



PATIENT

Luna DeJesus

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

5 Years

WEIGHT

13.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd DVM, D,
 ABVP (CFP)

HOSPITAL NAME

Steele Creek Animal
 Hospital

REFERRING VET

Dr. Winona Daniels

INVOICE

14978

DATE

04/09/26

PRESENTING CLINICAL SIGNS

H/O abdominal pain, decreased activity, abdomen appears more distended to owner, quiet, does eat things off the ground and stays with 2 other dogs. Not on any medications

PE: BCS 6/9, TPR wnl, moderate tartar on upper canines, slightly tense on abdominal palpation CBC- WNL HCT 59% CHEM- TP 7.6, (N <7.4); glob 3.7 (N < 3.6); ALT 416 (N < 118); GGT- 12..1 (N < 12); Na/K- 40 AMYLASE- 1470; Precision PSL- 674 Abd rads- no masses or signs of obstruction

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 3.67 cm in length. The right kidney measured 3.74 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 1.55 cm x 0.41 cm width at the cranial pole and 0.38 cm width at the caudal pole. The right adrenal gland measured 0.46 cm width at the caudal pole and 0.46 cm width at the cranial 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.

Liver

The **liver** revealed mildly subnormal size with uniform parenchyma. The portal vein measured 0.50 cm with normal branching. No evidence of intrahepatic or extrahepatic shunting. The gallbladder and common bile duct were unremarkable.

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.



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Pancreas

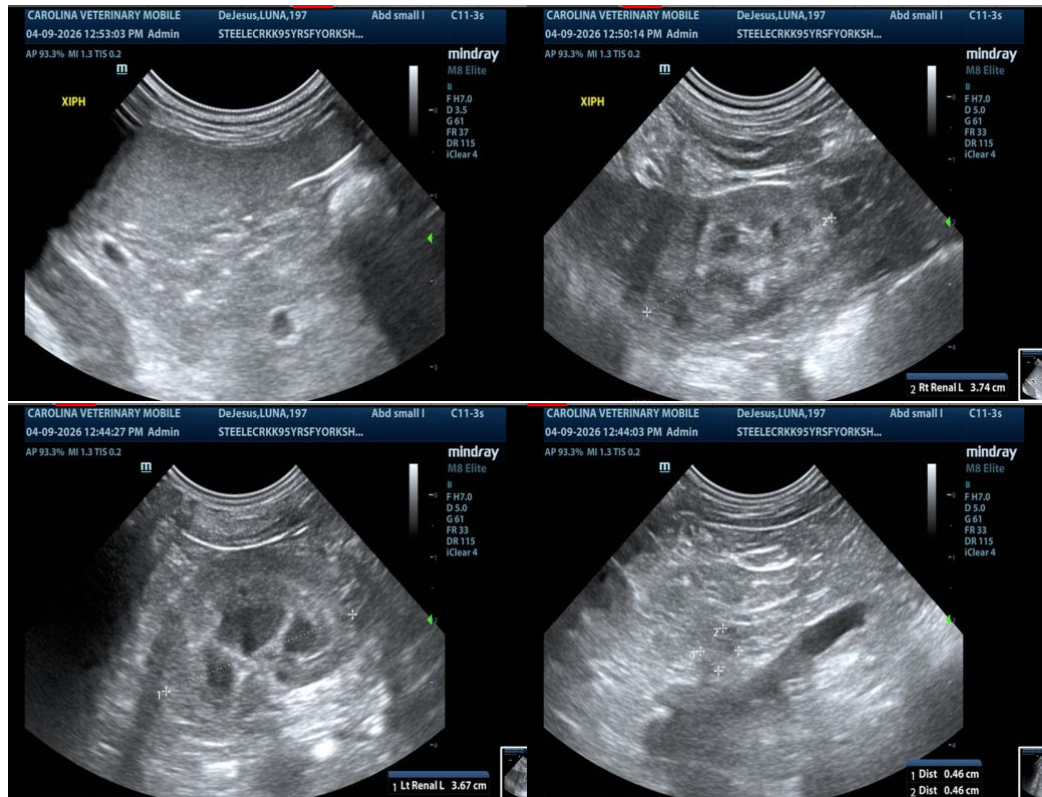
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor microhepatica- no evidence of macroscopic shunting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of abdominal pain is unclear as there's no evidence of visceral disease that should be causing pain. Referred back pain should be considered. Cannot completely rule out low-grade pancreatic inflammation yet changes appear to be fairly normal regarding the pancreas.





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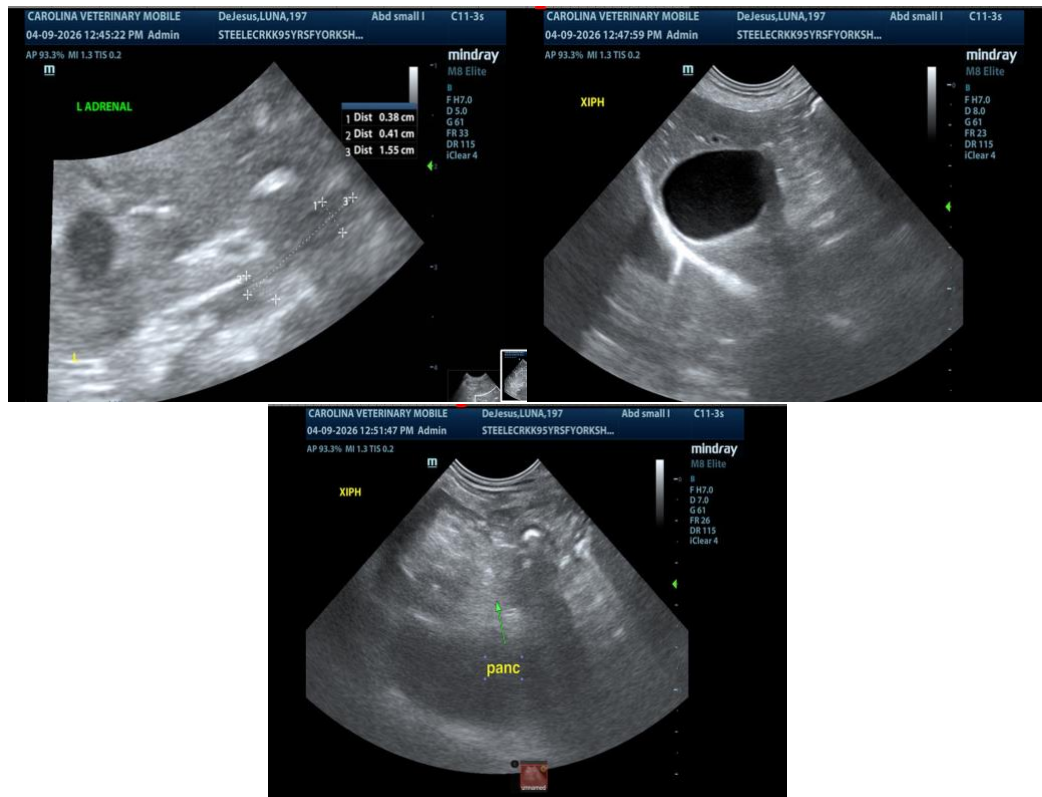
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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