



## PATIENT

Pip MLAR

## SPECIES

Canine

## BREED

King Charles Cavalier

## SEX

Intact Female

## AGE

10 weeks

## WEIGHT

1.95 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Main Line Animal  
Rescue

## REFERRING VET

Dr. Alicia Royer

## INVOICE

74085

## DATE

4/2/26

## PRESENTING CLINICAL SIGNS

- Echo to further evaluate for possible congenital disease. Hx of aspiration PNA for 4 weeks requiring hospitalization and oxygen. Now on room air. Waxing and waning signs, with crackles and wheezes auscultated again on 3/20/26. Is eating well and slowly gaining weight. Small. CXR show concern in the cranial thorax, mediastinum on V/D/ and RLat show increased opacity and upward deviation of trachea at RA. Concern for vascular ring anomaly vs mediastinal lymphadenopathy vs superimposition of consolidated lung fields. No HM appreciated. Barium swallow study not definitive for megaesophagus but concern for esophageal dilation in the caudal esophagus near the diaphragm. Concern for regurgitation. Noted during AUS, small and quiet movements of the abdomen/chest similar to a hiccup with quiet regurgitation-like noise.
- Meds: Clavamox and Enrofloxacin x 4 weeks
- No BW at this time. BW/UA +/- BA's planned for following day Rads as above.

## 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 2.0 cm beyond the cystourethral junction and appeared normal. 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 4.01 cm. The right kidney measured 4.74 cm with slight pyelectasia that measured 0.5 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 1.07 x 0.3 cm. The right adrenal gland measured 1.04 x 0.28 cm at the cranial pole and 0.17 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 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. Intrahepatic vascularity appeared normal. The portal vein to vena cava ratio was 1:1. The portal vein measured 0.5 cm at the bifurcation. 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. Comet tail lung pattern is noted through the diaphragm.

## Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

Normal abdominal sonogram.

Partially full stomach, post prandial presentation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic assessment is recommended to assess for potential alveolar disease.

There was no evidence of macroscopic shunting.



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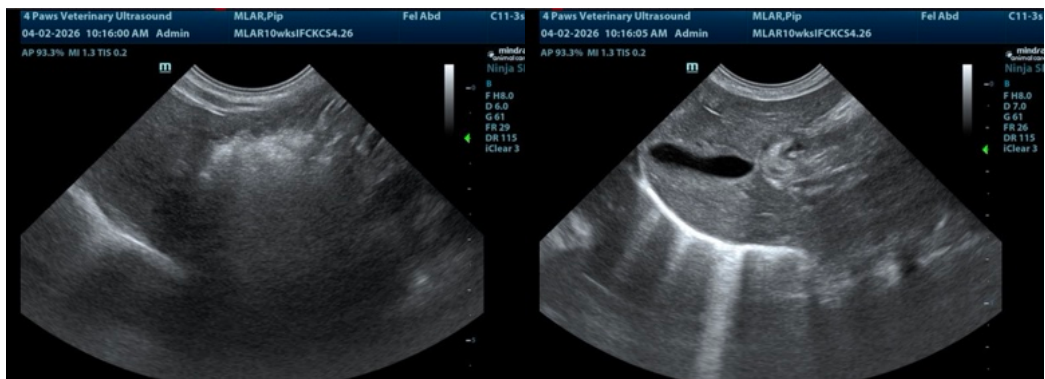
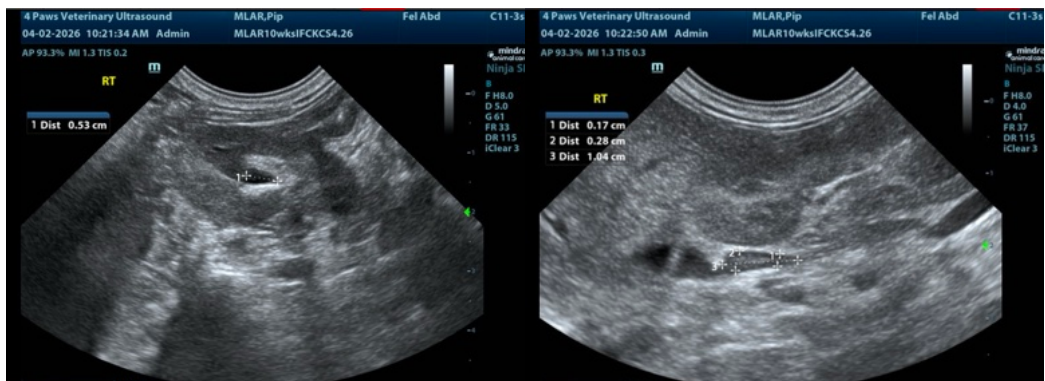
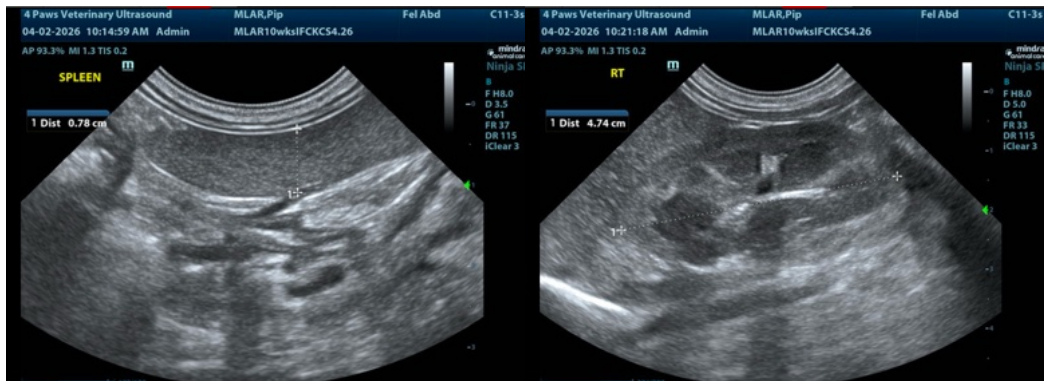
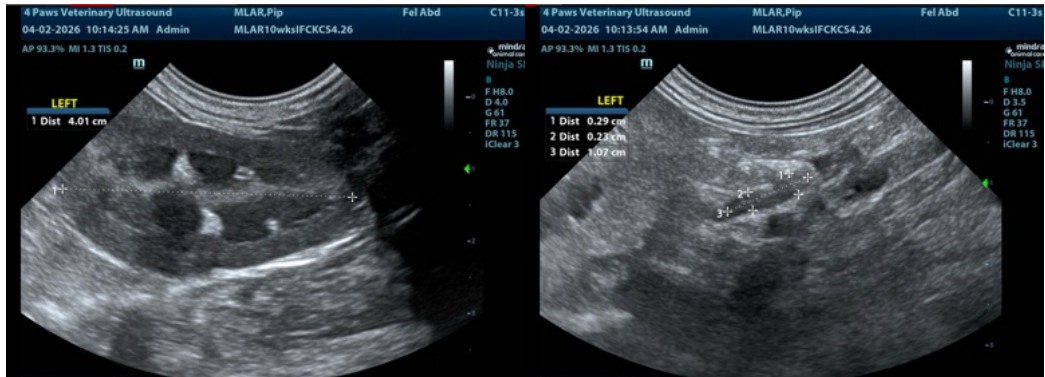
Dr. Alicia Royer

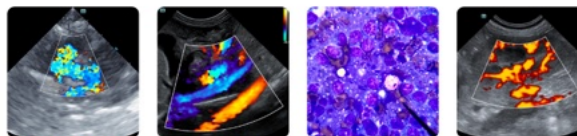
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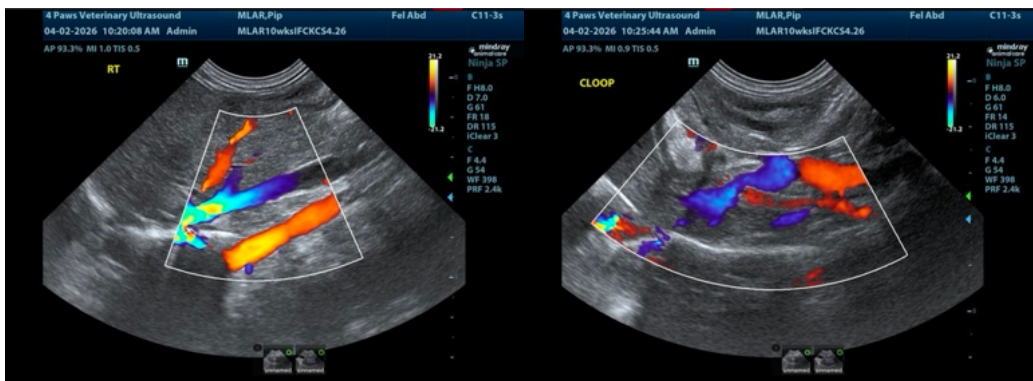
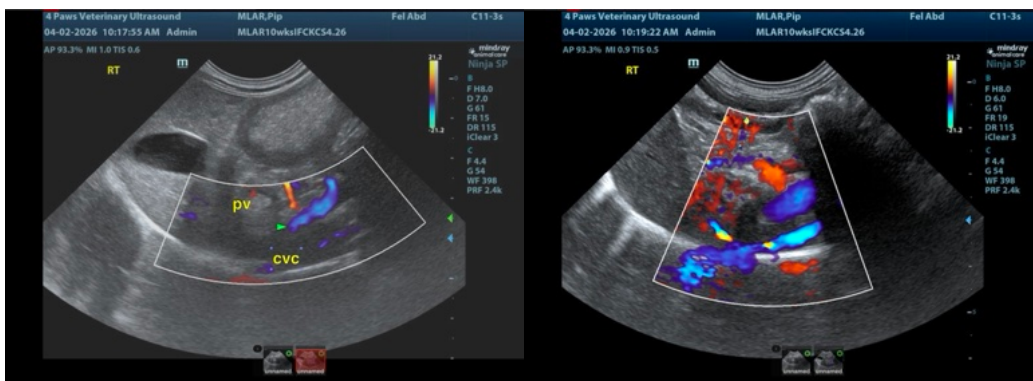
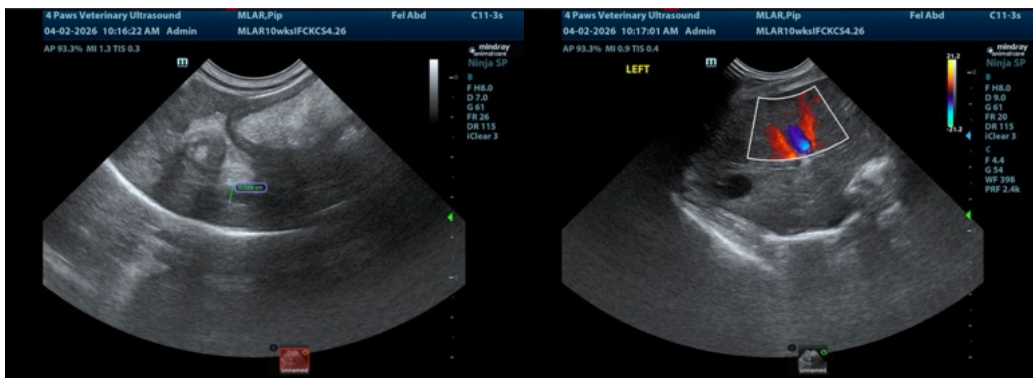
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)