



PATIENT

Ellie Brown

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

5 Years

WEIGHT

45

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette Veterinary
Hospital

REFERRING VET

Dr. Lewis

INVOICE

15598

DATE

04/30/26

PRESENTING CLINICAL SIGNS

Pt went to the beach on 4/28 and played with O. pt never left O's sight, didn't eat anything on the beach. O notes that pt hasn't gotten into anything in the home. no chemicals in home per O. pt refused breakfast yesterday morning and wasn't herself. O hand fed pt some scrambled eggs last night that pt "begrudgingly" ate. pt vomited in the car on the way here today, produced orange-yellow vomit that looks like scrambled eggs. O noticed pt's gums were pale this morning and pt was acutely lethargic this morning. lethargy last 3-4 days but seemed off per o for last 2-3 months

Abnormal PE/Chem/CBC/UA Results: febrile 104.6, pale mm, CRT >2s CBC- RBC 3.11 M/uL (L), HCT 23.1% (L), HGB 7.1 g/dL (L), MCV 74.3 fL (H), MCHC 30.7 g/dL (L), RETIC 188.2 K/uL (H), RETIC-HGB 17.9 pg (L), WBC 25.78 K/uL (H), NEU 18.57 K/uL (H), LYM 5.32 K/uL (H), MONO 175 K/uL (H), nRBC suspected, PLT 106k K/uL (L), MPV 16.7 fL (H), manual PLT 206K, Chem- ALT 133 U/L (H), TBIL 2.4 mg/dL (H) PCV/TS 26%/7.8 g/dL EPOC- bicarb 12.6 mmol/L (L), K 2.5 mmol/L (L), LAC 5.26 mmol/L (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **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 6.1 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no gross pathology.

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 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.



PATIENT

Ellie Brown

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

5 Years

WEIGHT

45

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette Veterinary
Hospital

REFERRING VET

Dr. Lewis

INVOICE

15598

DATE

04/30/26

Gastrointestinal

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

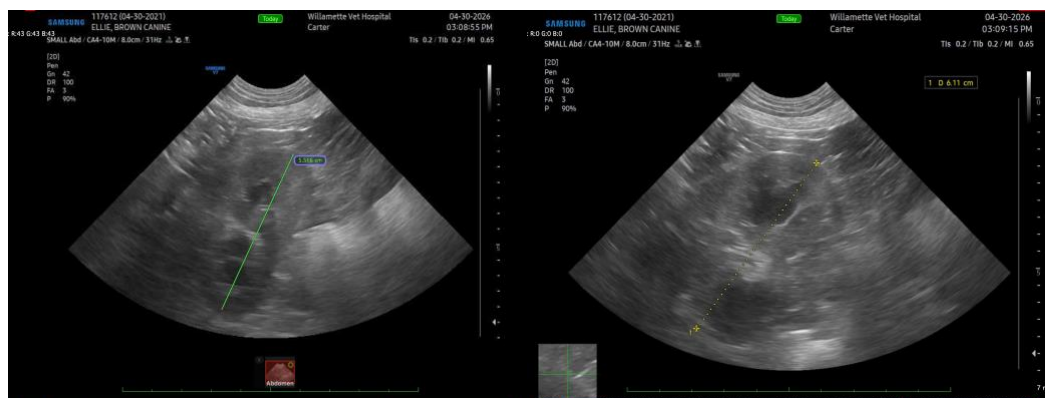
- Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of direct morphological visceral disease responsible for the clinical signs. CBC path review is indicated. Suspect hemolytic disease, infectious or immune-mediated given that there's no evidence of visceral hemorrhage in the abdomen.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





PATIENT

Ellie Brown

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

5 Years

WEIGHT

45

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette Veterinary
Hospital

REFERRING VET

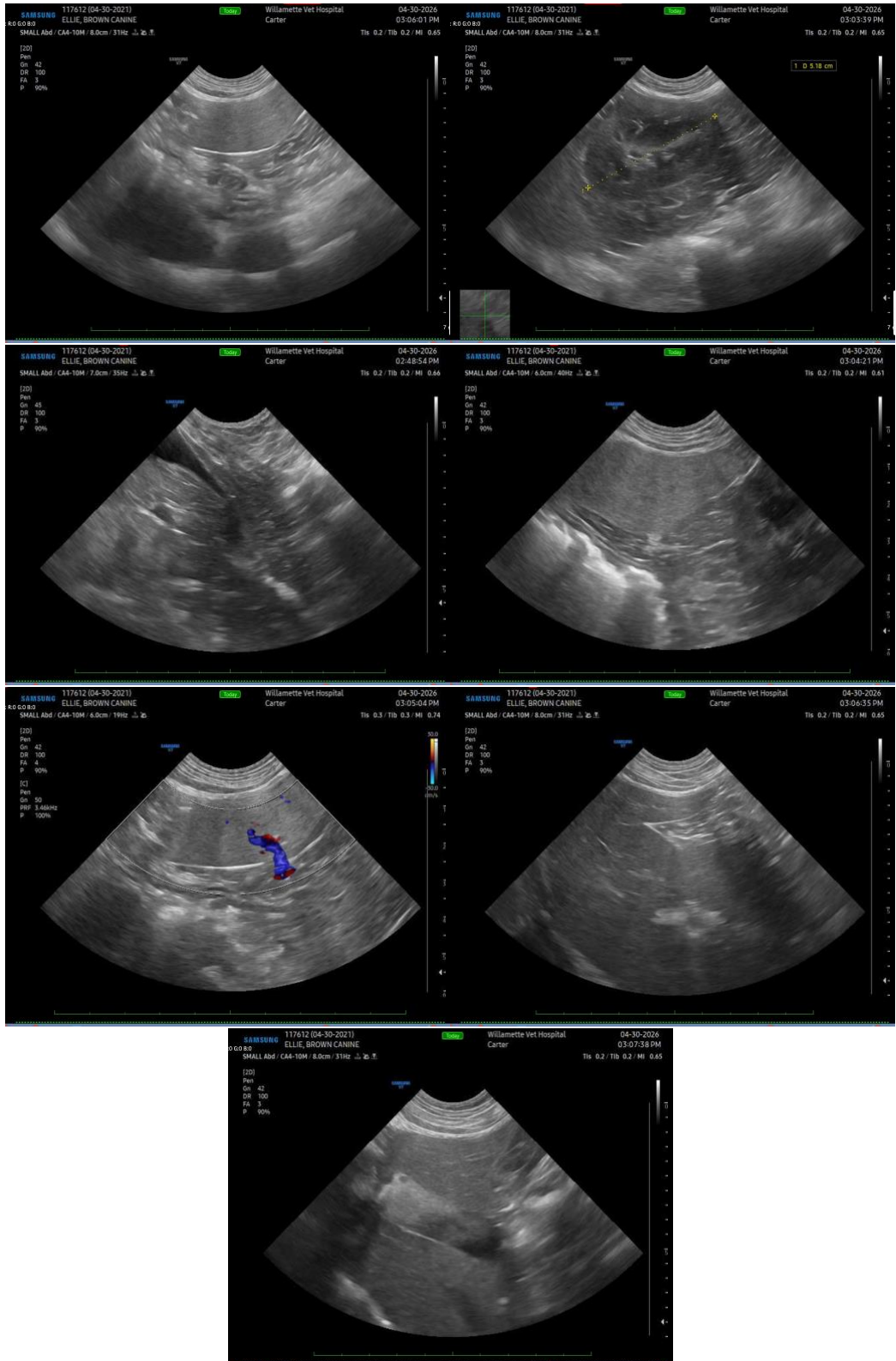
Dr. Lewis

INVOICE

15598

DATE

04/30/26





PATIENT

Ellie Brown

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

5 Years

WEIGHT

45

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette Veterinary
Hospital

REFERRING VET

Dr. Lewis

INVOICE

15598

DATE

04/30/26

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

info@SonoPath.com