



## PATIENT

Daisy Hedges

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed female

## AGE

7 years

## WEIGHT

11.6 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Shoppa

## HOSPITAL NAME

Lone Mountain AH

## REFERRING VET

Dr. Shoppa

## INVOICE

73817

## DATE

3/26/26

## PRESENTING CLINICAL SIGNS

- Patient has been anorexic for 4 days, vomited once 6 days ago, had a negative cPLI test, and enlarged liver on radiographs.
- Abnormal cPLI, High WBC: 20.7, H Neut: 18.2

## 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.5 cm with slight pyelectasia. The right kidney was visualized obliquely and measured approximately 4.0 cm.

### *Adrenal Glands*

The **adrenal glands** were not visualized.

### *Spleen*

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. A hypoechoic nodule was noted in the cranial pole of the spleen measuring 0.6 cm. 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.

### *Liver*

The visible **liver** was unremarkable.

### *Gastrointestinal*

The visible **gastrointestinal tract** was unremarkable.

### *Pancreas*

The **pancreas** revealed coarse architecture with heterogenous parenchymal changes.



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**ULTRASONOGRAPHIC FINDINGS**

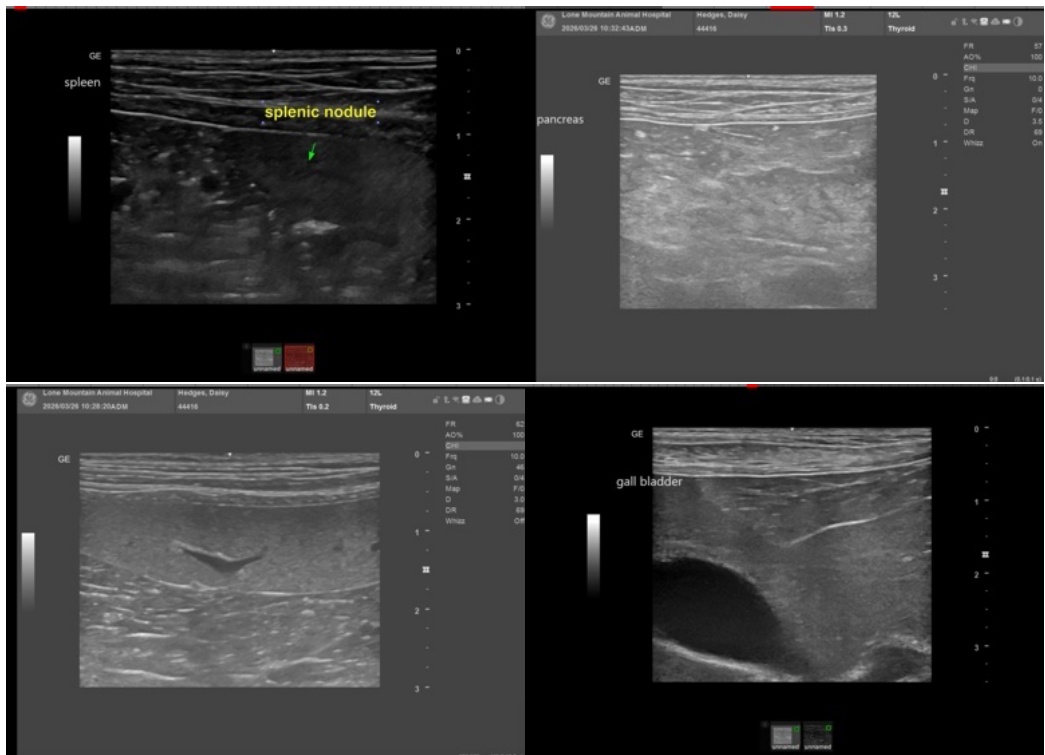
Splenic nodule.

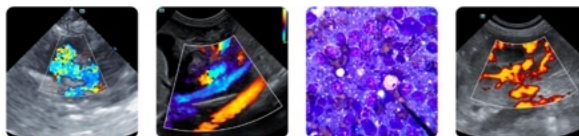
Pancreatic remodeling.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

\*\*The linear probe images did not image the dorsal half of the abdomen in this patient. I am concerned for missing some deeper lesions.

The splenic nodule should be monitored. There is a potential for chronic active pancreatitis.





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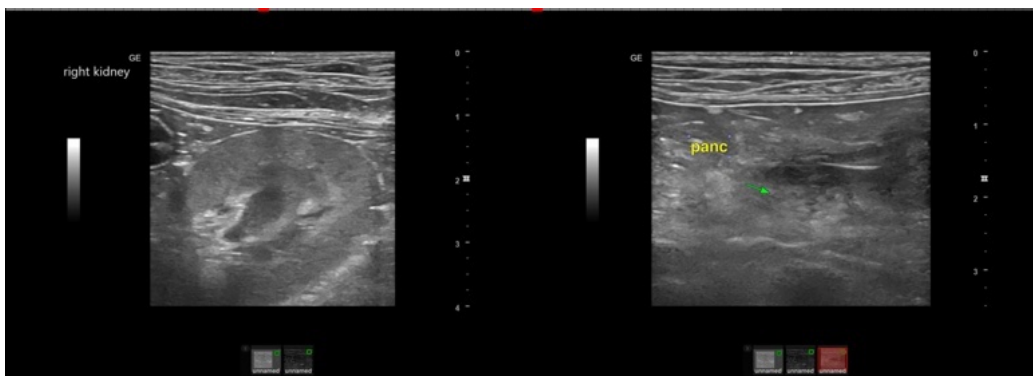
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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