



PATIENT

Carrot Huang

SPECIES

Canine

BREED

Corgi

SEX

Spayed female

AGE

2 years

WEIGHT

22.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel South DVM

HOSPITAL NAME

River Valley AH

REFERRING VET

Dr. South

INVOICE

74317

DATE

4/8/26

PRESENTING CLINICAL SIGNS

P presented as a second opinion on 4/1 for vomiting undigested food after eating. O states P was at a boarding facility for 3 weeks and the vomiting seems to have started after she picked her up. P has now additionally developed a cough (since 4/6). P is current of FTP and HWP according to O. She is currently on Famotidine and Doxycycline.

4/1/26 CBC: reticulocytosis, minor thrombocytopenia Chem: mildly elevated ALT (126) and TBili (2.2); rest unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

The **kidneys** were normal in size and contour with slight pyelectasia of the right kidney. The right kidney measured 5.37 cm. The left kidney measured 4.77 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 0.36 cm at the cranial pole and 0.38 cm at the caudal pole. The right adrenal gland measured 0.47 cm at the cranial pole and 0.45 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 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. The hepatic veins were mildly dilated. This may be owing to sedation. If the patient was not sedated, then chest radiographs are warranted to assess for causes of passive congestion. The changes, were subtle, yet persistent in multiple views. The gallbladder and common bile duct were unremarkable. No pathological hepatic lymphadenopathy was evident.



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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

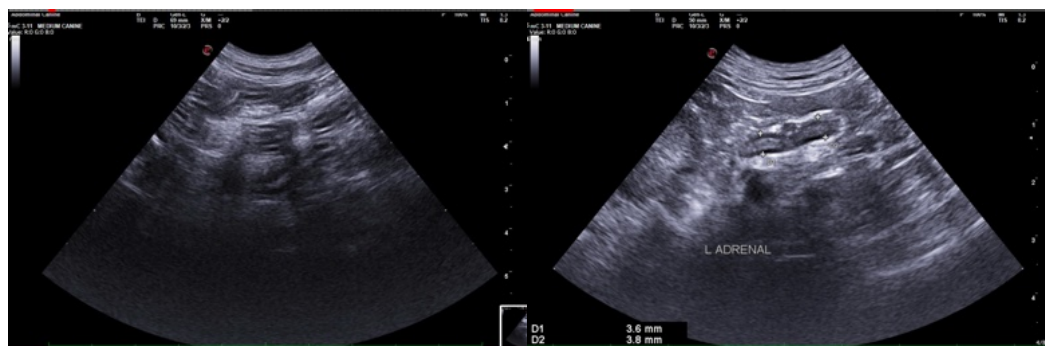
Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of visceral disease directly related to the clinical status. Dietary intolerance, occult parasitism, structurally insignificant inflammatory bowel and occult Addison's are all potentials even though Addison's is unlikely given the normal adrenal structure.

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>





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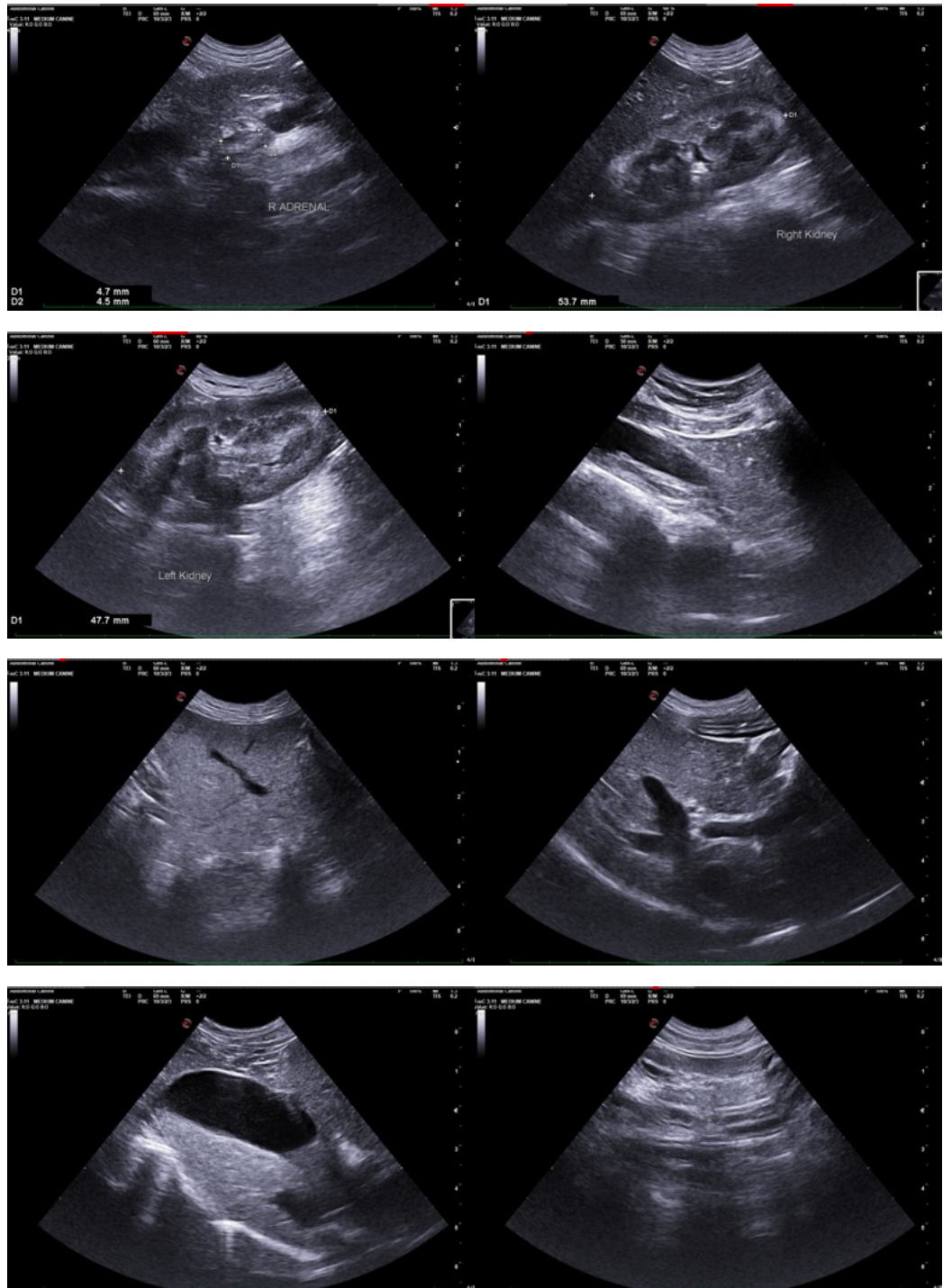
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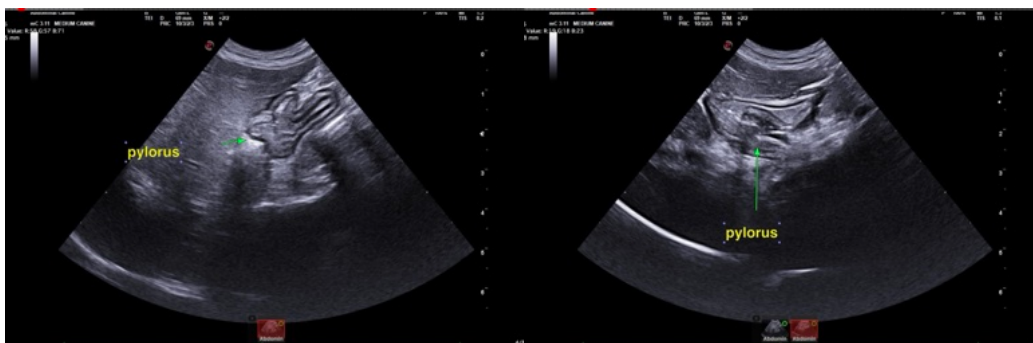
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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