



PATIENT

Elliott Lingley

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

7 years

WEIGHT

12.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Vetcetera AH

REFERRING VET

Dr. Trudeau

INVOICE

77705

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: last week had v/d and lethargy, not eating, nausea and drooling; started on Amoxi and Pred (was 10mg SID, then reduced to 5 mg SID)

Abnormal PE/Chem/CBC/UA Results: CBC - mild lymphopenia, mild regenerative anemia at 32.9%
Chem - mild increase AST; mod increase in Amylase; mild hypoglycemia at 3.8 (4.2-6.9mmol/L); mild decrease in CHOL; otherwise NSF TruRapid - neg U/A: SG 1.040, pH 9, RBC 4+, Prot 1+

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 minimal amount of anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and contour with occasional cortical infarct in the caudal pole of the left kidney with areas of mineralization. Slight pinpoint mineralization was noted. The right kidney measured 3.8 cm and the left kidney measured 4.1 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 0.25 cm at the caudal pole and 0.37 cm at the cranial pole. The left adrenal gland measured 0.39 cm at the cranial pole and 0.39 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** revealed minor uniform swelling, slight, subtle micronodular changes. The gallbladder and common bile duct were unremarkable.



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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. The mesenteric lymph nodes were prominent, yet essentially a normal variant.

Pancreas

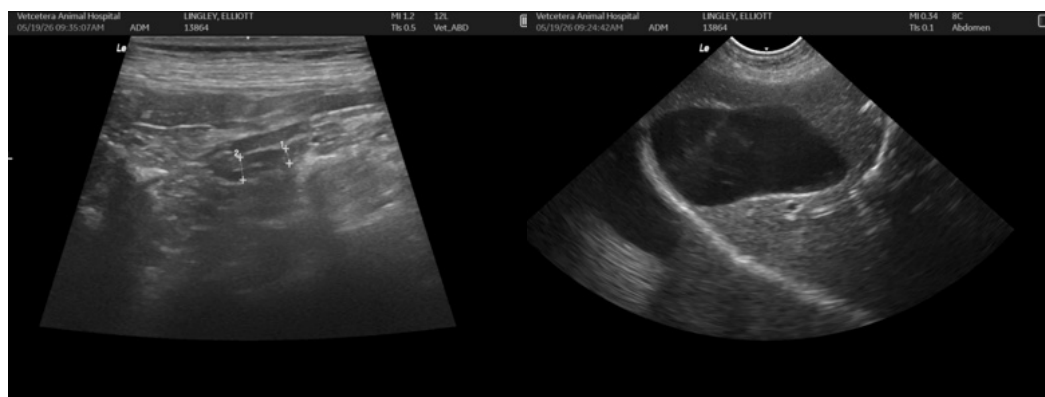
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prednisone therapy may be suppressing a more significant presentation. The cause of anemia is unclear. CBC path review, empirical GI protectant protocol could be considered. There was no evidence of gross disease. If empirical treatment is not improving the patient's situation, then a recheck sonogram is recommended in 7-10 days to assess for any emerging disease that may be in play.





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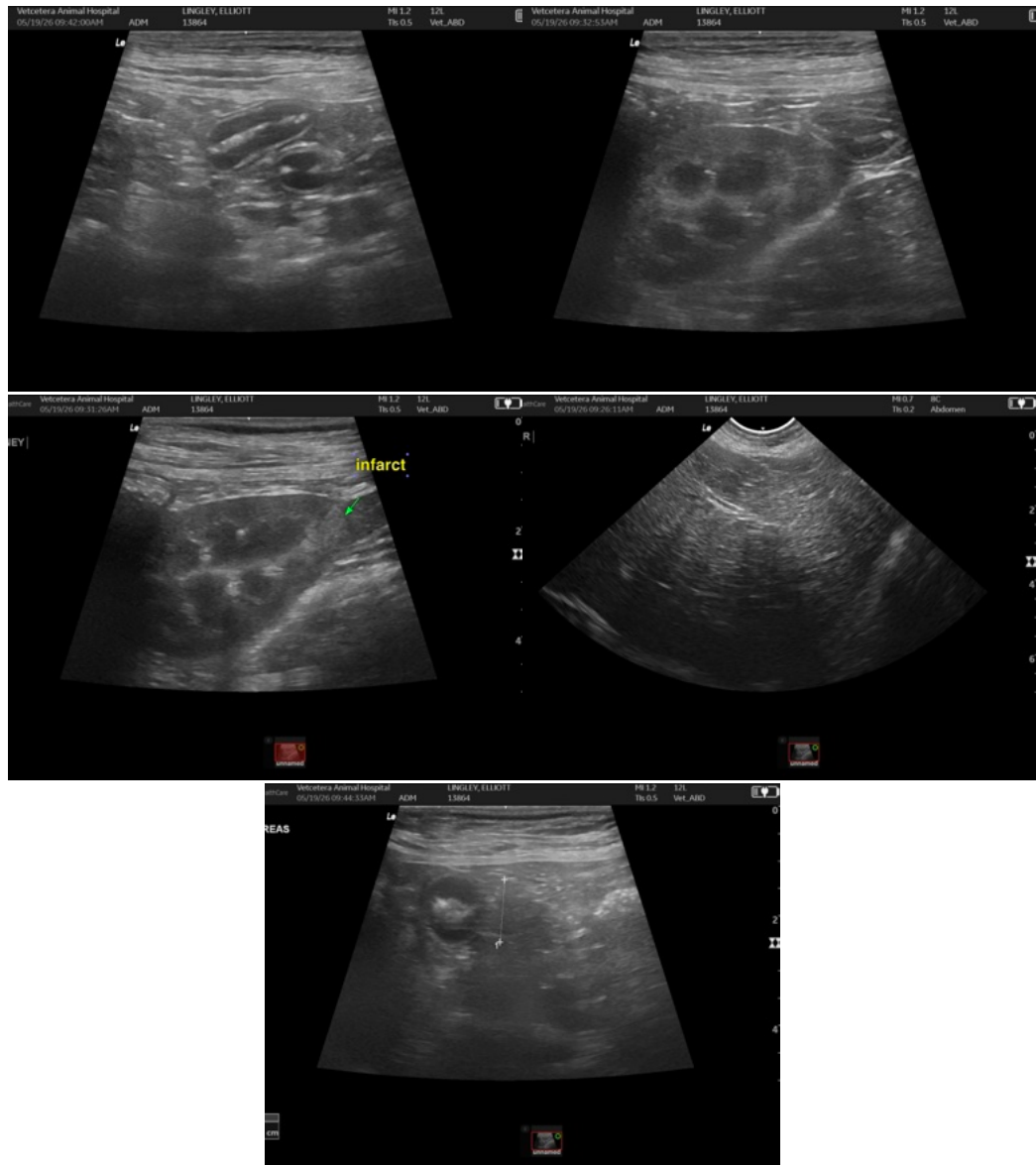
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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