



## PATIENT

Mel-E Sa Lyons

## SPECIES

Canine

## BREED

Boston Terrier

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

12.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Megan Bray

## HOSPITAL NAME

Taylorsville Veterinary  
Clinic

## REFERRING VET

Dr. Ashleigh Bisset

## INVOICE

73506

## DATE

3/9/26

## PRESENTING CLINICAL SIGNS

Presented on 3/7 for vomiting. The vomiting began on Sunday, March 2, 2026, and has worsened since Thursday, March 5, 2026, occurring in the morning and evening within an hour of eating. Bowel movements normal at this time.

Abnormal PE/Chem/CBC/UA Results: On PE, patient extremely painful on cranial abdominal palpation, vocalizing and attempting to bite. In house labs: ALT (unable to read even with two dilutions), ALKP 1,294 H, GGT 51 H, K 3.4 L, QPL 41 N. Patient received cerenia and famotidine injection in house and was sent home with oral forms of the medications with bland diet instructions and recommendation for AUS. Patient presented today for AUS due to limited improvement in P. See attached lab results.

## 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Left kidney measured 3.9 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. Left adrenal gland measured 0.52 cm at the caudal pole and 0.53 cm at the cranial pole. Right adrenal gland measured 0.52 cm at the cranial pole and 0.45 cm at the caudal pole.

### *Spleen*

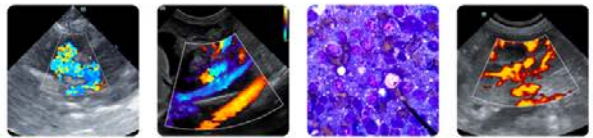
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### *Liver*

The **liver** parenchyma was largely unremarkable other than slight increased portal markings. No evidence of masses or suspicion of a neoplastic process. The gallbladder was mildly overdistended with suspended and dependent debris, not to the level of mucocele formation. The common bile duct was normal.

### *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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

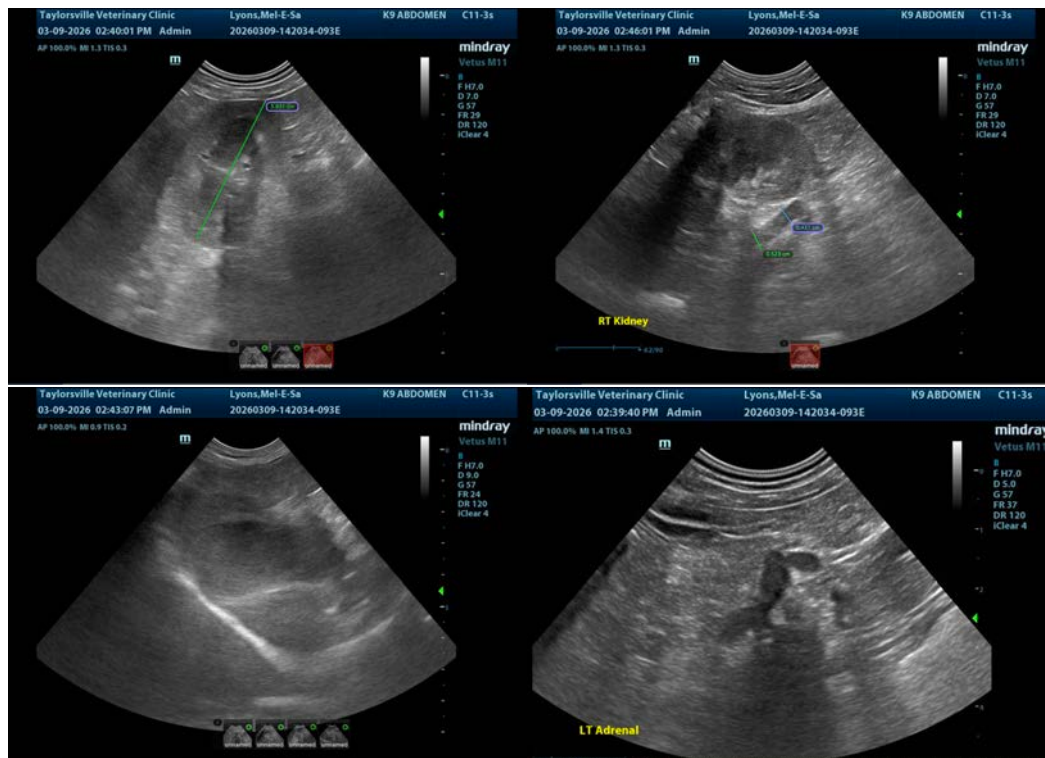
The **pancreas** was slightly heterogeneous with a minor amount of remodeling, likely owing to age. No evidence of active inflammation noted.

## ULTRASONOGRAPHIC FINDINGS

- Acute hepatic insult – suspect Leptospirosis or similar.
- Pancreatic remodeling, likely age related.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver indicated. Leptospirosis titers indicated if not already performed. IV Ampicillin, plasma expanders, nutraceuticals all indicated.





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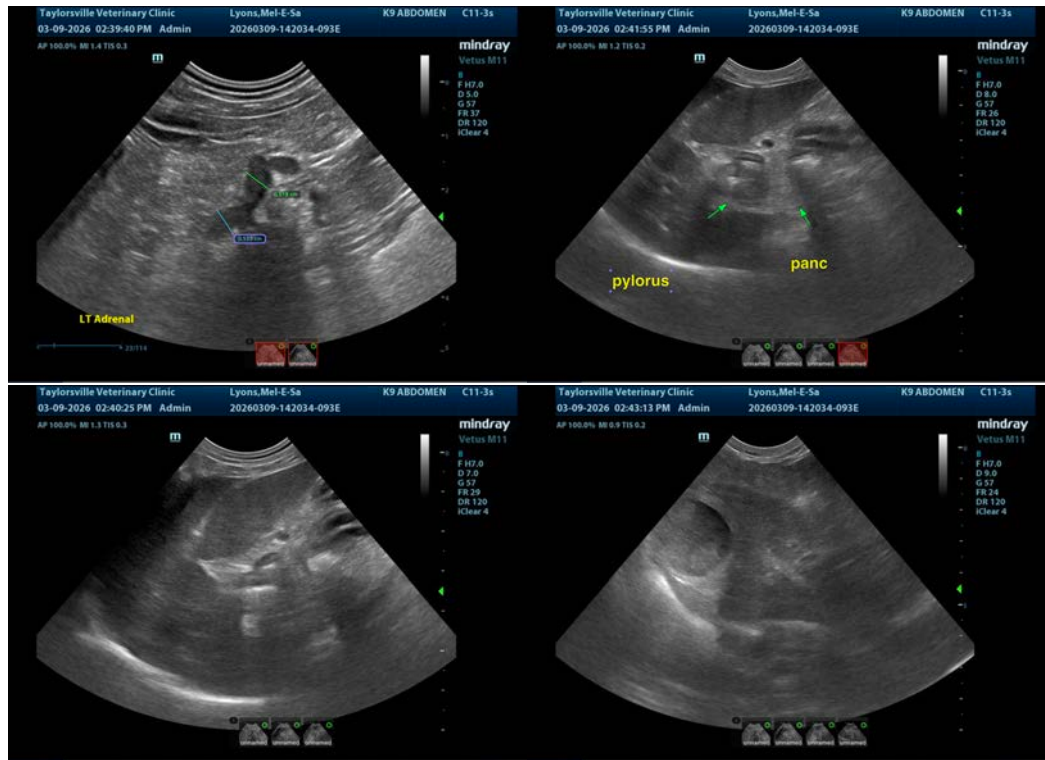
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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