



**PATIENT**

Callie McKenna

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

93 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

AH of Roxbury

**REFERRING VET**

Dr. Hickenbottom

**INVOICE**

37281

**DATE**

6/1/26

**PRESENTING CLINICAL SIGNS**

History: Vomiting and diarrhea.

**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 3.0 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 minor 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 7.32 cm. The right kidney measured 7.32 cm.

**Adrenal Glands**

The **right 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 right adrenal gland measured 2.47 cm x 1.59 cm at the cranial pole and 0.56 cm at the caudal pole.

The **left adrenal gland** was slightly heterogenous and expansive at the cranial pole, measuring 0.97 cm. The caudal pole measured 0.63 cm x 2.26 cm in length.

**Spleen**

The **spleen** was slightly enlarged, uniform. This is consistent with reactive spleen.

**Liver**

The **liver** revealed increased portal markings. A moderate amount of remodeling was noted, consistent with a history of chronic inflammatory insult. The gallbladder wall was slightly echogenic.

**Gastrointestinal**

The **gastrointestinal tract** revealed areas of mucosal fogging and reactive surrounding mesentery in the mid abdomen. A minor amount of ingesta was noted in the stomach. Minor variable distal small intestinal thickening was noted. Trace amounts of free fluid and steatitis pattern were noted. The colon was unremarkable.

**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.



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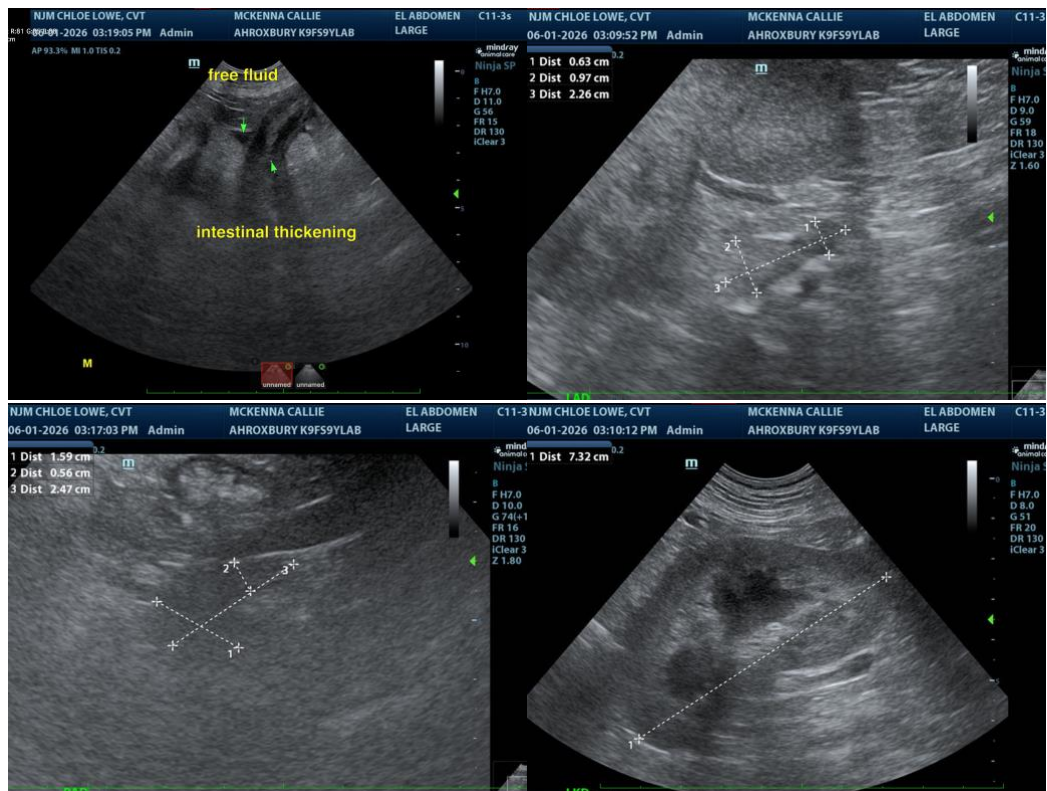
6/1/26

**ULTRASONOGRAPHIC FINDINGS**

- Distal small intestinal thickening
- Reactive spleen
- Steatitis pattern
- Hepatic remodeling with increased portal markings
- Slightly echogenic gallbladder
- Slightly heterogenous left adrenal gland
- Geriatric abdomen otherwise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Albumin levels should be monitored carefully in this patient, as protein losing enteropathy is possible. Cannot rule out an emerging neoplastic process/lymphoma. Medical management for enteritis/steatitis is warranted with recheck sonogram in 48-72 hours.





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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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