



PATIENT

Amy Maldonado

SPECIES

Canine

BREED

Catahoula Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

70 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kym

HOSPITAL NAME

EAH Crystal Falls

REFERRING VET

Dr. Lucich

INVOICE

36557

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: Amy is an 11.5 year old FS Catahoula mix. She presented today for evaluation of being laterally recumbent and unable to walk. Owner states that she did not eat her dinner last night. She ate some canned food. She has had no vomiting or diarrhea that owner has seen. Today, owner came home and Amy did not want to go outside and was just laying down. A little while later, she was still not getting up and seemed to be unable to get up. Amy has a history of difficulty rising, worsening over the last 8 months or so. She takes diphenhydramine regularly due to itching.

Abnormal PE/Chem/CBC/UA Results: CBC: Lymphopenia Chem: ALT 150, otherwise unremarkable Urine sediment: WNL Lactate: 2.2 Febrile on intake 104 Rad (wholebody 3 view): NSF.

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. The left kidney measured 6.2 cm. The right kidney measured 7.4 cm.

Adrenal Glands

The **adrenal glands** were imaged and revealed no evident pathology.

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

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

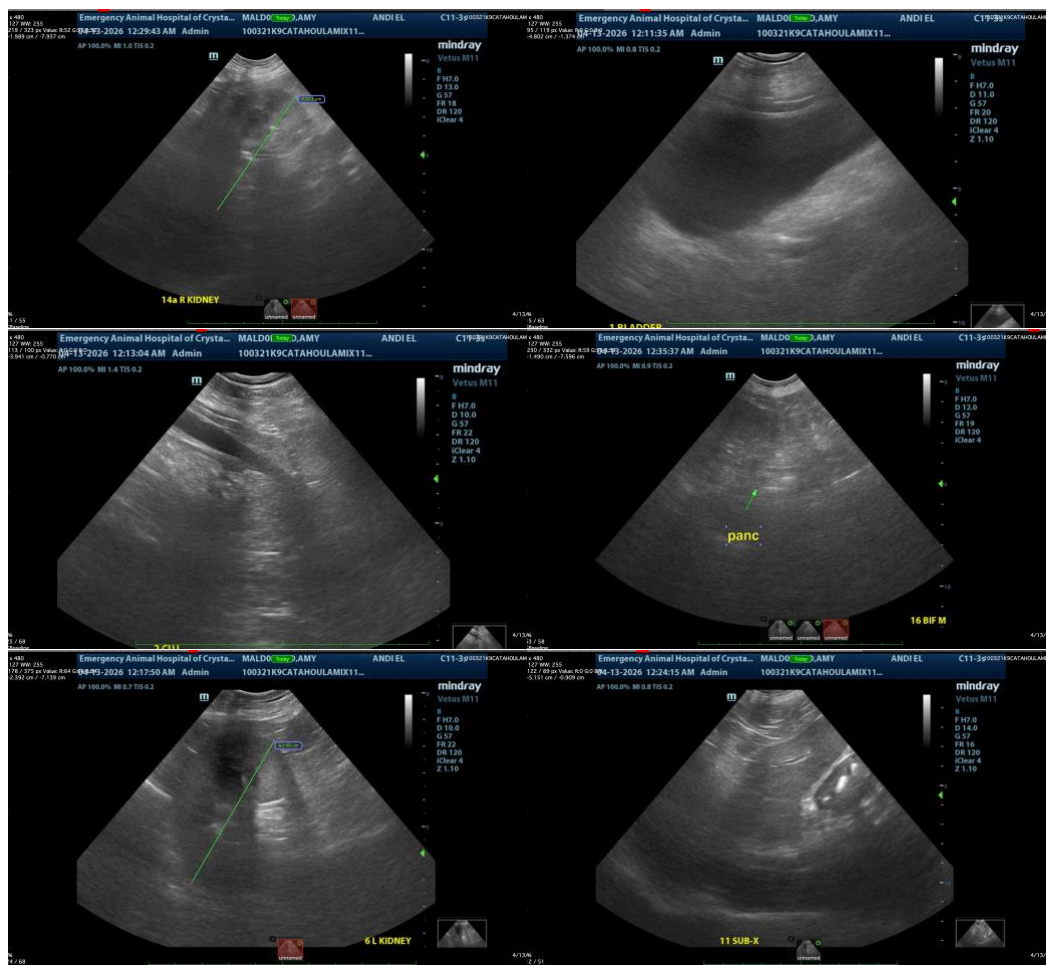
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology contributing to the clinical signs. Thoracic, CNS, and orthopedic examinations are indicated.





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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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