



PATIENT

Betty Linda Montalvo

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

4 Years

WEIGHT

36 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer,
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Carlos Soto

INVOICE

35861

DATE

2/16/26

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to lethargy, inappetence, and increased respiratory rate
- Px was first Dx with Pancreatitis 2 weeks ago and was fine until finishing the Tx , owner indicated that Px got noticeably worse shortly after finishing Tx , that's when Owner noticed increased RR
- Owner indicates that Px was Dx with Bronchitis
- Abnormal PE/Chem/CBC/UA Results: Bloodwork and Radiographs attached below for your reference

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **iliac lymph nodes** were mildly enlarged, measuring up to 2.5 cm x 1.05 cm.

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 right kidney measured 6.9 cm. The left kidney measured 6.74 cm.

Adrenal Glands

The **left adrenal gland** was slightly heterogeneous at the cranial pole, not overtly pathological. The left adrenal gland measured 2.88 cm x 0.57 cm at the caudal pole and 0.78 cm at the cranial pole.

The **right 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 right adrenal gland measured 2.56 cm x 0.54 cm at the caudal pole and 0.52 cm at the cranial 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. The spleen measured 1.84 cm in width.

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



PATIENT

Betty Linda Montalvo

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

4 Years

WEIGHT

36 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer,
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Carlos Soto

INVOICE

35861

DATE

2/16/26

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

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

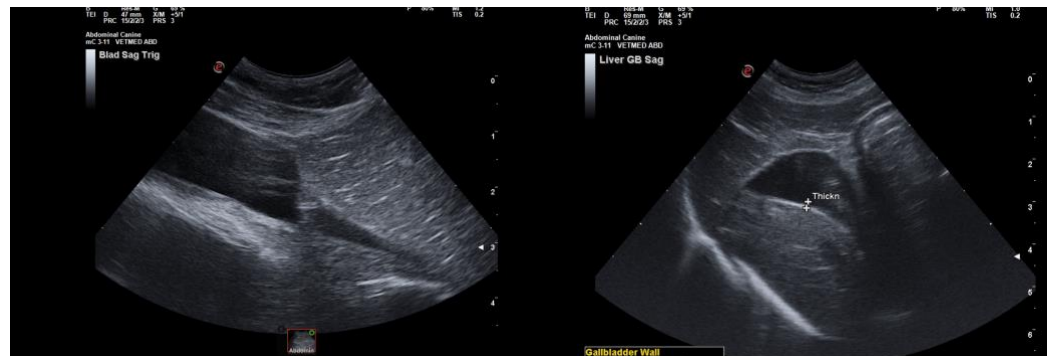
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Slightly enlarged iliac lymph nodes
- Slightly heterogeneous left adrenal gland
- Structurally normal abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lymph nodes are likely reactive, however, ultrasound guided 22-gauge FNA is indicated with cytology and culture. The cause of thrombocytopenia/leukopenia is unclear. CBC path review +/- bone marrow aspirate indicated. Even though amylase is elevated, there is no evidence of pancreatitis, however, cannot rule out low grade inflammation or amylase derivation from other tissues.





PATIENT

Betty Linda Montalvo

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

4 Years

WEIGHT

36 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer,
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

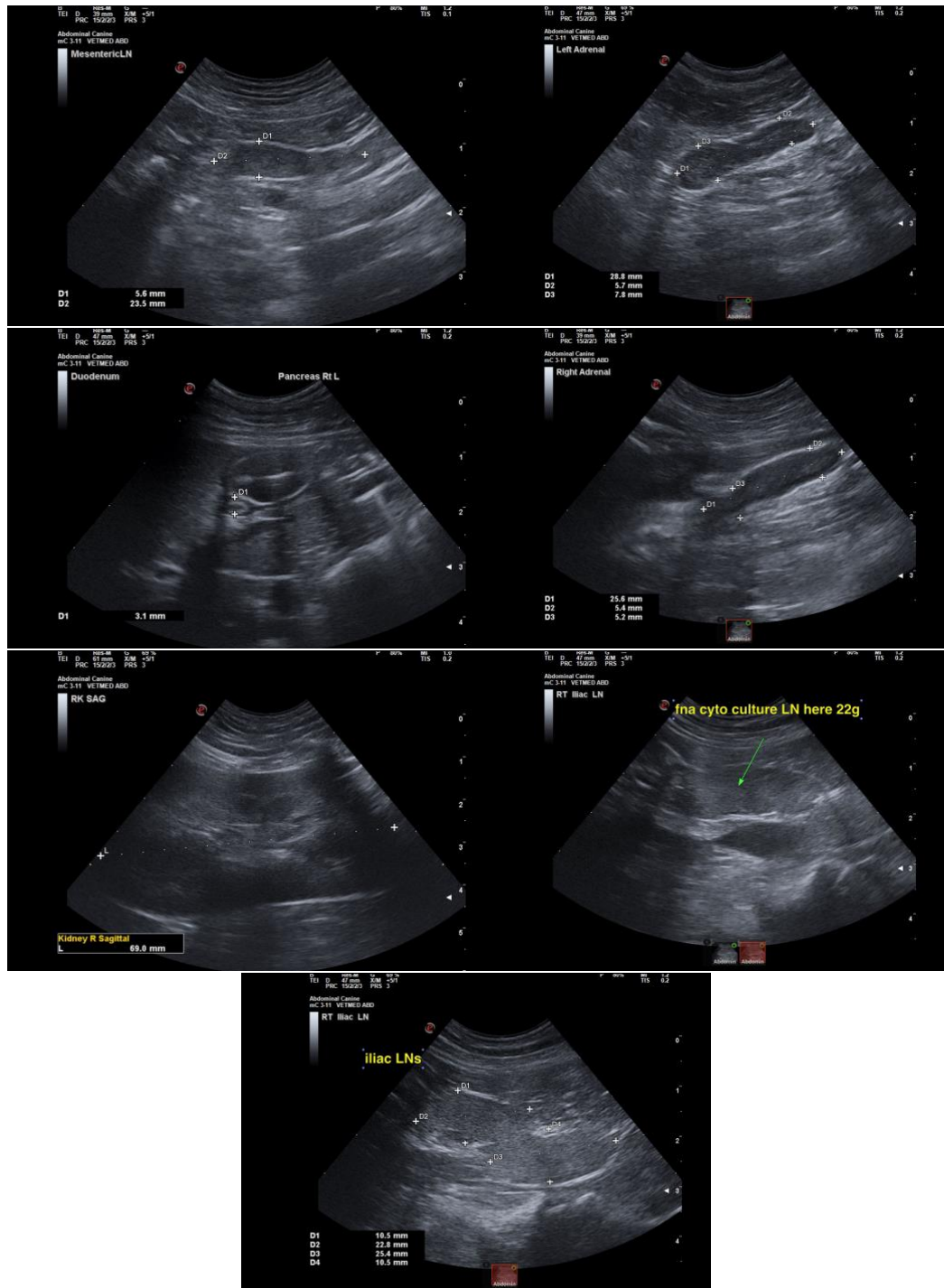
Dr. Carlos Soto

INVOICE

35861

DATE

2/16/26



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.



PATIENT

Betty Linda Montalvo

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

4 Years

WEIGHT

36 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer,
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Carlos Soto

INVOICE

35861

DATE

2/16/26

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, Owner, Founder -- SonoPath.com
info@SonoPath.com