

PATIENT

Sally Treaster

SPECIES

Canine

BREED

Whippet

SEX

Spayed Female

AGE

10

WEIGHT

21.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Susan Lincoski

HOSPITAL NAME

University Drive
Veterinary Hospital

REFERRING VET

Dr. Susan Lincoski

INVOICE

75268

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Gi issues, ongoing despite zd diet, tylan, omeprazole. low energy, decreased appetite and vomiting past few days. Currently on carprofen, owner stopped when noted signs. Had previously been on prednisolone for C4 issue noted by neuro few months ago but had worsening signs (blood in stool) so discontinued that. Gets carprofen only when needed and gabapentin. Historic liver elevations, and is on Ursodiol. Gi panel was normal and baseline cortisol at initial workup in fall was 4.5. Owner is a Vet tech at ER so labs done there.

Abnormal PE/Chem/CBC/UA Results: C4 bony abnormality, suspicious for round cell neoplasia per neurologist but could not rule out osteomyelitis or other. Otherwise, unremarkable exam, bloodwork today is pending.

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 1.0 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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralizations noted. The right kidney measured 5.9 cm. The left kidney measured 5.14 cm.

Adrenal Glands

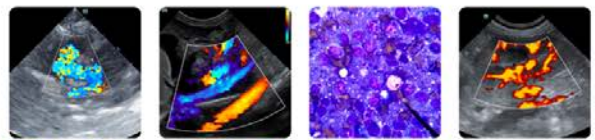
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measured 0.65 cm. Right measured 0.55 cm.

Spleen

The **spleen** was folded upon itself cranially. It 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 pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed no evidence of significant disease. Minor areas of hyperperistalsis noted. Curvilinear patterns and luminal content were normal.

Pancreas

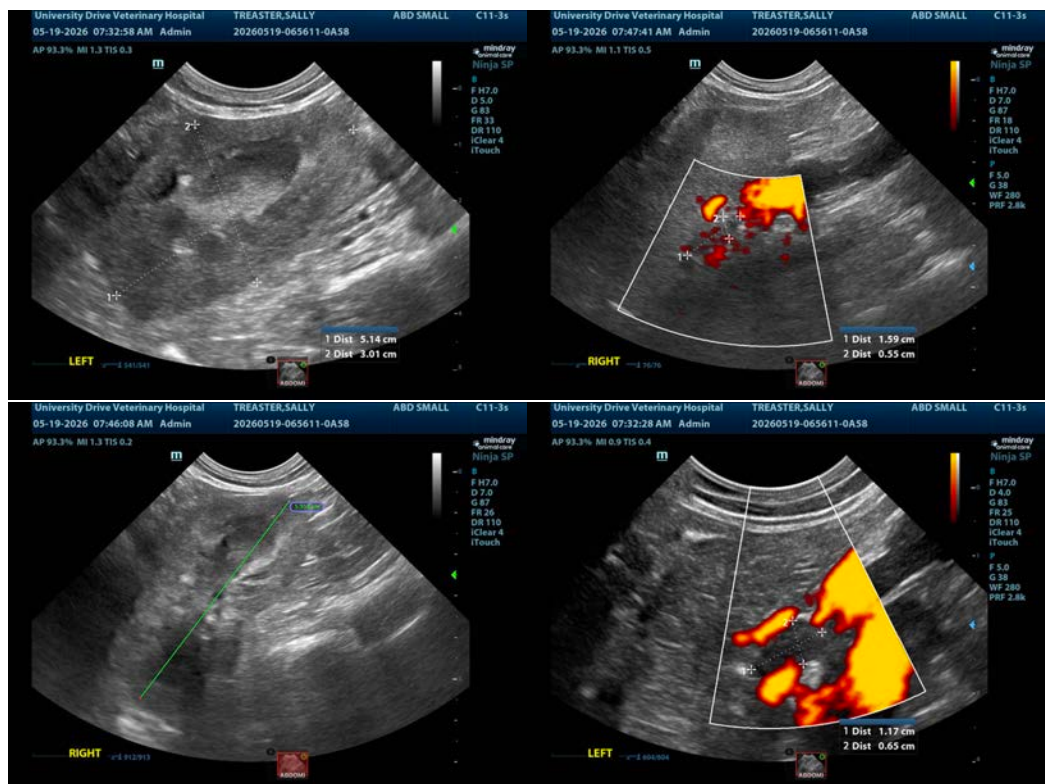
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

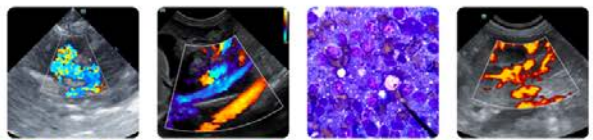
ULTRASONOGRAPHIC FINDINGS

- Slight degenerative renal changes with slight mineralization, non-obstructive.
- Minor areas of hyperperistalsis in the GI tract.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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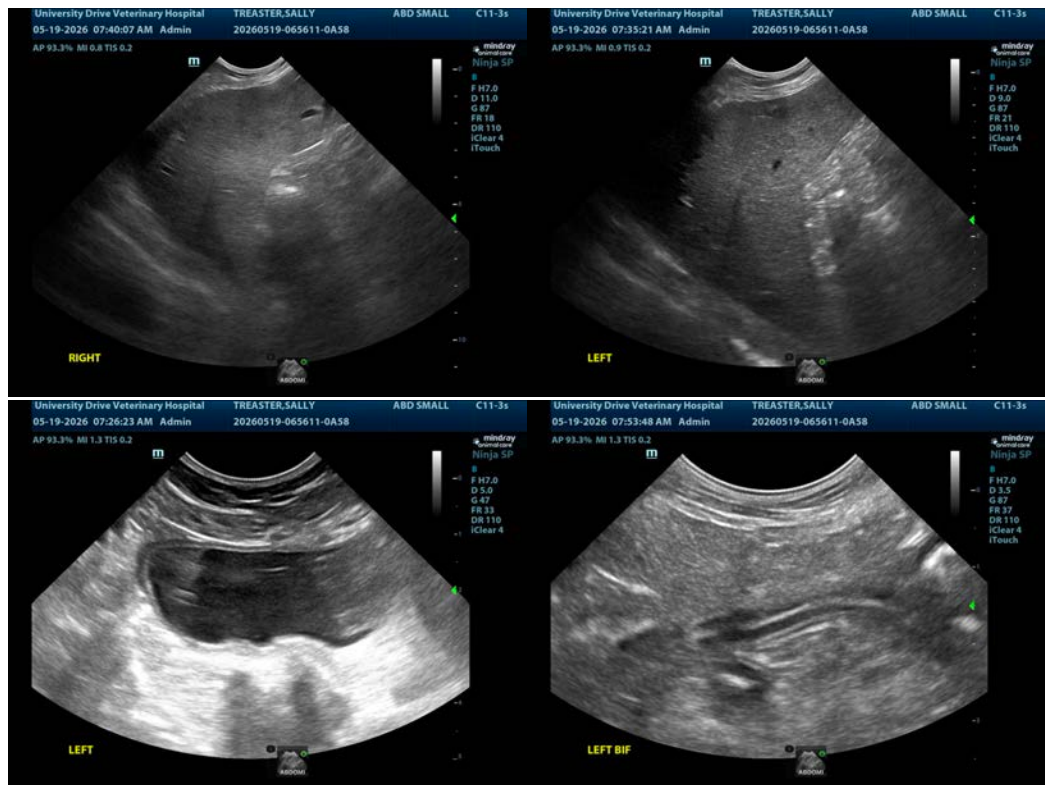
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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