

**PATIENT**

Claudia Bacchetta

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Soayed Female

**AGE**

8 Years

**WEIGHT**

44 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Newton VH

**REFERRING VET**

Dr. Chan

**INVOICE**

36822

**DATE**

4/27/26

**PRESENTING CLINICAL SIGNS**

History: Vomiting and diarrhea. Cerenia, ondansetron, fentanyl, panprazole, unasyn, metronidazole, sucralfate, vitamin k, IVF

Abnormal PE/Chem/CBC/UA Results: Alb 1.7-2, PCV 58-37

**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 right kidney measured 6.86 cm. The left kidney measured 6.43 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 2.98 cm x 0.62 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland measured 3.2 cm x 0.95 cm at the cranial pole and 0.73 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. Cranial folding of the spleen was noted.

**Liver**

The **liver** revealed slight increased portal markings and normal vascularity. The gallbladder was slightly edematous.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

**Pancreas**



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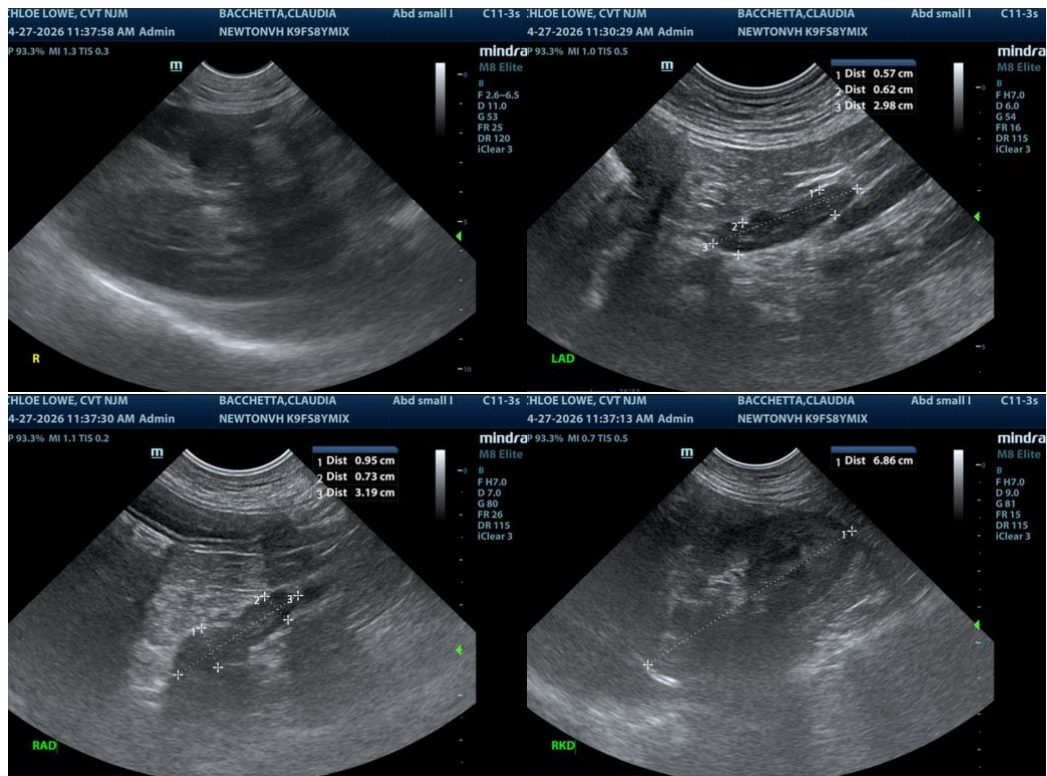
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific gastroenteritis pattern
- Slight hepatic remodeling, a history cholangitis/cholangiohepatitis is likely

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the low albumin, screening for occult Addison's would be appropriate even though the adrenals appear normal. If no significant protein area is present, then management for protein losing, enteropathy recommended.





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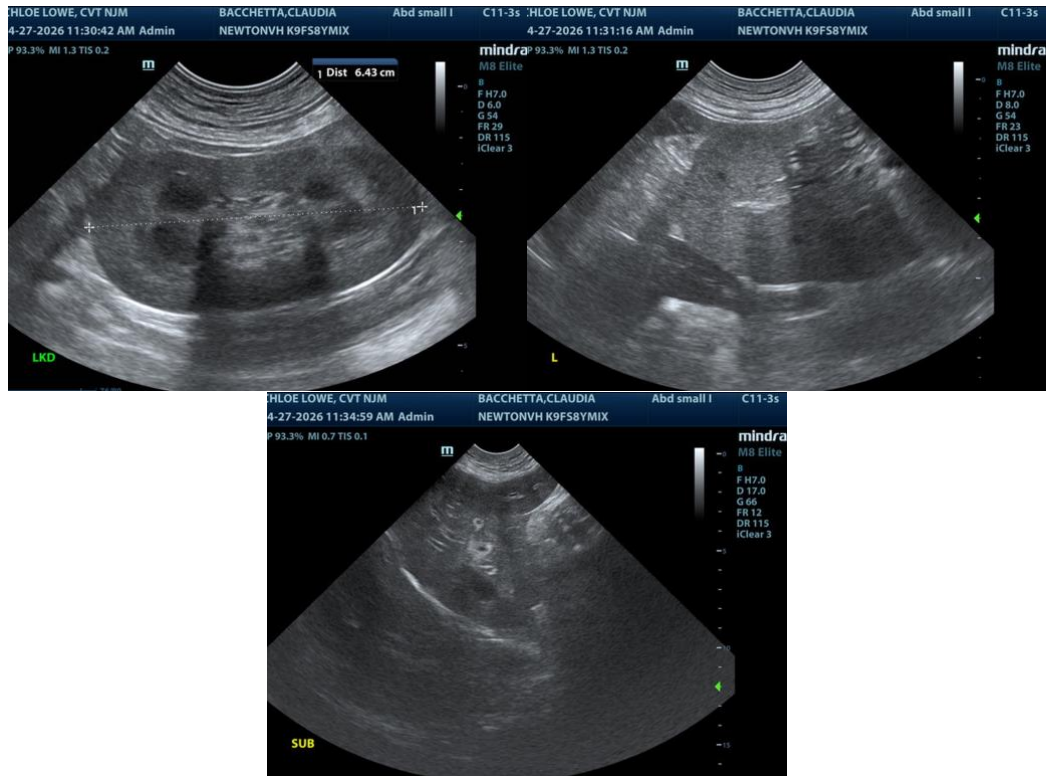
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
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