



## PATIENT

Arlo Stevenson

## SPECIES

Canine

## BREED

Maltipoo

## SEX

Neutered Male

## AGE

4 Years

## WEIGHT

4.3 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency  
Veterinarians of Idaho

## REFERRING VET

Dr. Nih Hong

## INVOICE

72771

## DATE

2/6/26

## PRESENTING CLINICAL SIGNS

Hospitalized last week for anemia and possible pancreatitis - ultrasound performed in hospital but not sent out to radiology: "1+ fluid score SR. Regional mesenteric lymphadenopathy. Right limb pancreatitis with corrugated descending duodenum. Generalized regional thickening of mucosal layer with suspected focal mucosal fogging or hyperechoic striations". Emaciated, patient coded during last week. Patient returned with 10% HCT for transfusion and further care last night.

Abnormal PE/Chem/CBC/UA Results: Diagnostics: CBC - neutrophilia 22k, HCT 15%, elevated MCH/MCHC Chemistry - ALT 162, glucose 115 PCV post-transfusion - 26% CPL: Normal

## 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 1.0 cm beyond the cystourethral junction.

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. The capsules were acceptably uniform without significant irregularities. Left kidney measured 4.7 cm. Right kidney measured 5.0 cm with slight pyelectasia noted.

### 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. Left measured 0.50 cm. Right measured 0.63 cm at the cranial pole and 0.36 cm at the caudal pole.

### Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

### 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

The **stomach** was filled with ingesta, consistent with post-prandial presentation. Curvilinear patterns were maintained throughout the GI tract with hyperperistalsis. Some areas of mucosal fogging noted. No overt evidence of disease causing the blood loss.



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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.

**Free Abdomen**

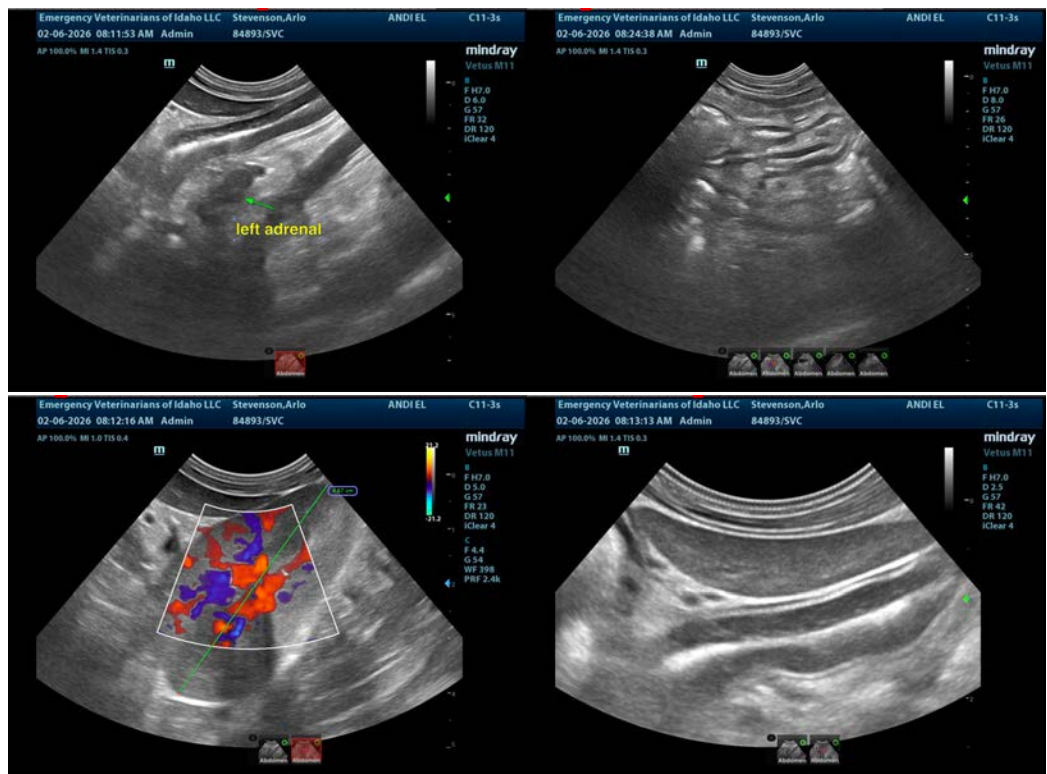
Trace free fluid noted in the caudal abdomen.

**ULTRASONOGRAPHIC FINDINGS**

- Irritable bowel presentation.
- Trace free fluid caudal abdomen.
- Volume contracted spleen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CBC path review +/- bone marrow aspirates may be appropriate. GI protectant protocol indicated. If a sample of the free fluid can be obtained via ultrasound guidance, this may be helpful. However, it is unlikely to be overt hemorrhage or the cause of the underlying anemia. Assessment for melena warranted in case of GI blood loss, yet structurally the GI was unremarkable other than ingesta in the stomach and transiting of ingesta through the small intestine.





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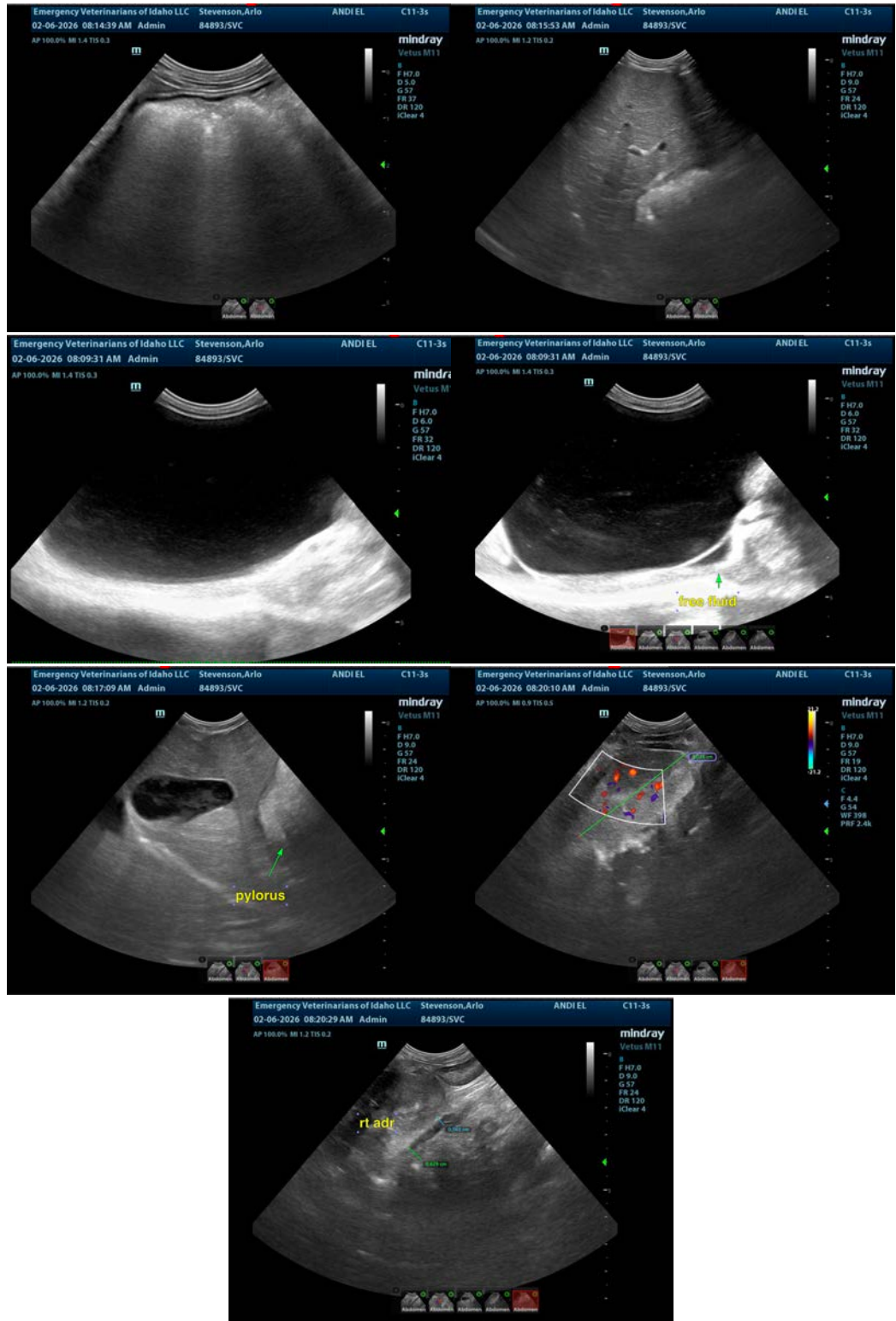
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)