



PATIENT

Lilly Paulsen

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

12 Years

WEIGHT

7.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Duce

INVOICE

15595

DATE

04/30/26

PRESENTING CLINICAL SIGNS

Chronic history of diarrhea for past 2 months. 2 weeks ago started post-prandial vomiting undigested food. Severe weight loss.

Abnormal PE/Chem/CBC/UA Results: Neutrophilia, monocytosis Thrombocytosis 700 Mildly elevated amylase

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild/moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.96 cm in length. The right kidney measured 5.05 cm in length.

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 0.63 cm width at the cranial pole and 0.53 cm width at the caudal pole. The right adrenal gland measured 0.60 cm width.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The liver revealed multifocal hypoechoic nodular changes.

Gastrointestinal



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Examination of the **gastrointestinal tract** revealed areas of hyperperistalsis. Soft stool was noted in the colon. Areas of mucosal fogging were noted in the small intestine. Albumin levels should be monitored in this patient periodically as this may represent lymphangiectasia.

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Pancreas

The right limb of the **pancreas** presented hypoechoic and irregular most consistent with hyperplasia. Cannot rule out low-grade inflammation.

BREED

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Free Abdomen

The mesenteric **lymph node** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph node measured 2.0 cm x 0.61 cm.

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ULTRASONOGRAPHIC FINDINGS

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- Prominent irregular pancreas.
- Undefined nodular hepatic changes- nondisruptive, likely hyperplasia.
- Age-related renal changes.
- Mesenteric lymphadenopathy.
- Irritable bowel presentation with potential emerging underlying lymphangiectasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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FNA is indicated given the patient history. No overt evidence of neoplasia present in this patient. However, malassimilation may be a significant issue. Royal Canin HPD diet or similar is recommended. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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

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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>

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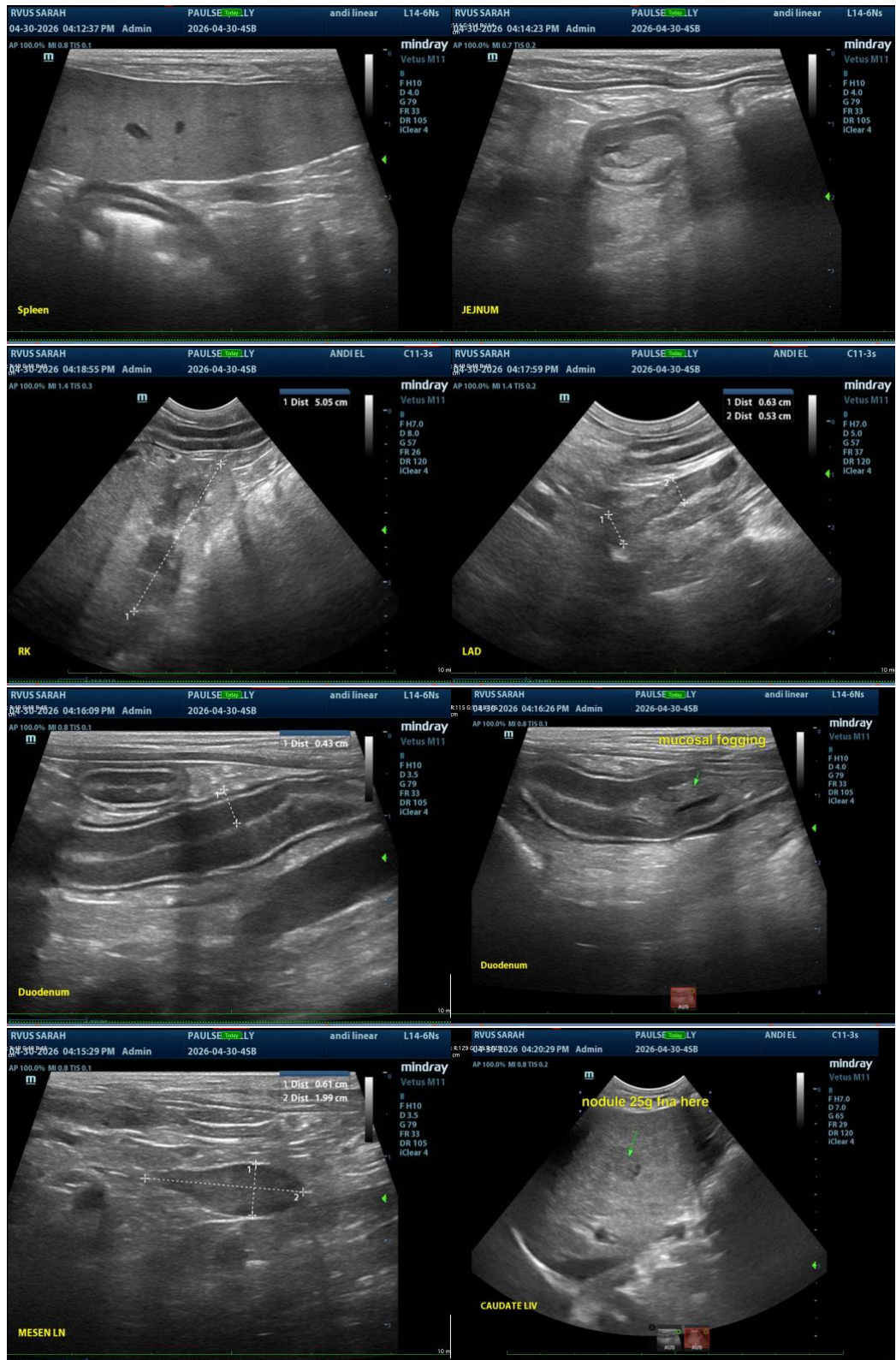
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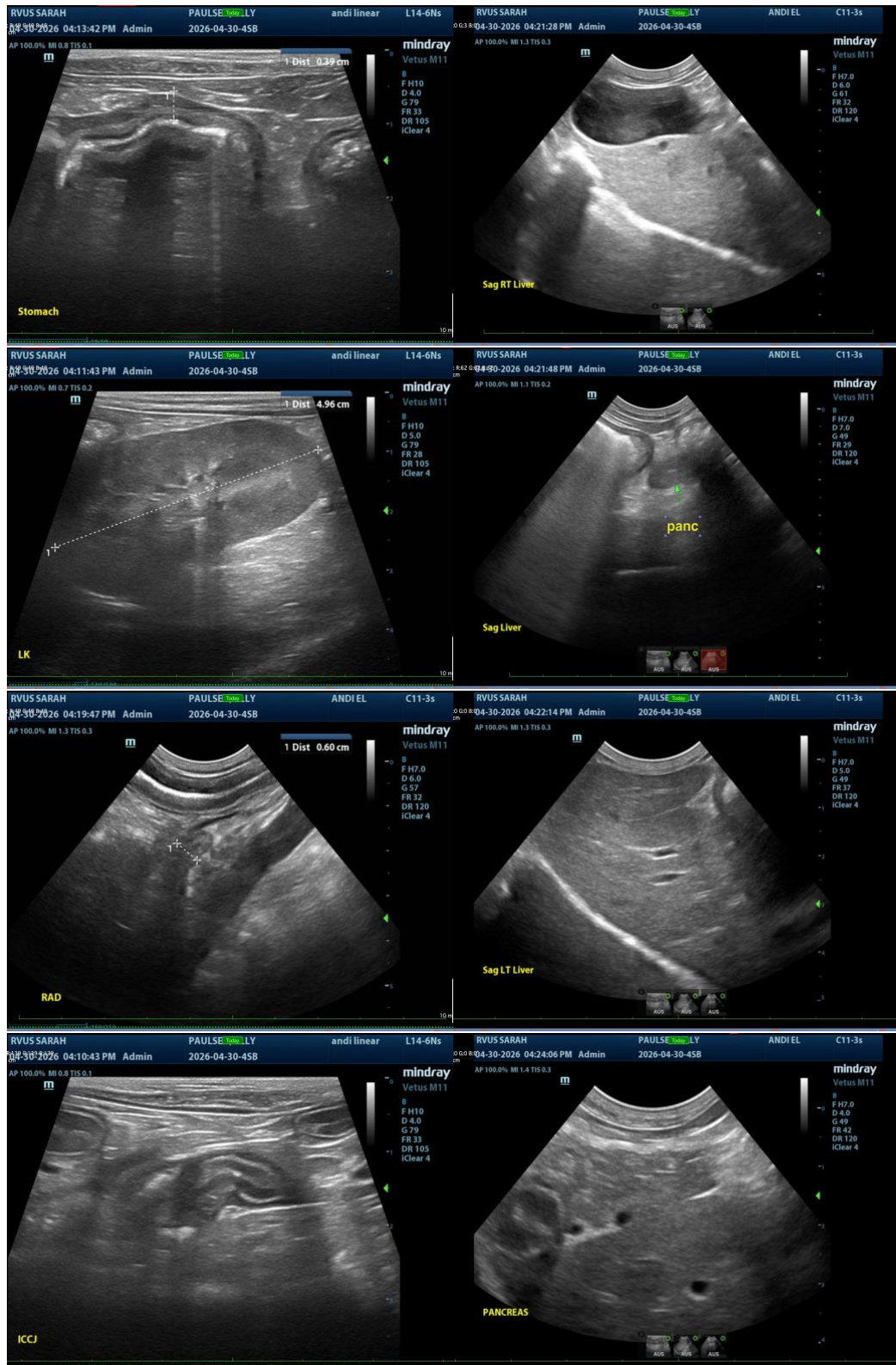
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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