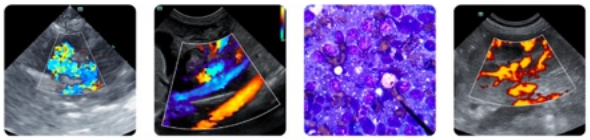

PATIENT

Serena Chavez

SPECIES

Canine

BREED

Bull Terrier Mix

SEX

Spayed female

AGE

9 years

WEIGHT

46 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Goodman

HOSPITAL NAME

Evendale Blue Ash Pet Hospital

REFERRING VET

Dr. Goodman

INVOICE

69648

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Left rear leg amputation September 4th 2025 due to malunion fracture discovered incidentally during routine care - Right rear leg ACL and meniscus repair performed after discovering torn ligaments - History of multiple mast cell tumors (8 previously removed) 12/15 - Vocalization/crying out - r/o musculoskeletal pain secondary to compensation, grief response, orthopedic discomfort 12/29 - Heavy panting episodes started 3 days ago, always when at rest
Abnormal PE/Chem/CBC/UA Results: BW and chest Rads WNL Musculoskeletal: Left front leg bowing out (compensatory change post-amputation), little clicking in left elbow, muscle sensitivity in back region Integument: Purple mast cell tumor noted (color change and expansion), skin tags on right front leg and left elbow, firm mass on chest Right eye with periorbital swelling, sensitivity on palpation, clear discharge. Intraocular pressures normal (OD 11, OS 12) Dry nares with crusting, clear discharge from both nares

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was empty and not well visualized. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared to subjectively have poor tone.

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 7.0 cm. The right kidney measured 6.5 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 right adrenal gland measured 0.64 cm at the caudal pole and 0.5 cm at the cranial pole. The left adrenal gland measured 0.66 cm at the caudal pole and 0.5 cm at the cranial pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

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

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. A large amount of upper GI gas was noted in this patient obscuring some visibility of the cranial abdomen.

Pancreas

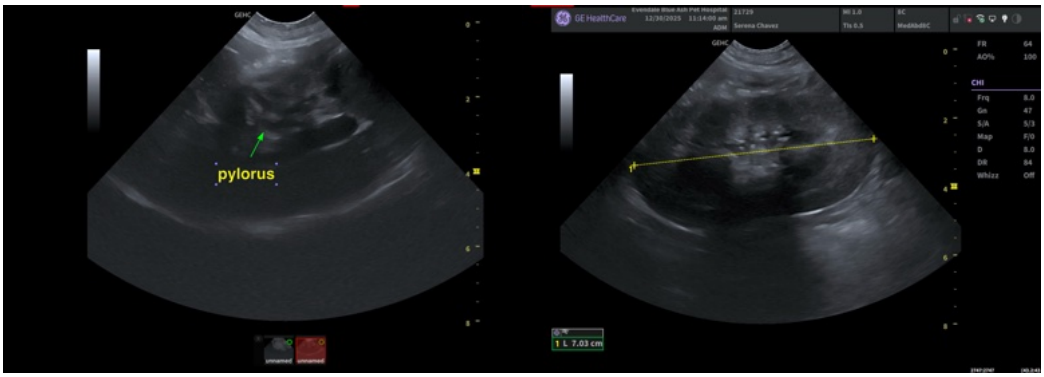
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of pathology. The urethra was imaged to 2.0 cm caudal from the cystourethral junction. Subjectively it revealed poor tone. If any history of UTI's or incontinence is present then this may be owing to poor urethral tone.



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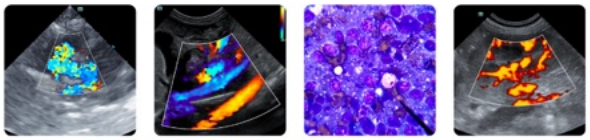

Clinical Sonography & Telecytology
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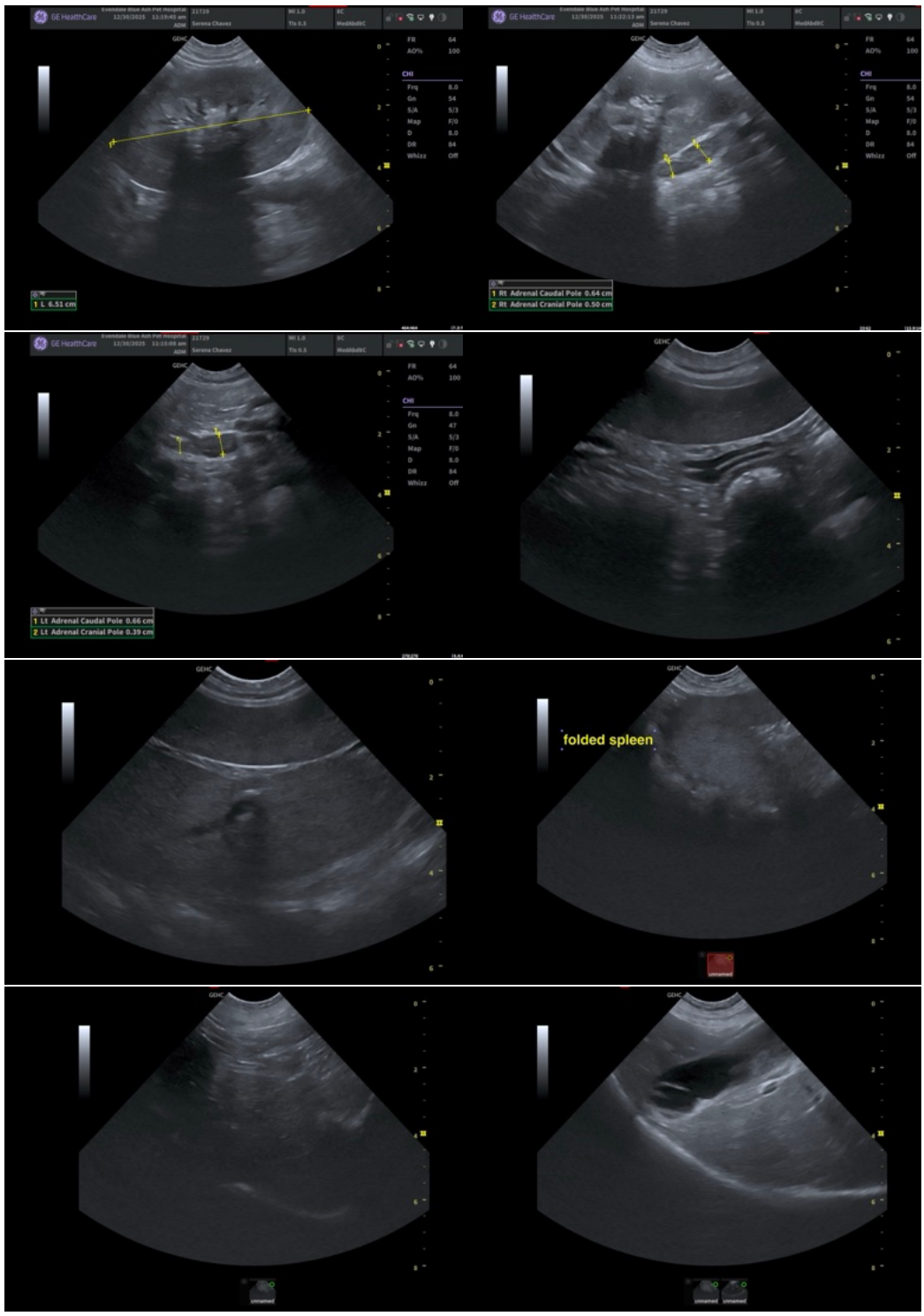

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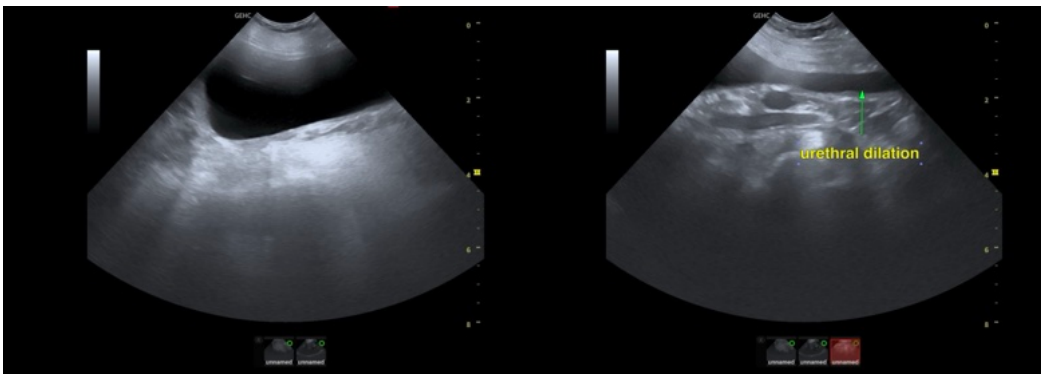

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com