



## PATIENT

Olive Meakim

## SPECIES

Canine

## BREED

Corgi

## SEX

Spayed female

## AGE

5 ½ years

## WEIGHT

30 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Rodriguez

## HOSPITAL NAME

Foxfield VS

## REFERRING VET

Dr. Rodriguez

## INVOICE

73645

## DATE

3/19/26

## PRESENTING CLINICAL SIGNS

- ADR/ lethargic/ intermit vomiting. Hematochezia
- RBC: 8.8, HCT; 62, Amylase: >2500, lipase: 4172, PLI: 1173

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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 left kidney measured 5.78 cm. The right kidney measured 5.79 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 2.03 x 0.58 cm at the caudal pole and 0.64 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 was noted.

### 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

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Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. Duodenal spasm was noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

## SEX

Spayed female

## Pancreas

## AGE

5 ½ years

Minor heterogenous **pancreatic** changes were noted, yet this is not a primary issue.

## WEIGHT

30 lbs

## ULTRASONOGRAPHIC FINDINGS

Non-specific gastroenteritis pattern.

## INTERPRETED BY

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Bladder cystitis pattern.

Minor heterogenous pancreatic changes.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis is warranted given the cystitis pattern. . There was no evidence of foreign bodies. Supportive medical management should prove effective.

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Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

## REFERRING VET

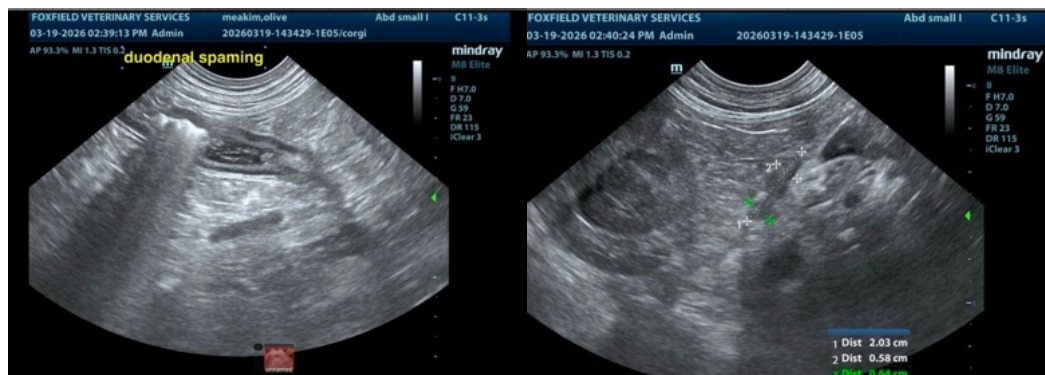
Dr. Rodriguez

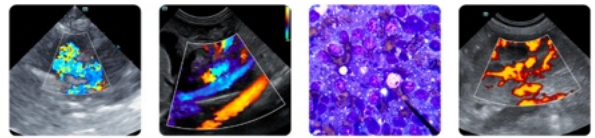
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**BREED**

Corgi

**SEX**

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**AGE**

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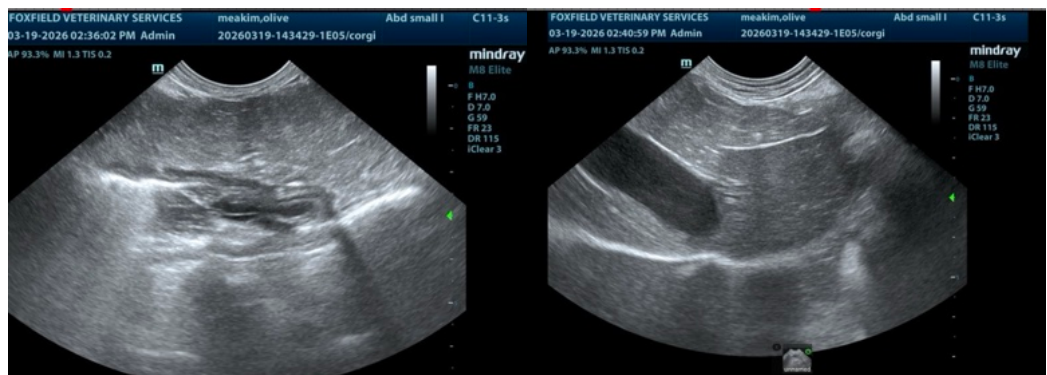
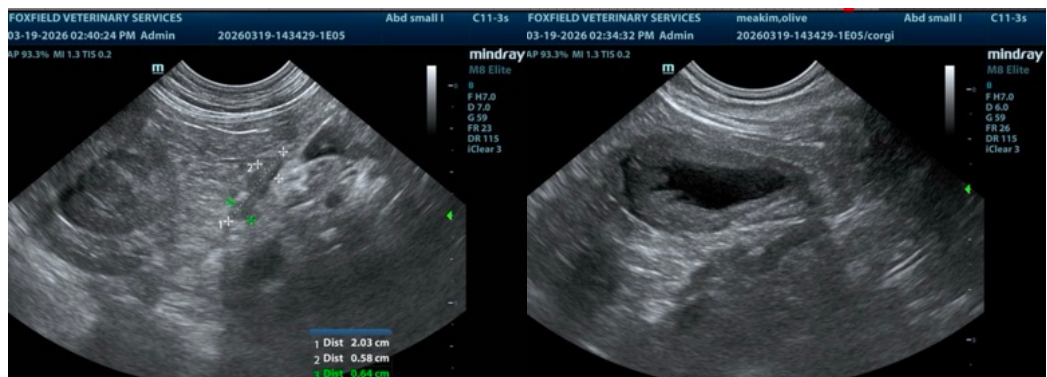
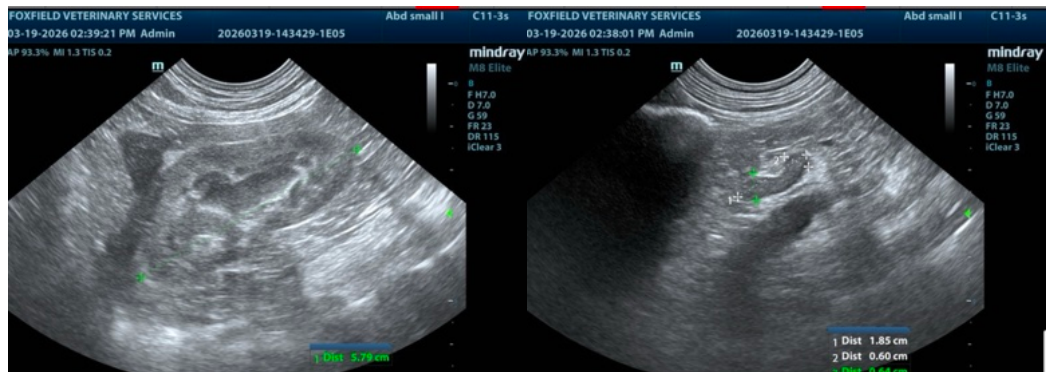
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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