



PATIENT

Lola Davis

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

10

WEIGHT

18 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lauren Hardy

HOSPITAL NAME

Panhandle VS

REFERRING VET

Dr. Lauren Hardy

INVOICE

36660

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: P has a history of CHF and is on pimobendan and enalapril. Seems well-controlled as P is not having any increased RR/RE or coughing. P has also had lactulose in the past for constipation. Presented today for 6 days of vomiting and inappetence.

Abnormal PE/Chem/CBC/UA Results: PE showed QAR, vitals WNL, BCS 6/9. Euhydrated. Very tense and painful abdomen. Reluctant to stand. IV/VI left systolic murmur. Lungs clear bilaterally. Did not do any other diagnostics other than ultrasound and O is money conscious. Considering QOL if P does not improve.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed sand accumulation, measuring up to 0.94 cm. Subtle micropolypoid changes were noted, at moderate repletion, measuring up to 0.56 cm. This is most consistent with chronic cystitis and secondary sand accumulation. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Pinpoint mineralizations were noted. The patient is likely passing sand from the kidneys to the bladder periodically. Trace pyelectasia was noted. The left kidney measured 3.8 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The **left adrenal gland** revealed minor heterogenous parenchymal changes. The left adrenal gland measured 0.78 cm at the caudal pole and 0.4 cm at the cranial pole.

The **right adrenal gland** was mildly heterogenous, measuring 0.6 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Slight increased portal markings were noted. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular tracts were of normal volume, and no evidence of congestion was noted. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. A minor amount of coalesced



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debris was noted in the **gallbladder**, not pathological. No significant overdistention was noted. Slight hepatic lymph node enlargement (1.5 cm) was noted, likely owing to past history of inflammatory hepatopathy.

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Gastrointestinal

A mild amount of **gastric** mucosal remodeling was noted with hypertrophy. Mural detail was maintained, however. The small intestine and colon were unremarkable with normal curvilinear patterns and content.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic gastropathy
- Urinary bladder sand, minor cystitis pattern
- Renal mineralization with moderate degenerative changes, nonobstructive
- Heterogenous adrenal glands
- Gallbladder debris
- Hepatic lymph node enlargement
- Age-related abdominal changes otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up is warranted, and culture if any inflammatory sediment is present. If any upper GI signs are present, then diet change and helicobacter type protocol may be appropriate. Bulk kibble feeding may be an issue in this patient given the gastric hypertrophy. If any clinical signs are present, then BID canned feedings may be appropriate.

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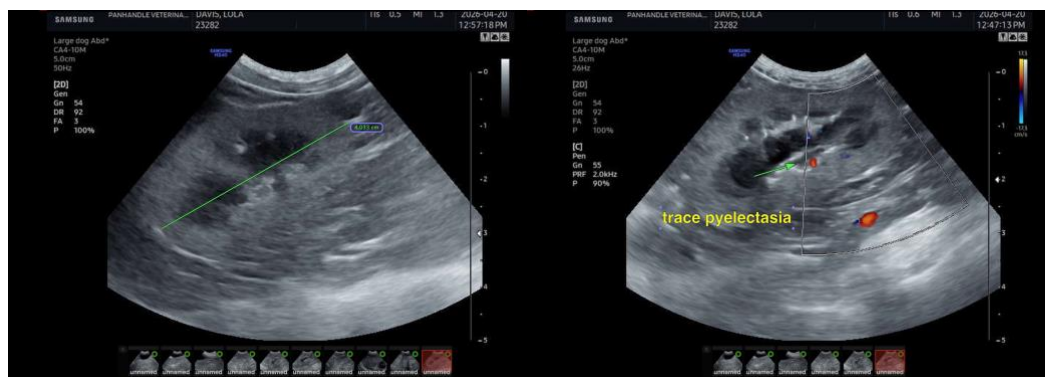
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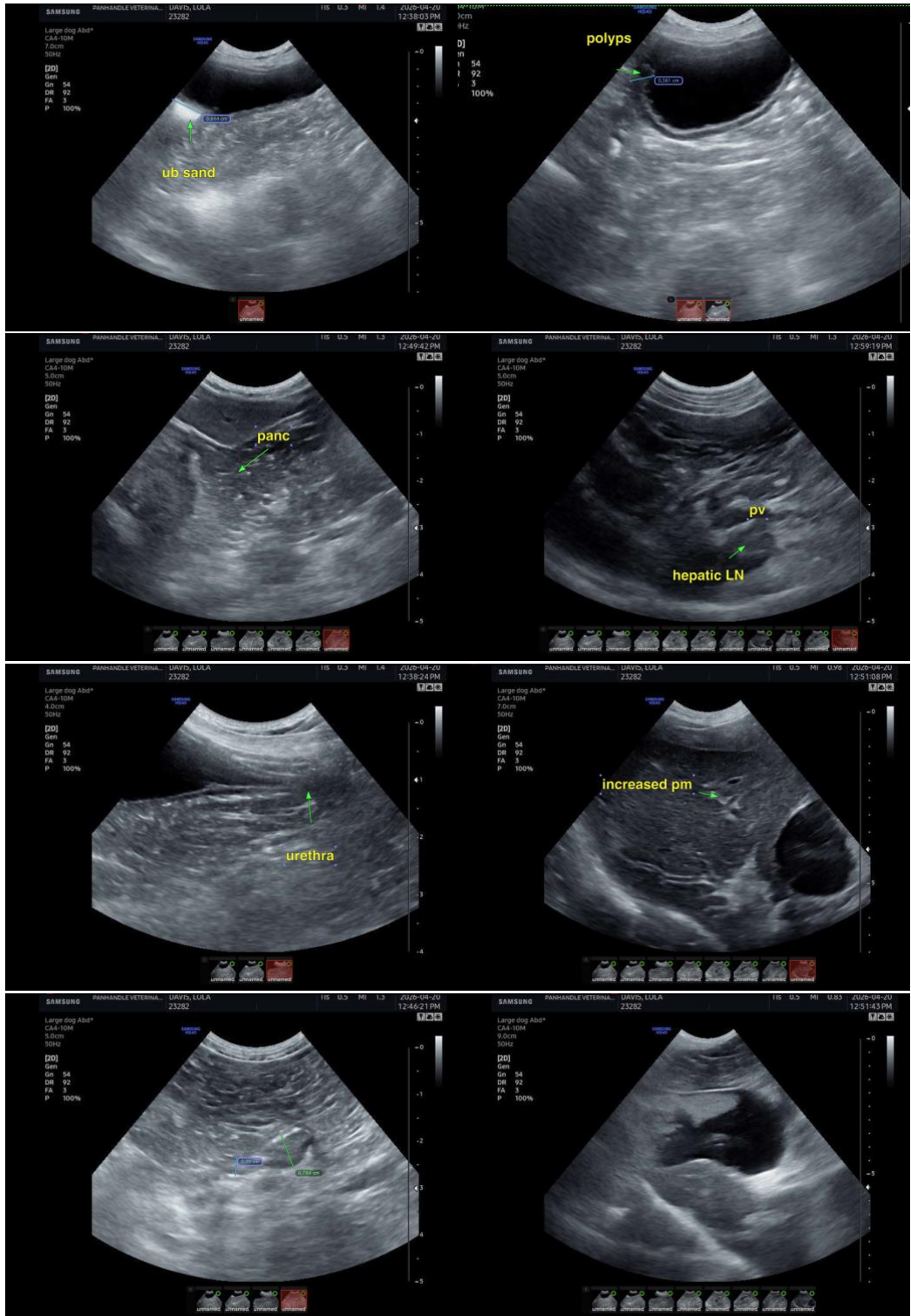
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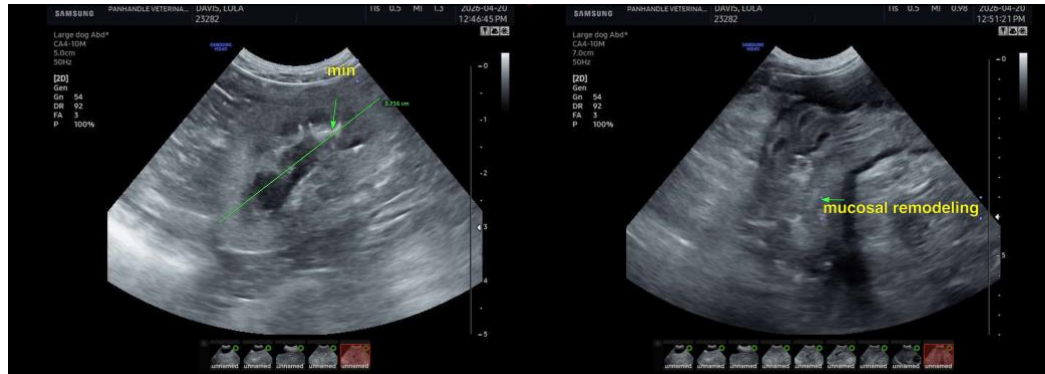
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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