



PATIENT

Mya Kransi

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

16.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassandra Van
Nieuwal, DVM

HOSPITAL NAME

AEH Volusia

REFERRING VET

Cassandra Van
Nieuwal, DVM

INVOICE

35147

DATE
12/30/25

PRESENTING CLINICAL SIGNS

History: EMPLOYEE PET Patient presented for evaluation after Owner states that p has been having diarrhea on/off for about 2 weeks. Seen 1 week ago and dx with pancreatitis, tx outpatient with abx, gi meds, and fluids. Symptoms steadily improved until this AM. P had diarrhea, vomited grass and bile, and had no interest in food. Last meal was around 10 PM last night. Diet: Started on Hill's id last week. Texas A&M Gi Panel Pending Fecal to Idexx Pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minimal amount of urine. No evidence of calculi or masses was noted. The bladder wall was slightly thickened, yet this may be recoil effect, owing to essentially empty bladder.

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 5.2 cm. The right kidney measured 5.4 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 0.5 cm. The right adrenal gland measured 1.2 cm at the cranial pole and 0.66 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 were 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 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 **stomach** was overdistended with fluid and hyperperistaltic. This is consistent with response to irritation. The stomach and small intestine were unremarkable regarding structure. There was no evidence of obstructive pattern. Areas of muscularis hypertrophy were noted throughout the small intestine, suggestive for inflammatory bowel. The colon was fluid filled.



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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.

Free Abdomen

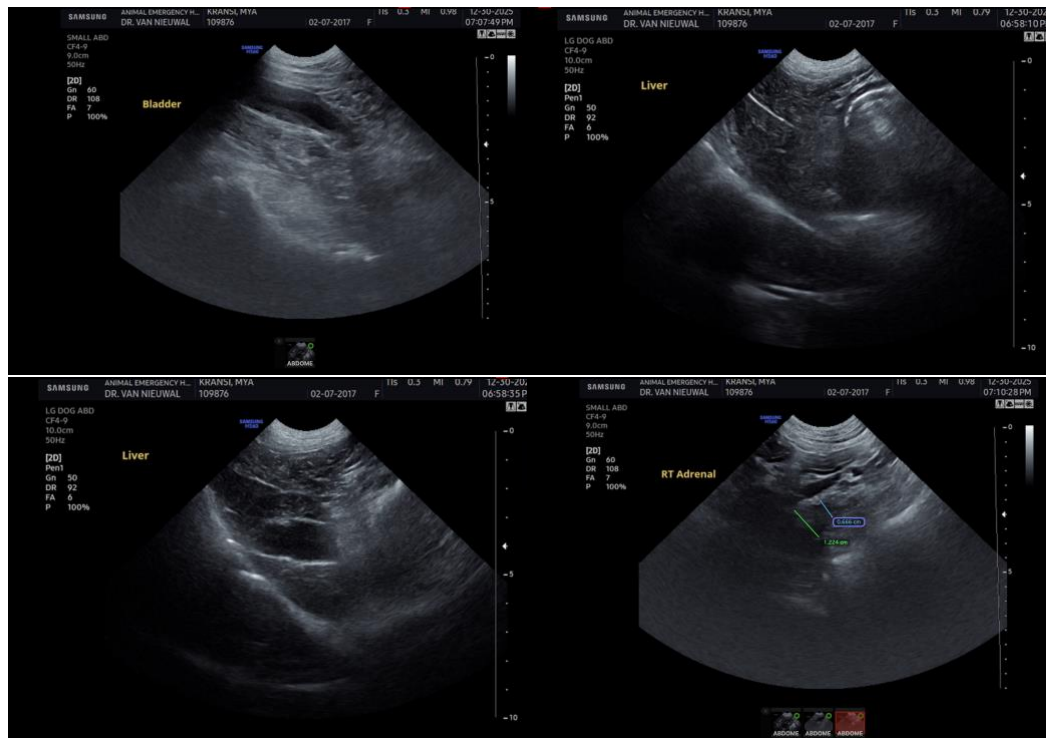
Some mesenteric **lymph nodes** (up to 1.5 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastrointestinal upset/gastroenteritis – parasitism, inflammatory bowel, dietary intolerance are all possible.
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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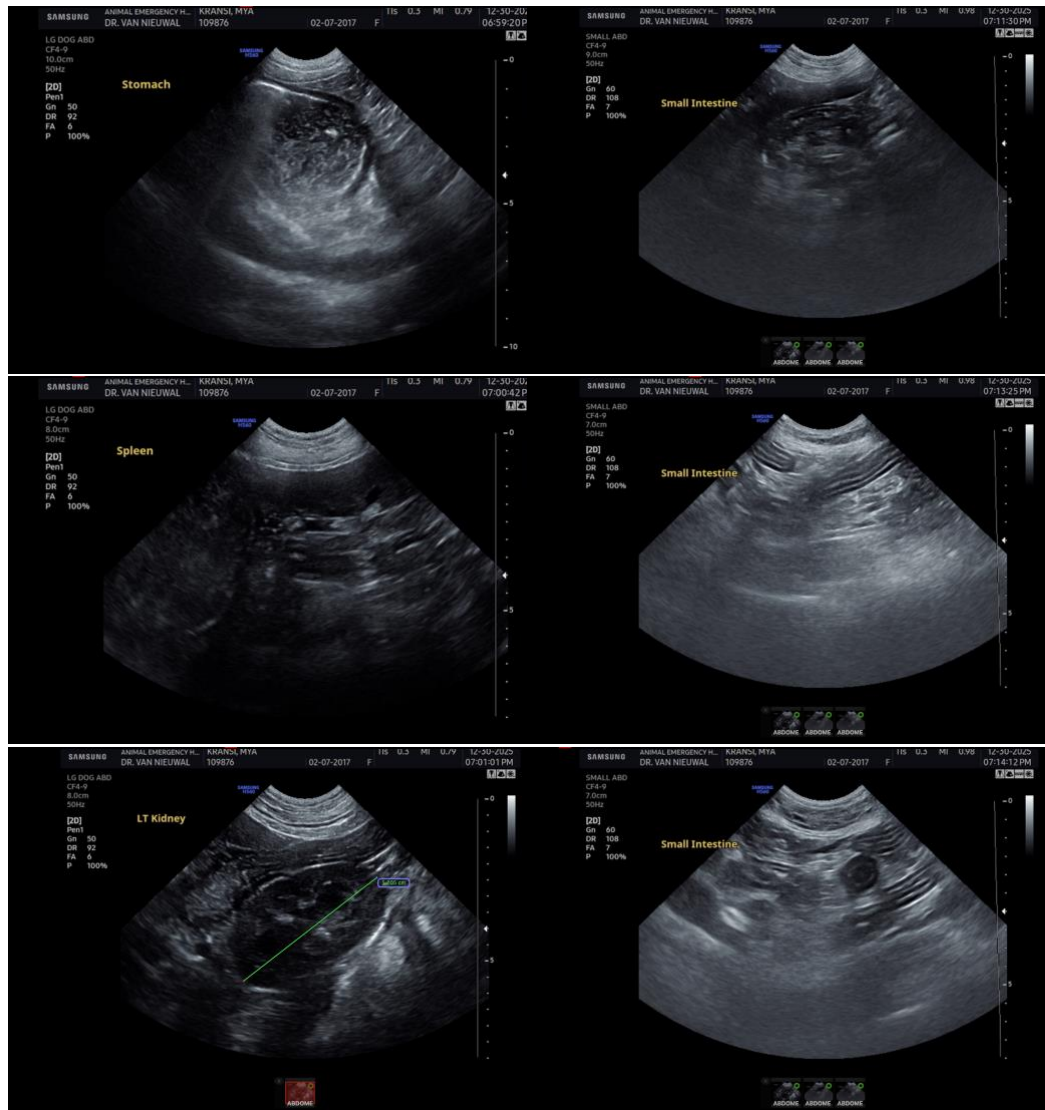
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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