



PATIENT

Tess Williams

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

8 Years 2 Months

WEIGHT

77 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

37105

DATE

5/13/26

PRESENTING CLINICAL SIGNS

History: scan to recheck GI tract and pancreas and explore cause for persistent low hemoglobin, March 1st: Presented to emergency room with severe melena. severe regenerative normocytic hyperchromic anemia with leukocytosis. Abdominal US: pancreatic edema, adrenal hypertrophy, stomach content. normal coag and chemistry save albumin of 2.0. responded to GI protectants and support. CBC remains low Hemoglobin

Abnormal PE/Chem/CBC/UA Results: PE: Unremarkable senior Labs: -5/8/26 CBC: Hgb 13.4 g/dL, MCV 55 fL, MCH 15.7 pg, MCHC 28.7 g/dL, RDW 26.7, Retic Hgb 15.3 pg, PLT 444 K/uL -3/2/26 CBC: RBC 1.37 M/uL, HCT 9.8, Hg 4.0, 127.9 K/uL Reticulocytes, normocytic hyperchromic, 22.37 K/uL WBC, Alb 2.0 g/dL, TP 4.9 g/dL -By 3/26 RBC and HCT were normal, Hgb has remained just low.

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 left kidney measured 7.0 cm. The right kidney measured 7.36 cm. Blood flow to the kidneys appeared to be adequate.

Adrenal Glands

The **left adrenal gland** was mildly enlarged, measuring 4.77 cm x 1.13 cm at the caudal pole and 0.8 cm at the cranial pole.

The **right adrenal gland** was swollen and revealed a hyperechoic nodule at the cranial pole. The cranial pole measured 1.75 cm. the nodule measured 1.1 cm. The caudal pole measured 0.55 cm.

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



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** revealed mucosal remodeling and mild enhanced periserosal fat, consistent with gastritis. This is likely ulcerative; however, no perforating ulcers appear to be present. The lumen was empty. The small intestine and colon were unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

Other

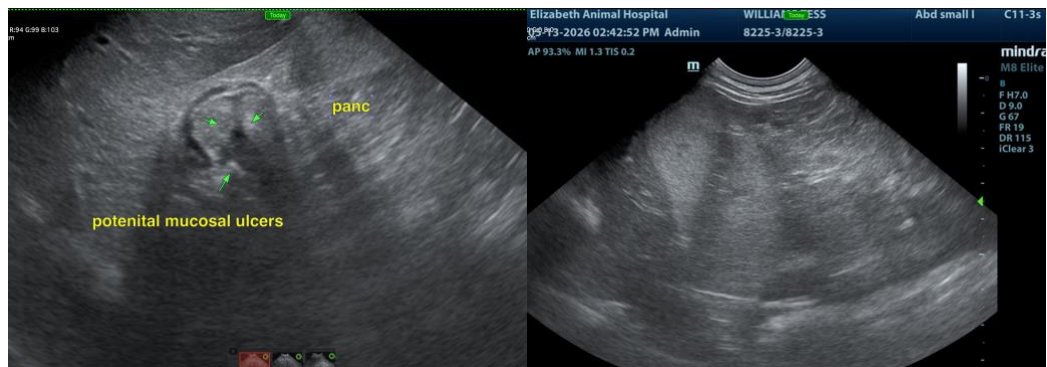
A rapid view of the **heart** revealed no gross pathology.

ULTRASONOGRAPHIC FINDINGS

- Ulcerative gastritis pattern
- Bilateral adrenal hypertrophy – normal variant versus emerging PDH
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of anemia is unclear in this patient. Given the low albumin, protein losing disease is suspected. If no significant proteinuria is present, then GI protein loss is likely. Cannot completely rule out GI hemorrhage, especially given the patient history. Management for presumed protein losing enteropathy is indicated. No evidence of tumors was noted. If anemia is not resolving, then bone marrow aspirate would be appropriate. Aggressive GI protectant protocol and endoscopy would be appropriate. Serial blood pressures are also indicated. If clinical signs are not improving over the next 3-5 days, then recheck sonogram is indicated.





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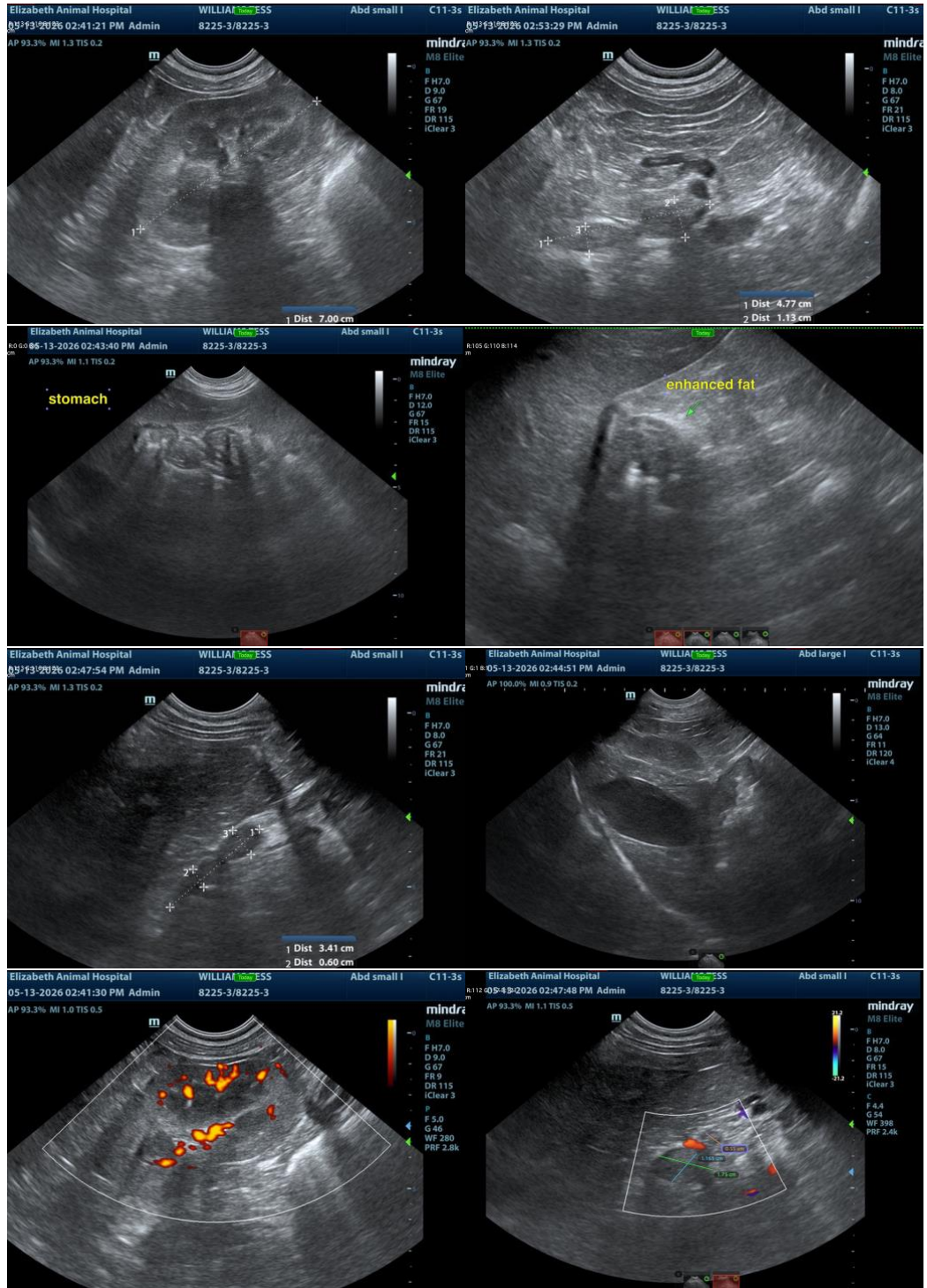
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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