gassy, stomach very gurgly Diet: - Hills Science diet Z/D dry Current Medications - Ursodiol- 1 and 1/2 tablet SID - Galliprant 60mg- 1 tab SID - Gabapentin 100mg- 1 cap BID - Thryo-Tabs 0.2mg- 1 tab BID - Cosaquin

Abnormal PE/Chem/CBC/UA Results: CBC - wnl Chem - wnl Cpli - wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.8 cm. The right kidney measured 6.8 cm with an anechoic cyst that measured 0.5 cm at the cranial pole of the right kidney.

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 left adrenal gland measured 0.6 cm. In the region of the right adrenal gland heterogenous 1.5 cm structure was noted presumed to be right adrenal gland; however, this would necessitate confirmation.

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.



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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 **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. Hyperperistalsis was noted as well as retention of ingesta. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

The **pancreas** revealed heterogenous parenchymal changes.

Free Abdomen

Remodeled mesentery was noted in the midabdomen associated with portions of the small intestine with mucosal fogging noted in portions of the small intestine.

ULTRASONOGRAPHIC FINDINGS

Enteritis and mucosal fogging, suggestive for acute on chronic inflammatory bowel and potential lymphangectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A portion of intestine may need to be resected in this patient. Exploratory surgery with resection of 6-8 cm of jejunum may be appropriate in the region of steatitis and remodeled mesentery this is an area in question. Intraoperative ultrasound would be ideal. Ultrasound-guided abdominocentesis of the free fluid, cytospin and culture would be warranted. If medical management is to be utilized only then recheck sonogram is recommended in 48-72 hours.



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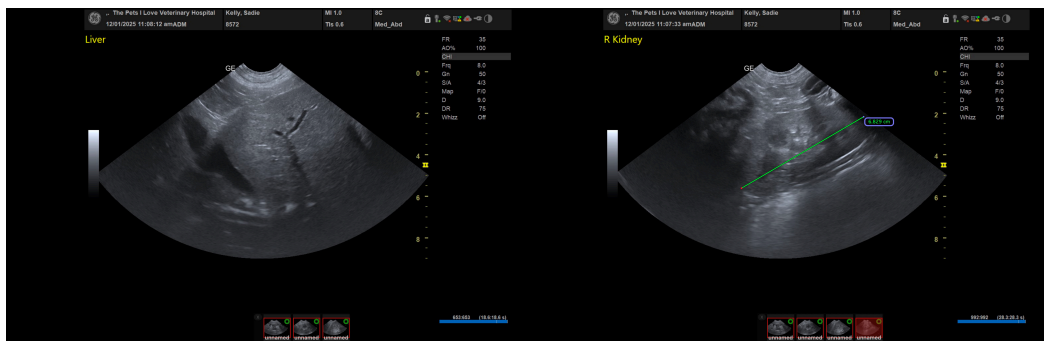
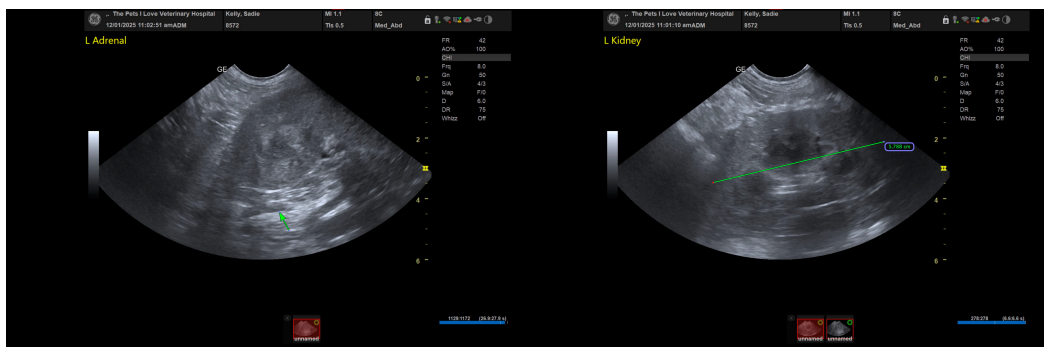
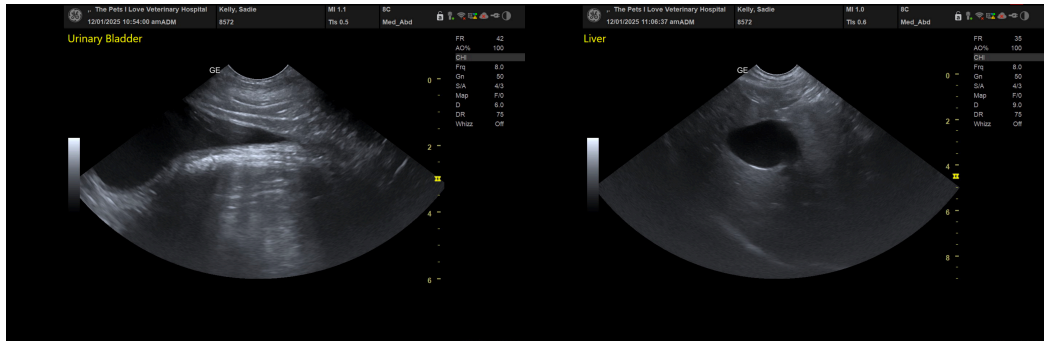
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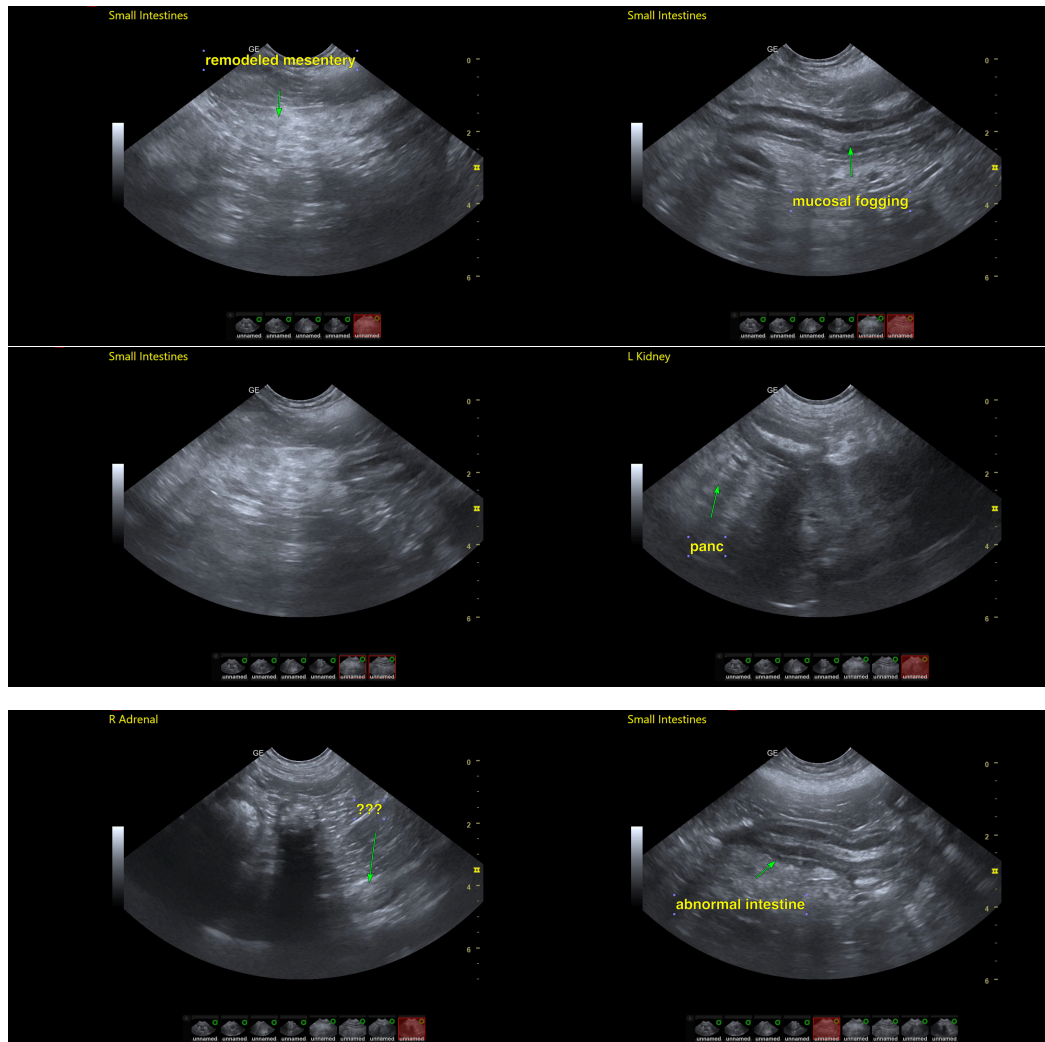
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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