



## PATIENT

Mila Incardona

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

94 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Keisha Smitley, CVT

## HOSPITAL NAME

Geary VS

## REFERRING VET

Dr. Curtis Geary, VMD

## INVOICE

36687

## DATE

4/22/26

## PRESENTING CLINICAL SIGNS

History: Patient was seen at ER clinic on 4/19 for excessive panting, seeming uncomfortable and a decreased appetite. CBC done and showed 0 platelets on BW. Patient as put on Pregabalins and Codeine. Seen on 04/20 for follow up. CBC repeated and platelets still low (8k). Started patient on Prednisone 20mg 1 BID. Patient here today for AUS.

Abnormal PE/Chem/CBC/UA Results: Low Platelets - improving on Prednisone 20mg 1 BID since 4/20. Went from 8k to 58k. BW attached UA: Trace Protein SG: 1.017 pH: 6.5

## 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 iliac trifurcation was unremarkable.

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 5.44 cm. The right kidney measured 6.21 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 0.8 cm at the cranial pole and 0.5 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. Caudal folding of the spleen was 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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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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### *Pancreas*

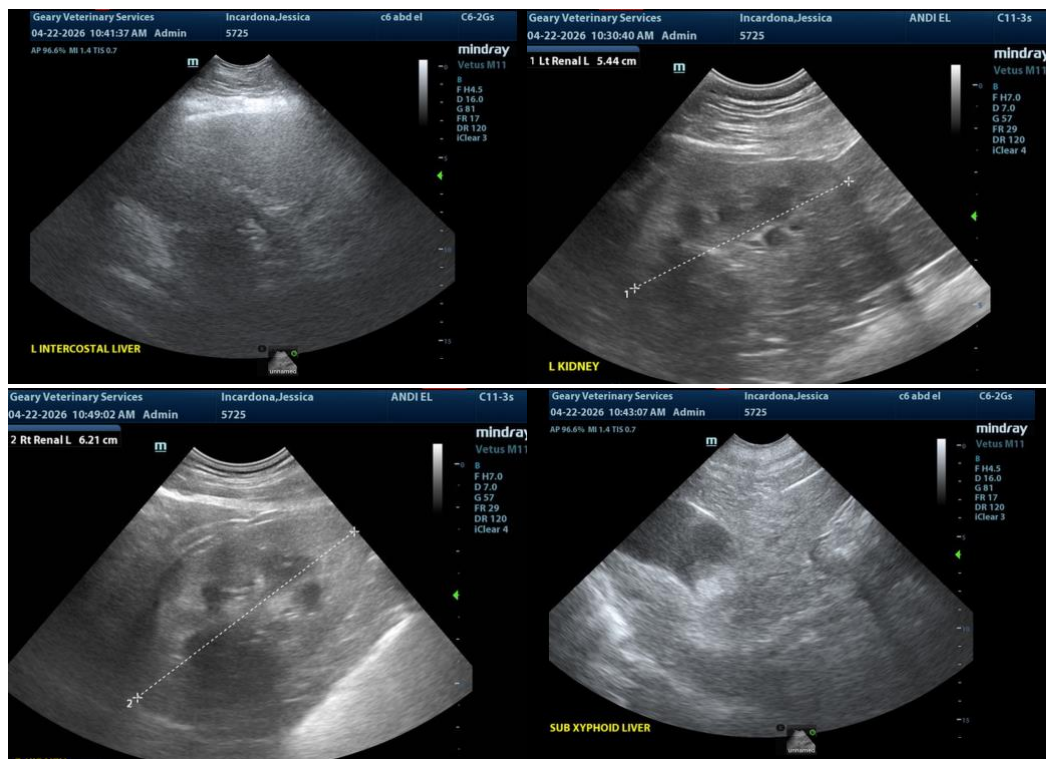
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Note, the prednisone therapy may be suppressing a more significant lymphoproliferative type presentation, yet there's no structural evidence of primary disease that would be responsible for the clinical profile.





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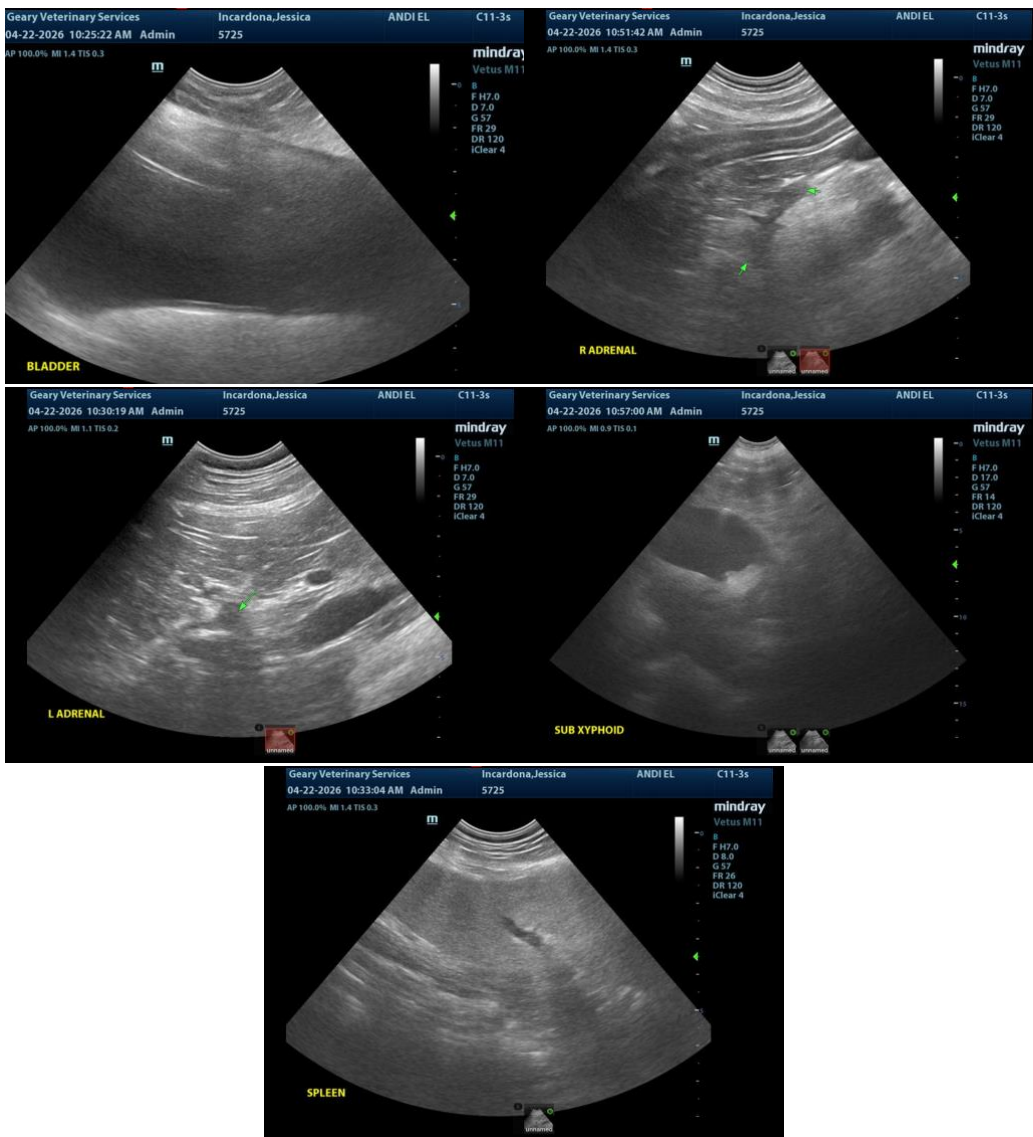
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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