



## PATIENT

Stella Klein

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed female

## AGE

8 years

## WEIGHT

9.9 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Kathleen Laux

## HOSPITAL NAME

Rondout Valley VA

## REFERRING VET

Dr. Laux

## INVOICE

73417

## DATE

3/11/26

## PRESENTING CLINICAL SIGNS

- Vomiting and decreased appetite. Patient was treated at another vet hospital yesterday with Cerenia. Vomiting stopped until cerenia wore off and still not eating
- Blood work-creat 2.4, BUN 79, ALT 158, amylase 2054, lipase 5787

## 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 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 3.3 cm. The right kidney measured 3.4 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 1.34 x 0.33 cm at the cranial pole and 0.45 cm at the caudal pole. The right adrenal gland measured 1.02 cm at the cranial pole and 0.5 cm at the caudal pole.

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

### 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. Minor gallbladder congestion was noted.



**PATIENT**

**Gastrointestinal**

Stella Klein

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor small intestinal thickening was noted.

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**Pancreas**

The **pancreas** in this patient revealed mixed echogenic changes primarily in the right base in a region of approximately of 3.0 cm with hypoechoic edematous pattern with hyperechoic saponification of fat.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

8 years

Hyperechoic mesenteric inflammation/saponification of fat.

Minor gallbladder congestion.

**WEIGHT**

9.9 lbs

Pancreatitis pattern. Mild potential for pancreatic neoplasia/carcinoma.

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Management for pancreatitis and broad spectrum antibiotics, pain management and IV fluid support and GI protectants are all indicated. The azotemia is likely more prerenal than renal as structurally the kidneys appeared to be largely unremarkable. Reassessment after 72 hours of fluid therapy both sonographically and clinically.

**IMAGING PERFORMED BY**

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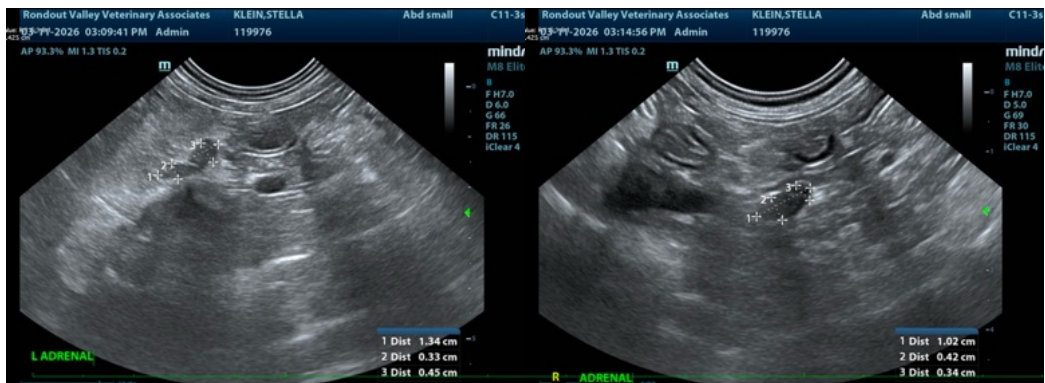
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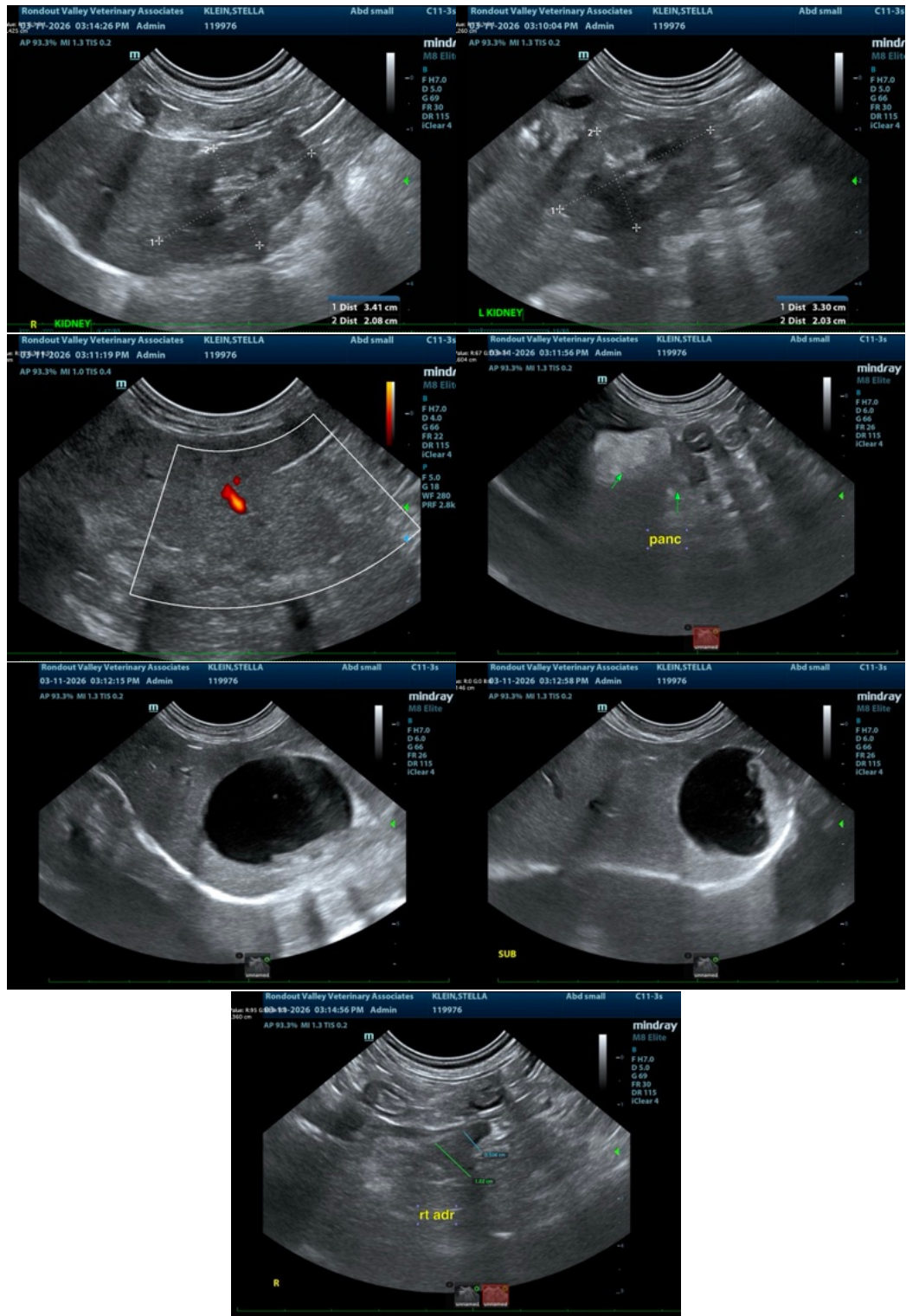
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The information and recommendations provided are based on the images presented by the



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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)