



PATIENT

Nala DeRolf

SPECIES

Canine

BREED

Pit Mix

SEX

Spayed female

AGE

4 years

WEIGHT

72.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Seven Valleys VH

REFERRING VET

Dr. Hollway

INVOICE

75208

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: Presented 4/28/26 bc Owner was noting dark blood spots on the floor. AXR at the time showed no obvious urinary tract abnormalities but noted a possible splenic nodule. No c/s/v/d. E/D/U/D all WNL.

BAR. Limited PE prior to sedation as PVPs were not administered as directed. CAUTION. WILL BITE. ABD = TTP. Heart/Lungs = NSF. No ortho exam due to behavior -- overweight; BCS 6.5-7/9; did not pursue ROM dt behavior today/curling under/growling.

CXR to IDX = pending

Abnormal PE/Chem/CBC/UA Results: 4/28/26 CBC: EOS = 1.62 HIGH -- r/o gi parasites vs allergies vs other CHEMISTRY: NSF Lytes: NSF T4 = 1.4 normal PL = <30 (NORMAL) Fecal/Giardia = no ova seen in sample provided UA - sample collected via: free catch while at the office (NOT a first morning urine sample) 1.040 7.0 pH otherwise quiet sediment with no evidence of UTI PT/PTT = NSF

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 was noted. Ureteral papillae were normal.

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 6.2 cm. The right kidney measured 6.4 cm.

Adrenal Glands

The left **adrenal gland** was 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 left adrenal gland measured 0.5 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** revealed subtle heterogenous parenchymal changes without overt nodules. The spleen measured 2.06 cm. This is consistent with hyperplasia or sinusoid formation.

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



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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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The **stomach** revealed shadowing luminal material. If the patient was n.p.o. at the time of the sonogram then I am strongly concerned for soft gastric foreign matter. Transit of chyme into the small intestine appeared to be occurring. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

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Full stomach. Post prandial versus soft shadowing foreign matter.

Minor heterogenous splenic changes, subjectively benign.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the clinical history is not evident in the abdomen. Fecal test is recommended. Examination of the vaginal vestibule is warranted. There was on evidence of significant visceral pathology.

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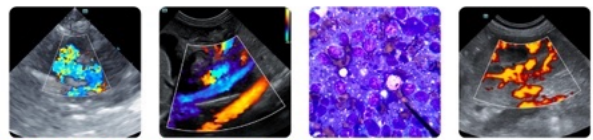
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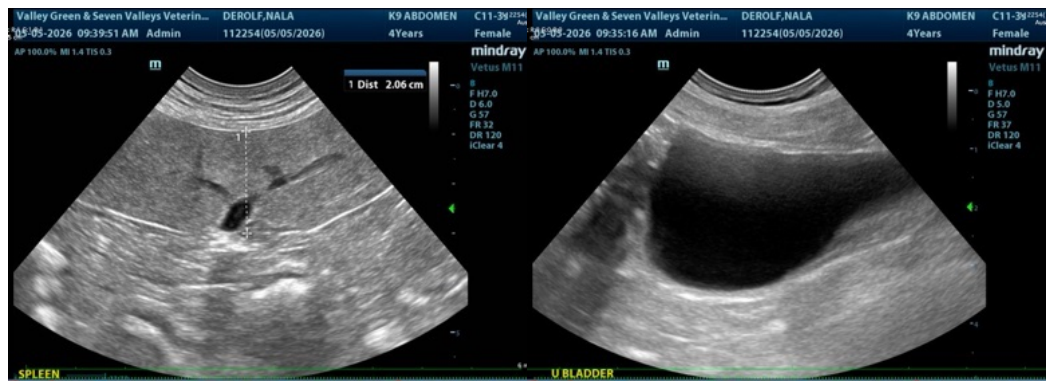
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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