



DATE PRESENTING CLINICAL SIGNS

4/26/26

Patient History: Presenting Complaint on 04-24-2026: Trouble Walking Lethargic

PATIENT

Problem List: Pyrexia - r/o infectious disease, inflammatory process, neoplasia

Jasmine Blount

Dehydration - r/o inadequate water intake secondary to nausea, renal disease, GI disease

Hypersalivation - r/o nausea, oral pain, toxin exposure

Chronic cough - r/o kennel cough, aspiration pneumonia, cardiac disease, tracheal irritation

Abnormal gait with kyphosis - r/o abdominal pain, spinal pain, musculoskeletal disease

SPECIES

Left forelimb lameness - r/o soft tissue injury, joint disease, tick-borne disease

Decreased muscle mass right hind limb - r/o chronic disuse, neurologic disease, malnutrition

Canine

Low body condition score - r/o inadequate nutrition, chronic GI disease, systemic illness

BREED

Grade 1-2/6 systolic heart murmur - r/o degenerative valve disease, congenital heart disease, physiologic murmur

Labrador Retriever

Lethargy and inappetence - r/o chronic/partial foreign body obstruction, renal disease, tick-borne disease, systemic infection

SEX

Current Medications: list attached.

Lab Results: labwork attached.

Spayed Female

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV Propofol required to complete full diagnostic ultrasound.

AGE

Stat Report: STAT requested.

2021

Imaging Performed by: Rachel Brillhart, RDMS.

WEIGHT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

54.2 Pounds

Urinary System

INTERPRETED BY

A small amount of **urinary bladder** sand was noted, non-obstructive.

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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 right kidney measured 5.45 cm. The left kidney measured 5.45 cm.

HOSPITAL NAME

Adrenal Glands

Animal Emergency
Hospital

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 right adrenal gland measured 2.24 cm x 0.55 cm at the caudal pole and 0.5 cm at the cranial pole. The left adrenal gland measured 2.31 cm x 0.54 cm at the caudal pole and 0.5 cm at the cranial pole.

REFERRING VET

Dr. Shannahan

INVOICE

Spleen

36812

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

Some echogenic chyme was noted in the **stomach**, measuring 3.2 cm. Minor gastric wall hypertrophy was noted. Minor intestinal wall thickening was noted with hypertrophied muscularis. The colon was unremarkable.

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.

Free Abdomen

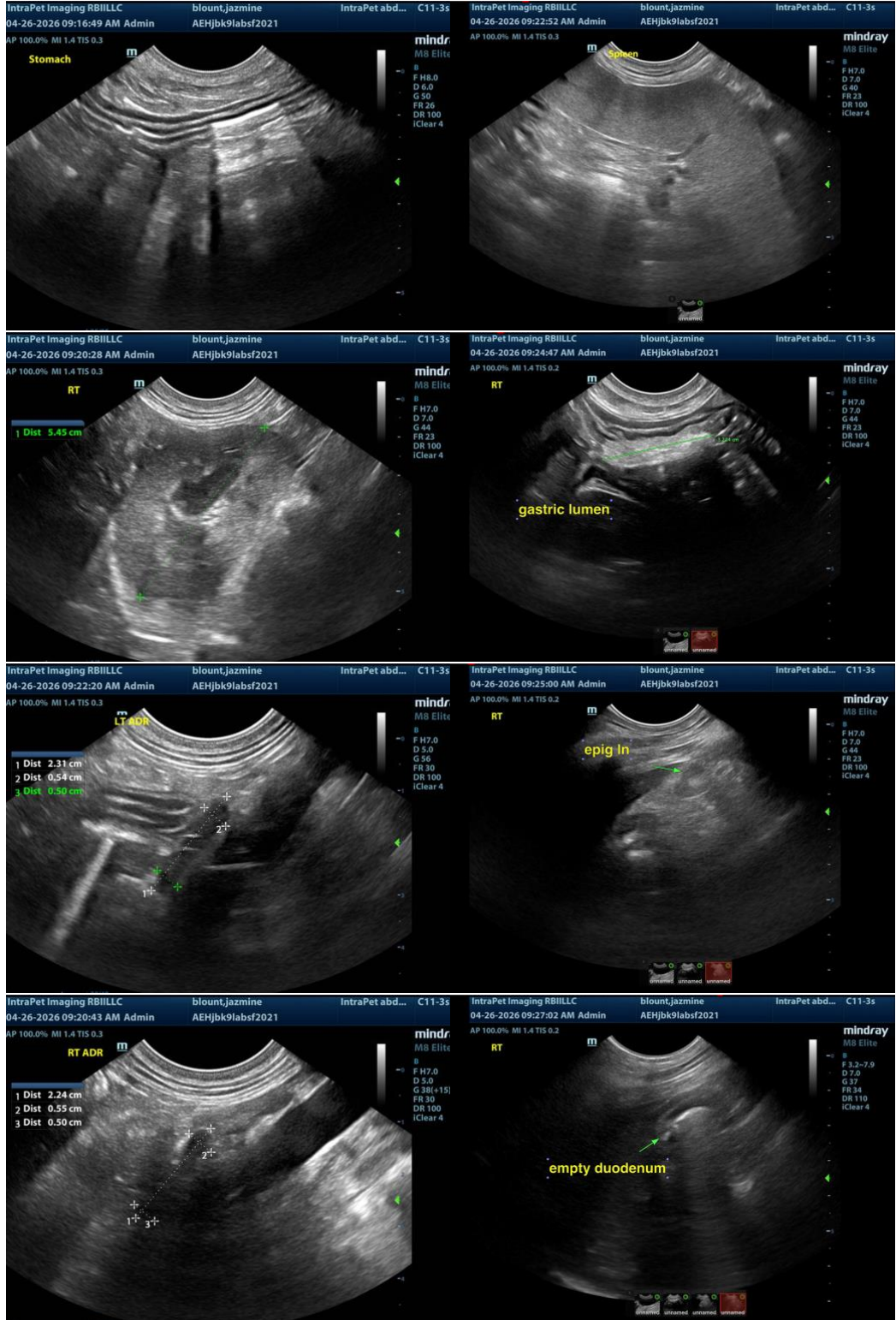
The epigastric **lymph nodes** were slightly enlarged, length to width ratio as maintained, measuring 1.0 cm.

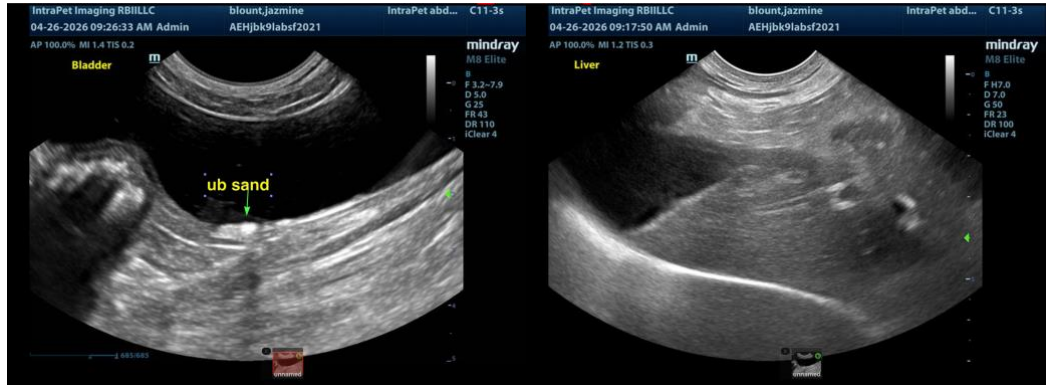
ULTRASONOGRAPHIC FINDINGS

- IBD GI pattern with minor retention of chyme
- Minor bladder sand
- Epigastric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for inflammatory bowel and potential underlying parasitic disease is warranted. Medical management of the bladder sand should prove effective. Recheck sonogram is recommended if clinical signs persists.





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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