



PATIENT

Pippa Martinelli

SPECIES

Canine

BREED

Maltese/Poodle

SEX

Spayed female

AGE

14 years

WEIGHT

3.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jeremiah Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Gabriel

INVOICE

71947

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- PU/PD. Always hungry. Crying, coughing
- CALCIUM 8.3 8.9 - 11.4 mg/dL LOW CORRECTED CALCIUM 8.8 MAGNESIUM 2.2 1.5 - 2.5 mEq/L SODIUM 158 139 - 154 mEq/L HIGH POTASSIUM 5.6 3.6 - 5.5 mEq/L HIGH

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 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. The right kidney measured 2.7 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The visible **spleen** was uniform and unremarkable.

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

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. The full upper gastrointestinal tract obscured a large amount of visibility in multiple organs. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency



PATIENT

Pippa Martinelli

SPECIES

Canine

BREED

Maltese/Poodle

SEX

Spayed female

AGE

14 years

WEIGHT

3.5 lbs

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

Unremarkable abdomen with a large amount of GI artifact that interfered with acoustic penetration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Rescanning at n.p.o. status would be ideal as the upper gastrointestinal tract obscured a large amount of visibility in multiple organs. There was no evidence of gross pathology.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jeremiah Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

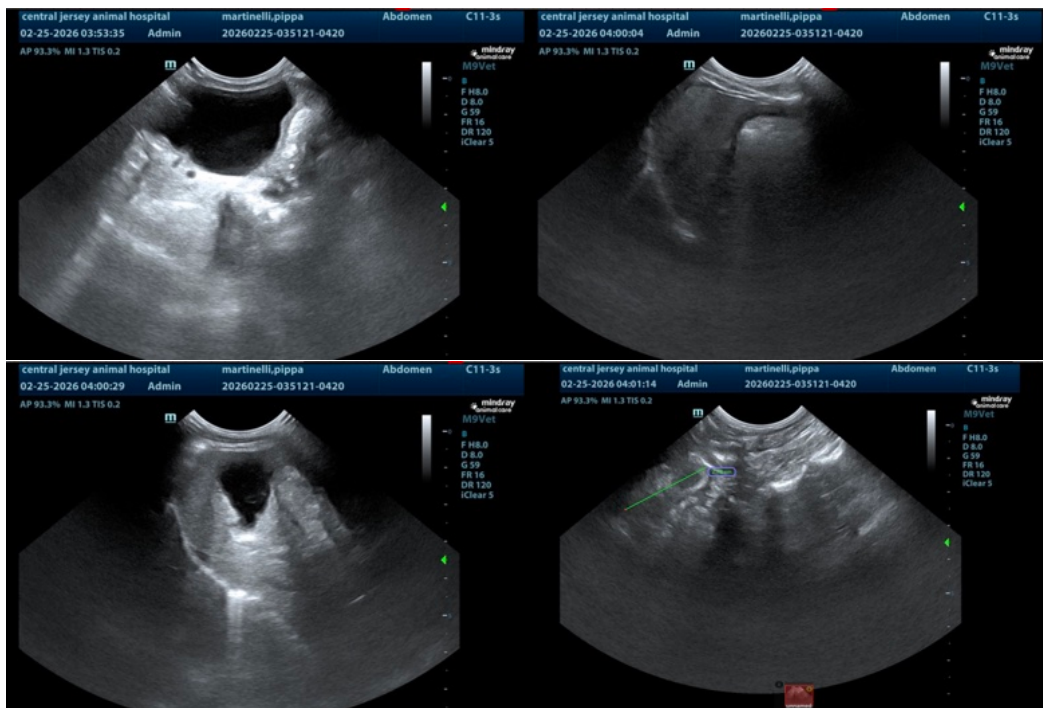
Dr. Gabriel

INVOICE

71947

DATE

2/25/26



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

Pippa Martinelli

SPECIES

Canine

BREED

Maltese/Poodle

SEX

Spayed female

AGE

14 years

WEIGHT

3.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jeremiah Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Gabriel

INVOICE

71947

DATE

2/25/26

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 of SonoPath.com

info@SonoPath.com