



PATIENT

Mia Romero

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed female

AGE

11 years

WEIGHT

6.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Sanchez

INVOICE

78293

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: -Recent onset of lethargy and hyporexia
-History of constipation

-No v/d/c/s

-Round mineralized opacity near gall bladder on radiographs

Abnormal PE/Chem/CBC/UA Results: PE: Moderate dental disease; firm stool palpable in colon

CBC: NAF Chem: ALP 219 Fecal :NPS Radiographs: round mineralized opacity near gall bladder; colon is full of fecal matter

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed normal bladder wall thickness. Suspended debris was noted in the bladder. A trace amount of sand was noted and localized at the cystourethral junction at the time of the sonogram. Grouping of which measured 0.5 cm.

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. Minor renal mineralization was noted in the left kidney. The left kidney measured 2.85 cm. The right kidney measured 3.25 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.

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 multi-focal, hypoechoic nodules with mild disruption of architecture. Mildly increased portal markings and remodeling were noted. The gallbladder revealed mild, coalesced debris or polyp. The polyp measured 1.5 cm.



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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. No associated abnormal lymphatic activity was 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

Bladder sand and suspended debris.

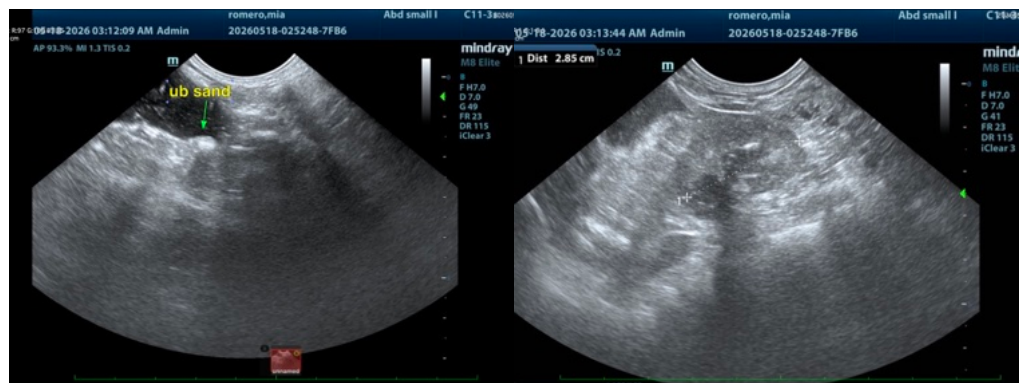
Minor nephrolithiasis, non-obstructive.

Hepatic nodules.

Gallbladder debris or polyp.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary work with culture and sensitivity. FNA of the liver nodules would be ideal. However, this is likely nodular hyperplasia with mildly increased portal markings and remodeling. Ursodiol therapy can be considered. However, power Doppler assessment of the gallbladder would be appropriate to ensure this is not a polypoid mass as opposed to coalesced debris.





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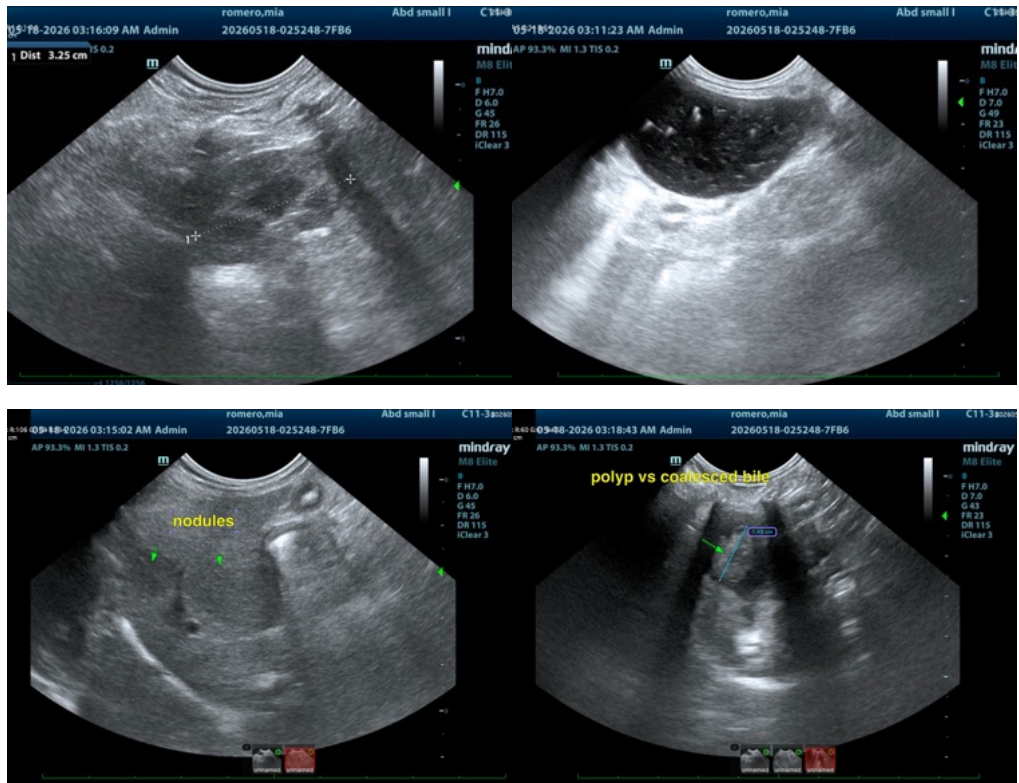
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ADDENDUM 6/2/26

The gallbladder revealed normal wall thickness with a 1.5 cm grouping of coalesced bile. This was power Doppler negative.

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DIAGNOSIS

Power Doppler negative coalesced bile. No evidence of masses.

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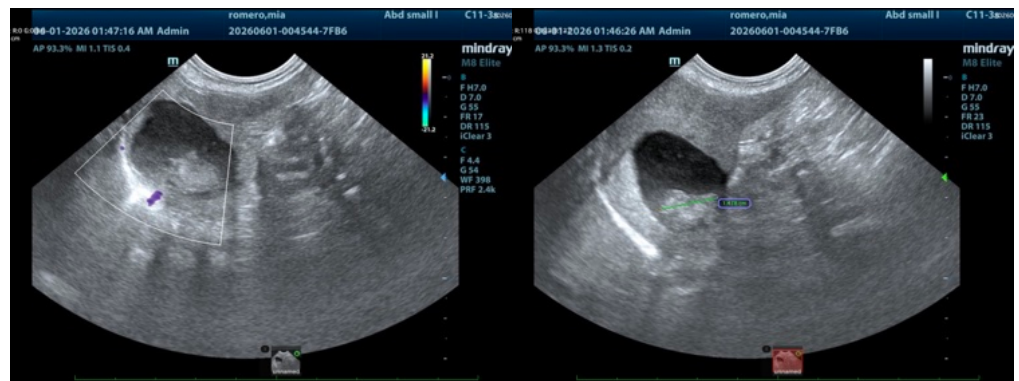
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com