



## PATIENT

Moose Ladd

## SPECIES

Canine

## BREED

Rottweiler Mix

## SEX

Spayed Female

## AGE

7 Years

## WEIGHT

125 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Christina Shonk

## HOSPITAL NAME

Court Street VH

## REFERRING VET

Dr. Christina Shonk

## INVOICE

36731

## DATE

4/23/26

## PRESENTING CLINICAL SIGNS

History: BW indicated mildly low RBC, mildly elevated ALP and TP; Os previous canine passed from rupture suspected HSA of spleen.

Abnormal PE/Chem/CBC/UA Results: BCS 9/9, difficult to palpate due to P high FAS/resistance to abdominal and hindlimb palpation PCV 35% w/ fibrin strands observed, ALP 178, TP 7.8 Otherwise CBC, chem, T4, 4dx, cardio proBNP – WNL.

## 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 6.0 cm. The right kidney measured 7.4 cm.

### *Adrenal Glands*

The **adrenal glands** were not visualized.

### *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. Cranial 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*

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end 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.



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**Pancreas**

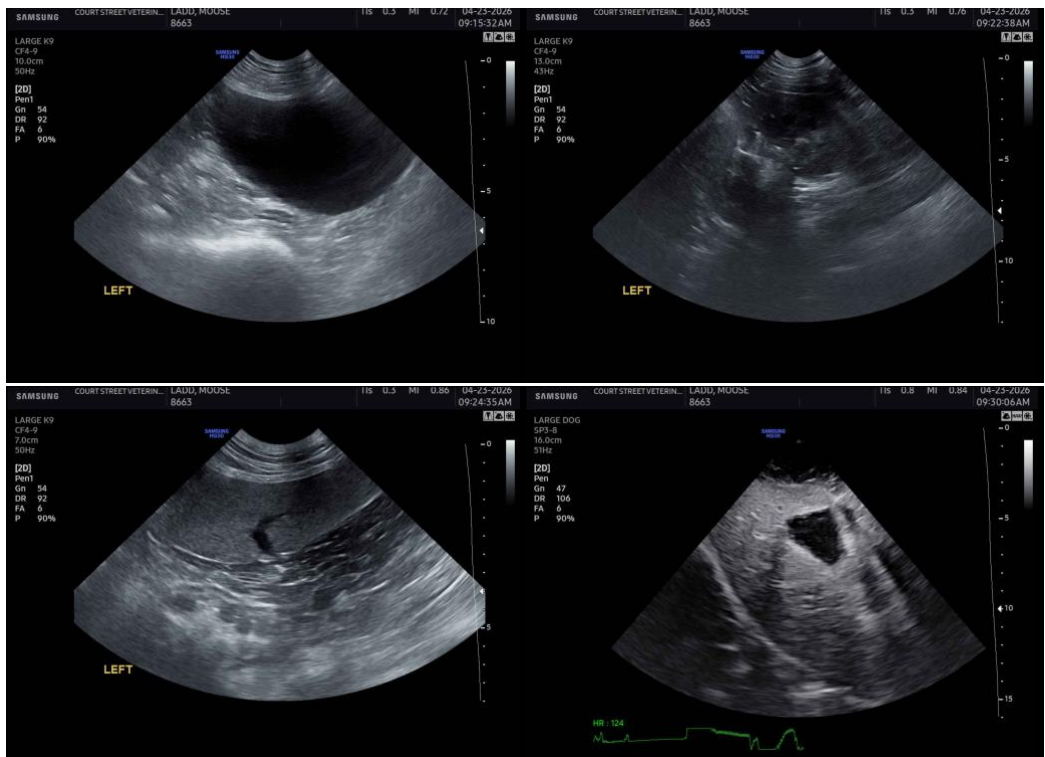
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen- no evidence of visceral pathology.
- Adrenal glands not visualized
- Partially full stomach
- Cranial splenic folding

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the vague clinical signs, non-visible adrenal glands and unexplained anemia, I recommend CBC path review and baseline cortisol to rule out underlying occult Addison's. No evidence of visceral disease.





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