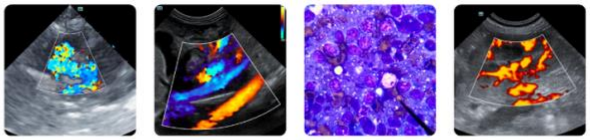

PATIENT

Carli Bejar

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

41.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Dr. B.

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. B.

INVOICE

37278

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: hx - 1 week of v/d, lethargy and not eating. Admitted yesterday for iv fluids/cerenia rads-gas pattern and white opaque piece of bone (?) in colon. Normal chem and cbc except alt 202 and platelets 114. pli and resting cortisol wnl rectal cytology negative for clos pref. Fecal pending. Today seem stronger but still lethargic and not eating. us impression wnl with enlarged r ag.

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 **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. The left kidney measured 5.9 cm. The right kidney measured 5.1 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 1.1 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or

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past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal tract** was structurally unremarkable. No evidence of obstruction. Curvilinear patterns were maintained. Some areas of hyperperistalsis were noted.

Pancreas

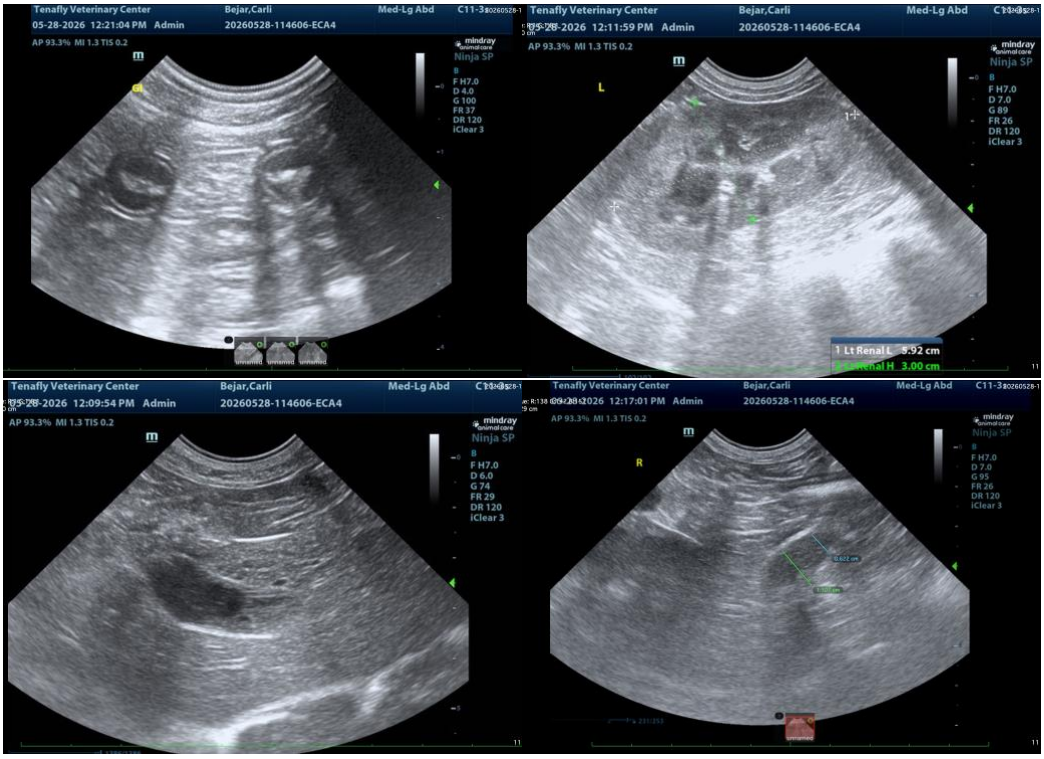
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

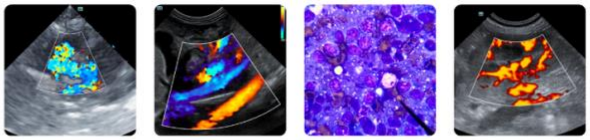
ULTRASONOGRAPHIC FINDINGS

- Age-related abdominal changes
- Some areas of hyperperistalsis in the GI tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of specific pathology that would be responsible for the clinical signs other than nonspecific GI upset. Supportive care should prove effective. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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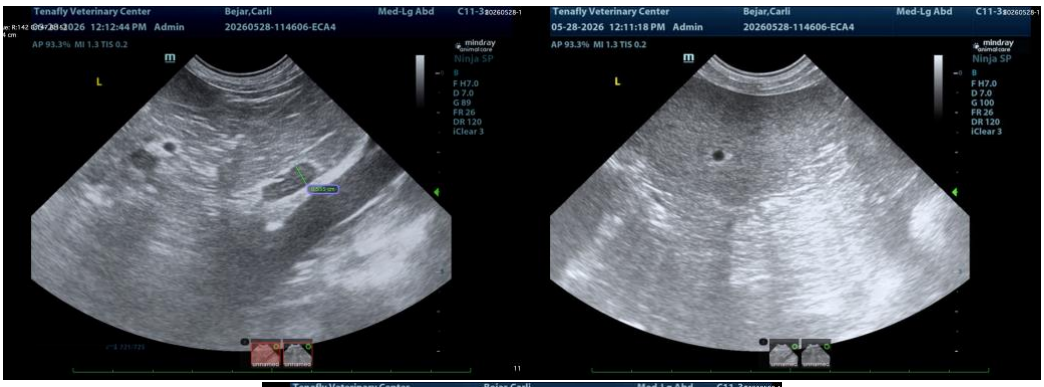

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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