



PATIENT

Bailey Miller

SPECIES

Canine

BREED

Corgi Mix

SEX

Spayed Female

AGE

10

WEIGHT

23

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Brooks

INVOICE

37124

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: vomiting and not eating since Sunday very lethargic had been on EOD pred dosing for feet , O stopped Sunday concern for pancreatitis Current meds Unasyn Pantropazole Cerenia IVF was on Pred and stopped.

Abnormal PE/Chem/CBC/UA Results: TP 8.5 Glob 5.4 Panc Lipase 765 Neut 7.31 Mono 1.21 Cortisol 11.73 U/A Protein 100 WBC 7/HPF RBC 9/HPF no bacteria or crystals USG 1.010.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. Mineralizations were noted bilaterally. The right kidney measured 5.15 cm. The left kidney measured 5.15 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 right adrenal gland measured 2.54 cm x 0.53 cm at the caudal pole and 0.58 cm at the cranial pole. The left adrenal gland measured 2.07 cm x 0.55 cm at the caudal pole and 0.35 cm at the cranial pole.

Spleen

The **spleen** was mildly enlarged with slight swollen irregular contour and minor heterogenous hypoechoic parenchymal changes. Hyperechoic lipid plaques were noted in the spleen.

Liver

The **liver** was swollen and mildly irregular. The gallbladder and common bile duct were unremarkable.

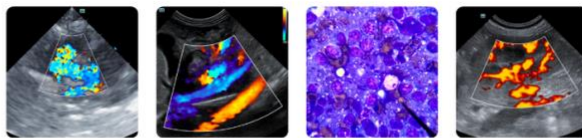
Gastrointestinal

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. **See Free Abdomen section.

Pancreas

**See Free Abdomen section.

Free Abdomen



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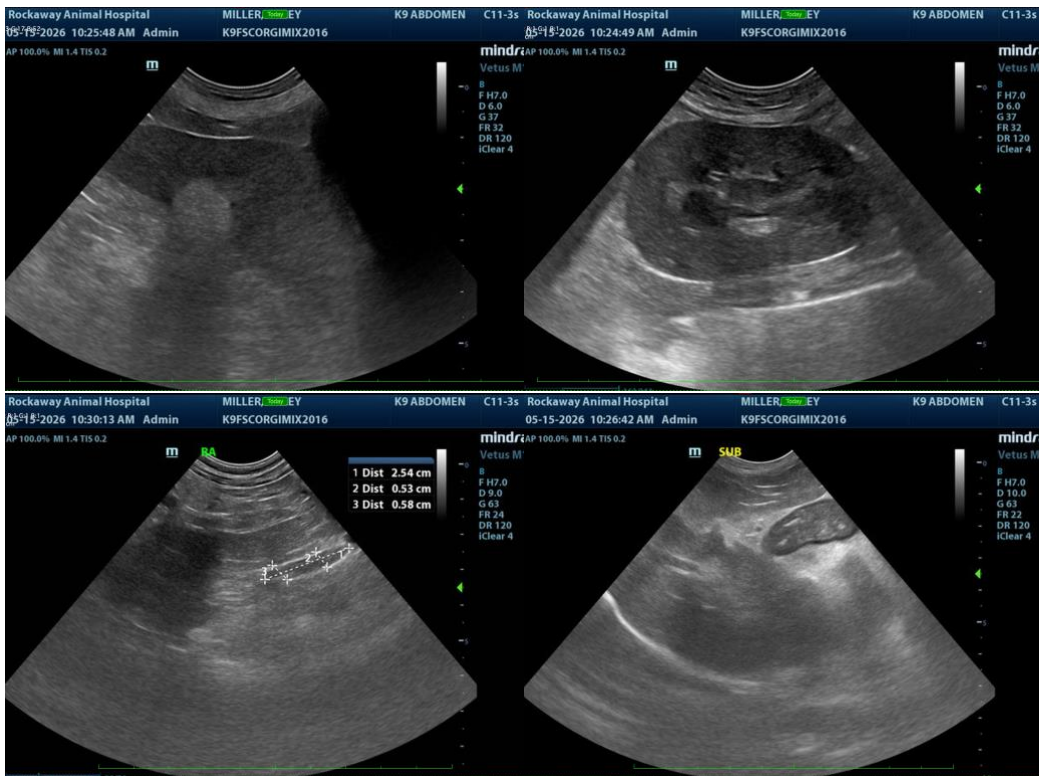
Enhanced **mesentery** was noted throughout the cranial abdomen. The hyperechoic fat expanded throughout the area of the pancreas and upper gastrointestinal tract.

ULTRASONOGRAPHIC FINDINGS

- Extensive steatitis/pancreatitis pattern
- Potential underlying splenohepatic neoplasia.
- Age-related renal changes with bilateral mineralizations

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver is warranted. GI protectant protocol and management for pancreatitis with IV fluid support, broad spectrum antibiotics, and pain management are warranted. The prednisone therapy in the recent past may be playing a role in partial suppression of the presentation. Prognosis is guarded depending upon cytology results and response to empirical measures.





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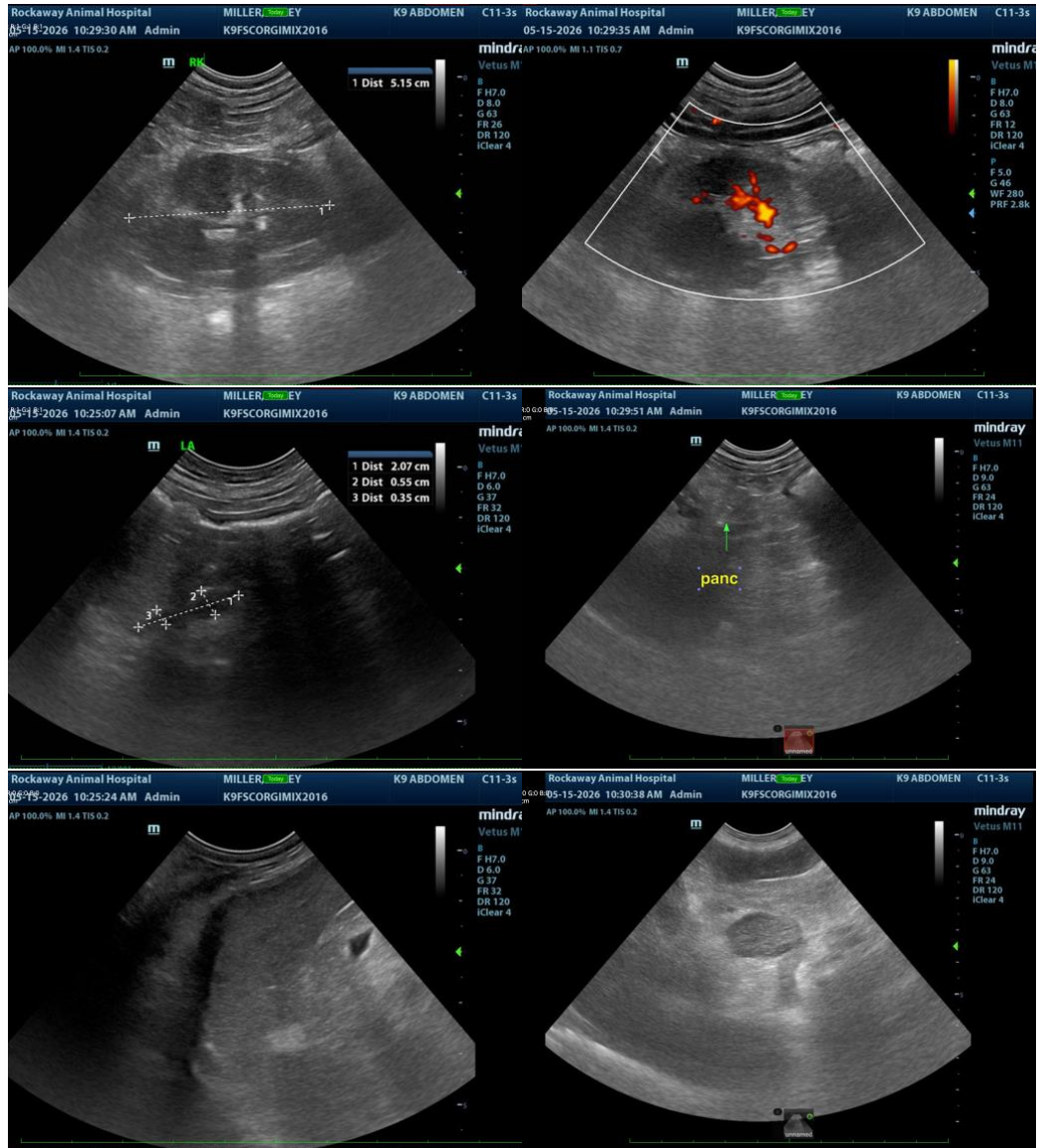
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com