



## PATIENT

Quinn Hirsch

## SPECIES

Canine

## BREED

Terrier

## SEX

Spayed Female

## AGE

7 Years

## WEIGHT

22 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Anthony Smatt

## HOSPITAL NAME

The Pets I Love

## REFERRING VET

Dr. Anthony Smatt

## INVOICE

36399

## DATE

3/27/26

## PRESENTING CLINICAL SIGNS

- O cc is abdomen has be gurgling more than normal
- seems to be decreased appetite
- soft stool
- not himself.
- Abnormal PE/Chem/CBC/UA Results: Cpli - neg 4dx - neg

## 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 **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 right kidney measured 5.0 cm. The left kidney measured 4.9 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 0.5 cm. The right adrenal gland measured 0.55 cm.

### *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 were 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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### *Gastrointestinal*



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The **stomach** itself was unremarkable. Hyperperistalsis was noted in the small intestine, yet the lumen was largely empty, other than a minor amount of chyme. The colon was unremarkable. Subjectively excessive gas was noted in the GI tract.

## Pancreas

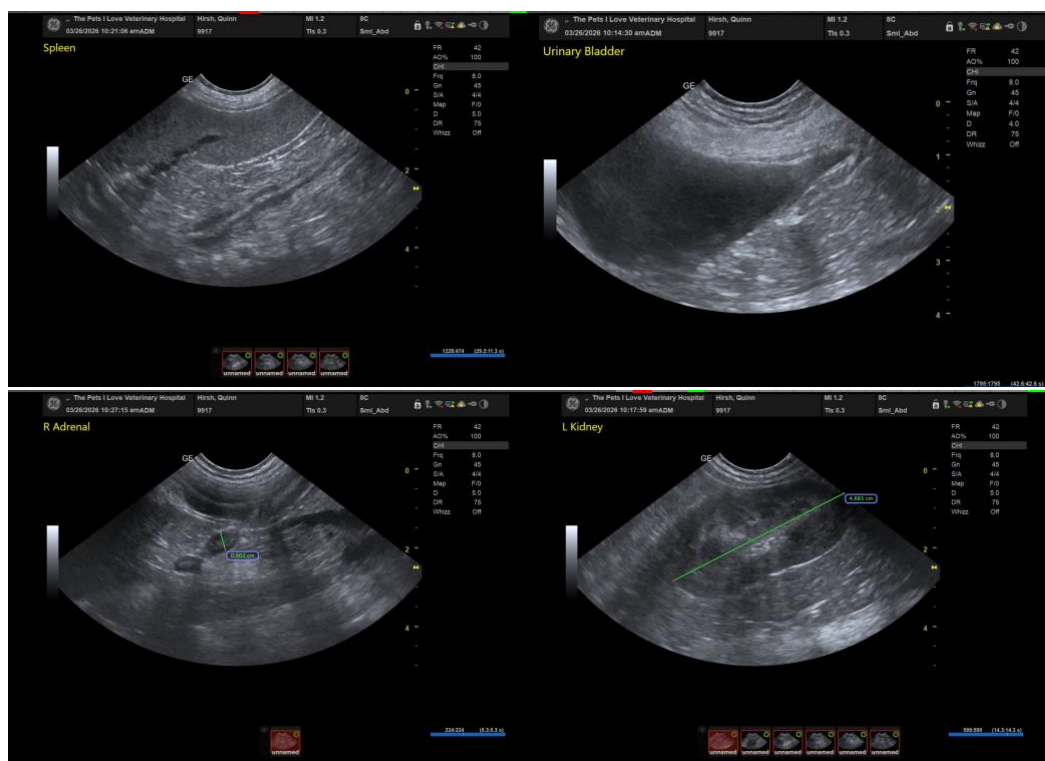
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen
- Likely low grade irritable bowel

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Even though the adrenal glands appear normal, screening for Addison's with baseline cortisol is indicated, given the vague clinical signs. Antiparasitic protocol, diet change, and hydrolyzed could also be considered, yet structurally the abdomen was unremarkable.





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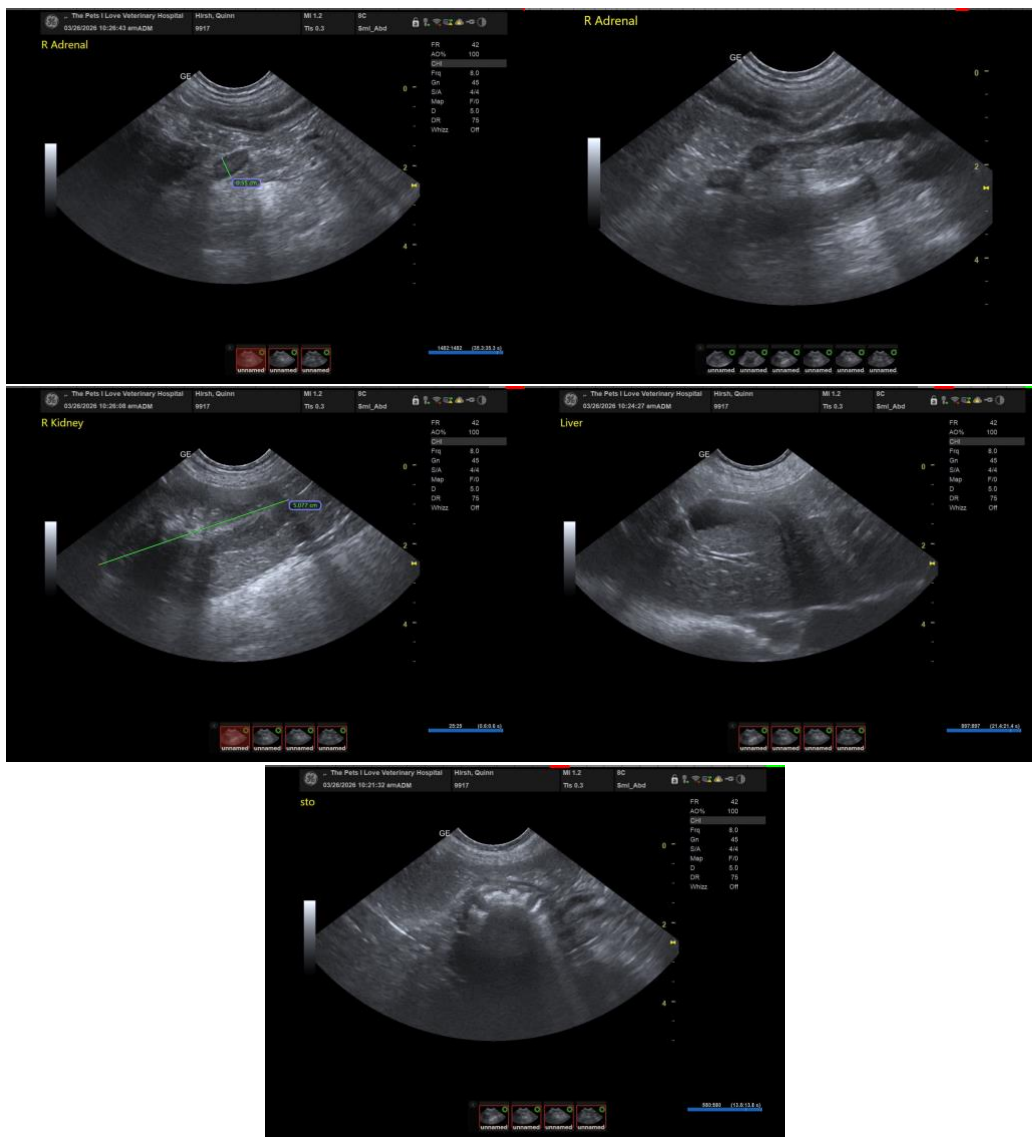
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
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