



## PATIENT

Athena Singh

## SPECIES

Canine

## BREED

Mastiff

## SEX

Intact Female

## AGE

4 years

## WEIGHT

109.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Wasserman

## HOSPITAL NAME

Animal Wellness World

## REFERRING VET

Dr. Pilkerton

## INVOICE

72108

## DATE

3/2/26

## PRESENTING CLINICAL SIGNS

- Sedated for sonogram with 0.2ml dexdomitor 0.5mg/ml: Adequate sedation for lightening the abdominal wall.
- Current Medications: Gabapentin 600mg BID, Augmentin 875mg
- Primary Reason for Sonogram: Reported by family not urinating at home
- Any other pertinent historical information: Pt was seen on 2/14 for possible uti, restlessness, frequent panting and waking them up all hours of the night to go out
- Clear mucoid discharge at time of sonogram (mild) - occurred when scanning pelvic urethra/bladder. Mammary glands normal and not indicative of being in heat or recent pregnancy.
- NSF on POCUS. Started Amoxiclav / Gabapentin 2/25 and 2/26 pt spent most the day at the clinic trying to F/C UA sample for recheck but pt is very nervous and will not go to the bathroom at clinic. Mr o states that during this time pt is not going to the bathroom at all. P. E - NSF, Appetite is still great E/D normally Routine wellness labs preformed Radiographs at time of U/S under sedation by Dr. Pilkerton radiographs revealed unremarkable chest and abdomen.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. Trace sand granule was noted in this patient and is non-shadowing. 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. Pinpoint renal mineralization was noted and non-obstructive. The right kidney measured 7.87 cm. The left kidney measured 7.28 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 0.4 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured 2.9 x 0.8 cm at the caudal pole and 0.67 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.



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## *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*

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

Slight renal mineralization.

Trace bladder sand granule. Otherwise, normal lower urinary tract.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is possible that this patient is passing calculi periodically. No obstructive disease was noted at the time of the sonogram. Full urinalysis work-up is warranted if not already performed. Examination of the vaginal vestibule is recommended for underlying pathology. The trace sand was only visible in one view. This is non-obstructive and not a clinical issue at this time.



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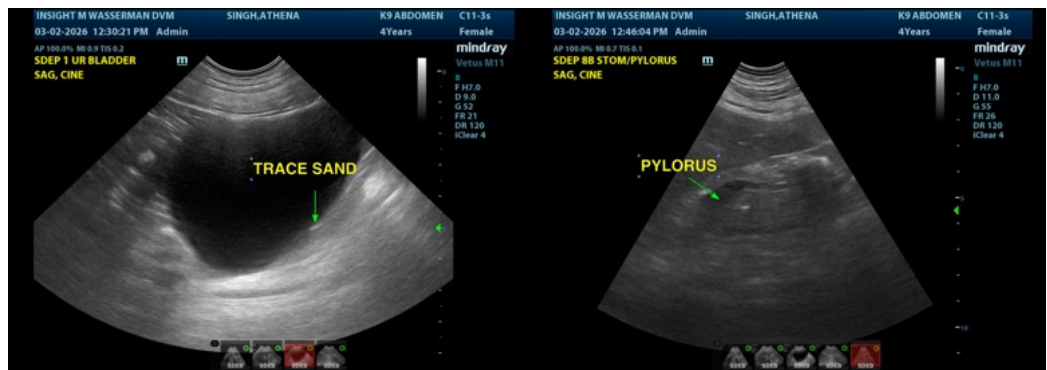
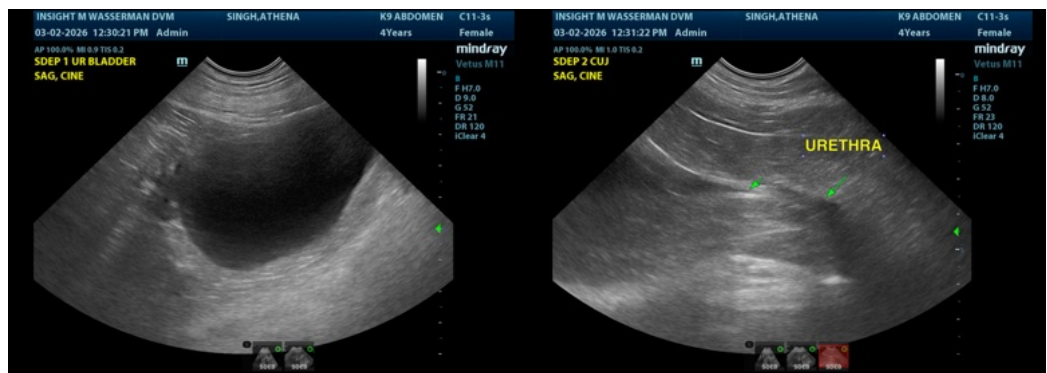
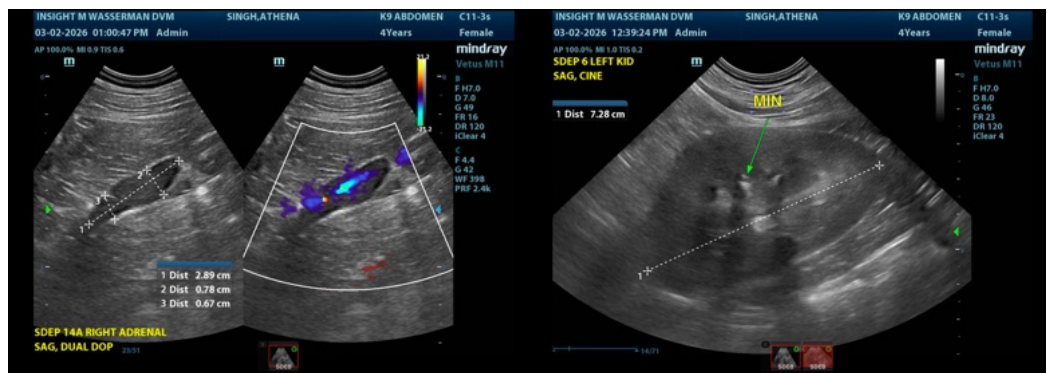
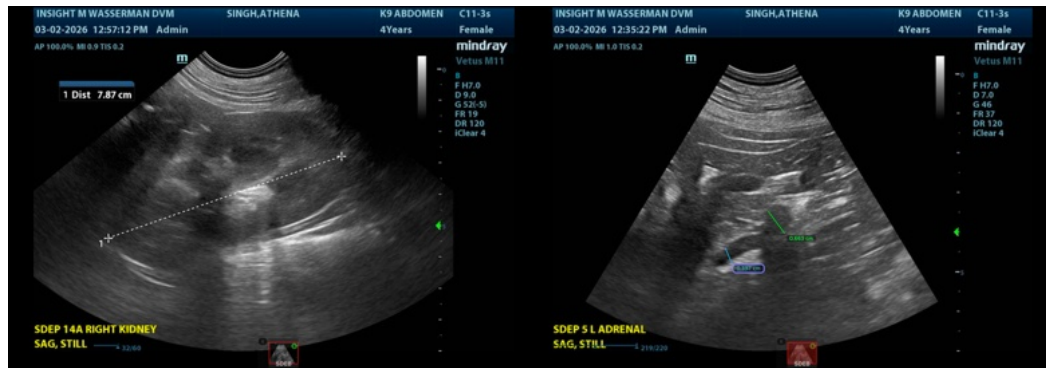
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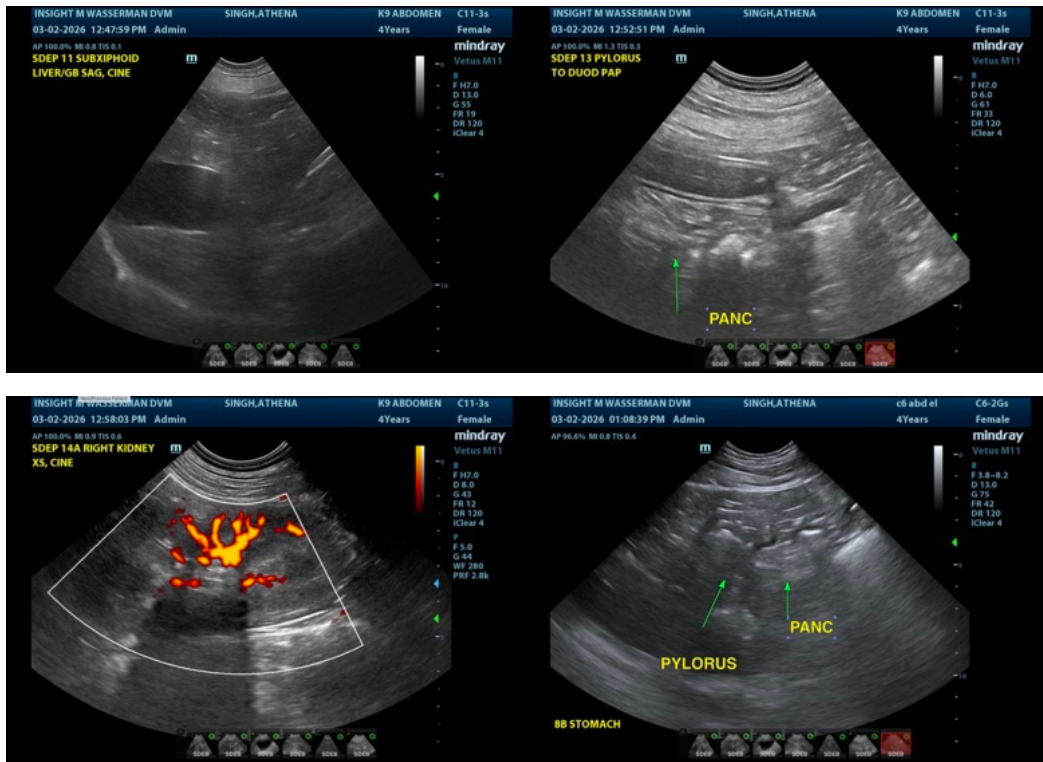
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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