



## PATIENT

Layla Austin

## SPECIES

Canine

## BREED

Terrier Cross

## SEX

Spayed female

## AGE

9 years

## WEIGHT

16.6 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Brandi Barry

## HOSPITAL NAME

Bluegrass AH

## REFERRING VET

Dr. Barry

## INVOICE

71516

## DATE

2/11/26

## PRESENTING CLINICAL SIGNS

- Hx of MCT. MCT removed from vulva 4/2025.
- Owner elects to maintain recheck AUS q3m for monitoring. Owner reports excessive licking of perivulvar region after patient urinates outside. No abnormalities observed with urinary habits.
- Nodule noted between urinary bladder and colon on previous AUS 7/2025, suspected uterine stump.
- 3x3 & 3x4mm pink, round mucocutaneous masses present on inside of vulva on left side. Otherwise, NSF on exam. FNA of 3x4mm mucocutaneous vulvar mass: hemodiluted sample, scattered neutrophils, occasional eosinophils, epithelial cells Impression smear of mass following FNA: large number of rods present, some cocci, few macrophages, epithelial cells

## 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 1.0 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 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. Pinpoint mineralization was noted in the right kidney. The patient may be passing small calculi periodically, yet no obstructive disease was noted at the time of the sonogram. The right kidney measured 4.24 cm. The left kidney measured 4.48 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 0.38 cm at the cranial pole and 0.3 cm at the caudal pole. The right adrenal gland measured 0.63 cm at the caudal pole and 0.63 cm at the cranial pole.

### Spleen

The **spleen** was uniform and folded upon itself caudally. This is a positional variant.

### 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



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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

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

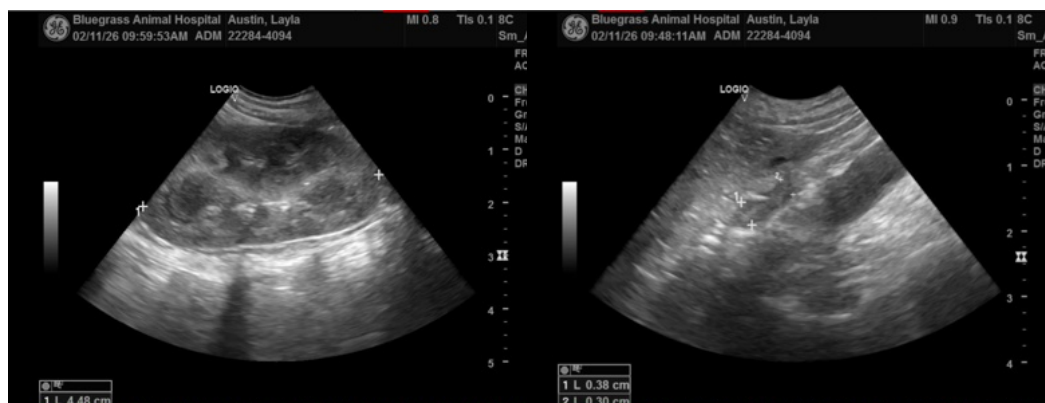
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Normal abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of visceral pathology.





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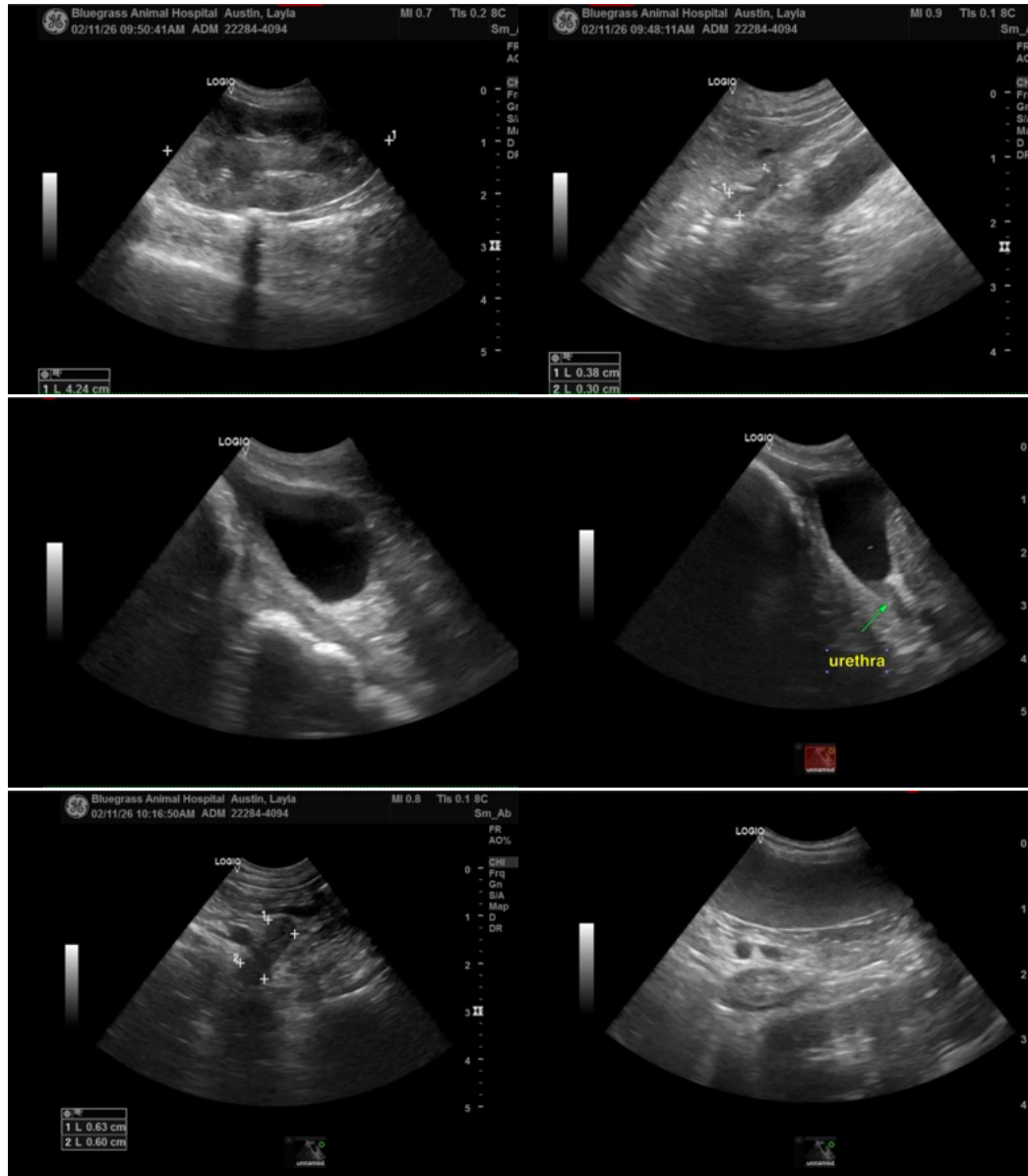
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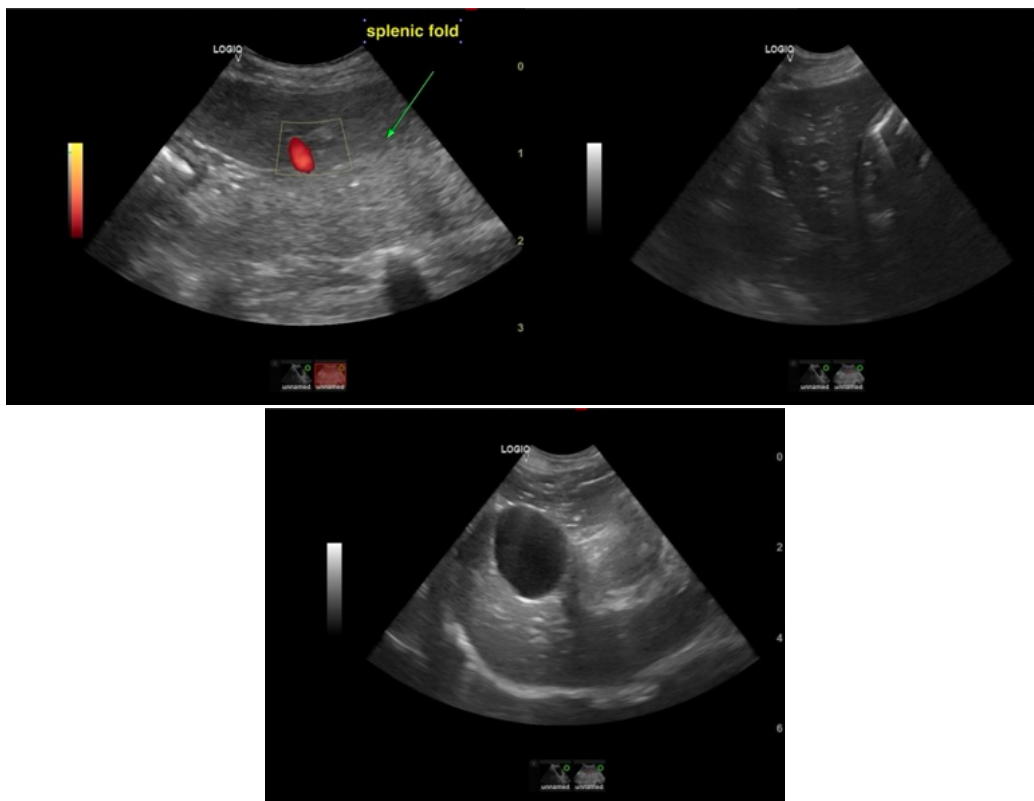
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)