



PATIENT

Aspen Hubert

SPECIES

Canine

BREED

Labrador

SEX

Female

AGE

10 years

WEIGHT

70 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ricky

HOSPITAL NAME

Emergency Animal
Hospital of Crystal Falls

REFERRING VET

Dr. Tateski

INVOICE

71500

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- Aspen was completely fine all day. She was running around, playing, bounding down the stairs earlier. Readily ate dinner. Tonight, she was laying in her bed - she stood up and was breathing very heavy and trembling. O sat with her a few minutes to see if she would improve but her breathing remained labored and she was weak, so she was brought here.
- She was able to walk to the car and get in but weak.
- Has hx of OA - gets daily joint supp and occasional Ketoprofen (1-2x per month) - none recently. otherwise, no prior health problems.
- Abdomen: Distended; quivering excessively with abdominal palpation; poss enlarged spleen? tFAST: areas on right side with B-lines; poss scant FF; no appreciable pericardial effusion (but was very difficult to image) CXR: interstitial to alveolar pattern of right middle to caudal lung lobe; heart normal in size; airways appear normal Chemistry: mild hyperglobulinemia DX: - suspected aspiration pneumonia - r/o: primary problem (gastroenteritis, visceral pain, other), pulmonary hemorrhage, neoplasia, comorbidity -acute abdominal pain - unknown cause

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 6.6 cm. The right kidney measured 6.5 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evidence of pathology.

Spleen

The **spleen** was folded upon itself cranially.

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.

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Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lower frequency probe is indicated in the cranial abdomen as many organs were dark owing to lack of acoustic penetration. There was no evidence of gross pathology. Thoracic, CNS or orthopedic disease should be investigated in this patient. There was no evidence of abdominal disease related to the clinical signs.

IMAGING PERFORMED BY

Ricky

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Emergency Animal Hospital of Crystal Falls

REFERRING VET

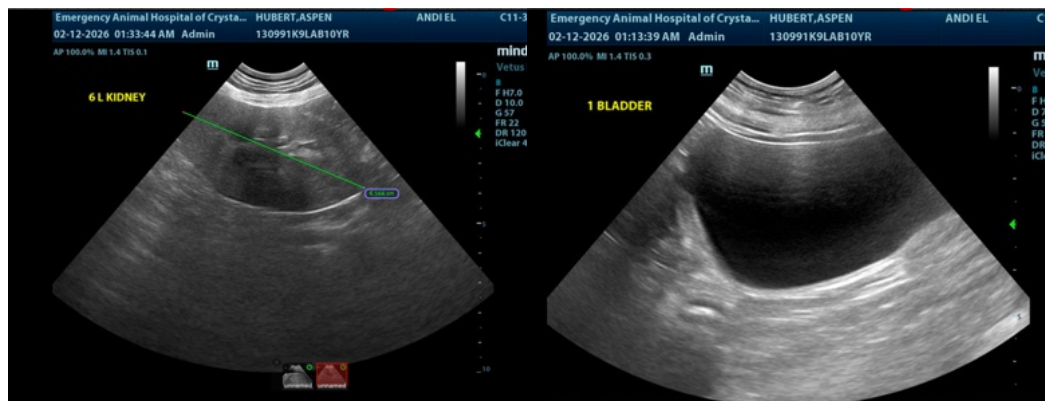
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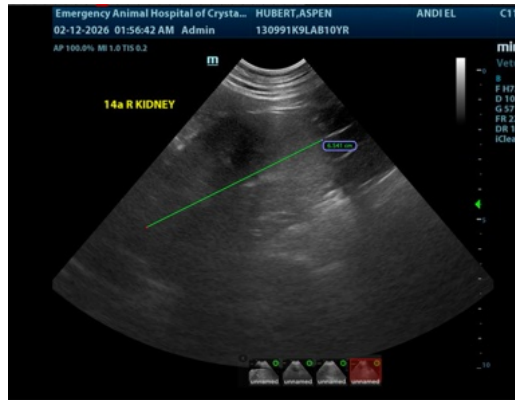
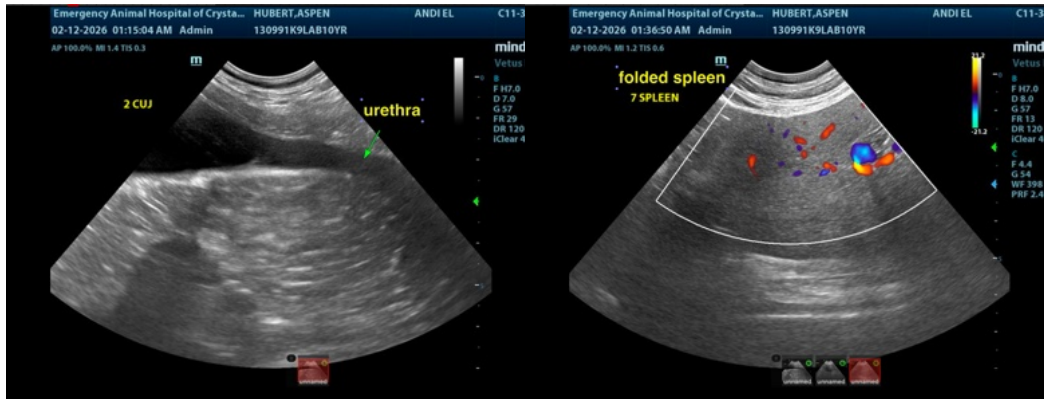
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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