



PATIENT

Lucky Otero

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

6 Years

WEIGHT

21.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dr. Mayra Sanchez

INVOICE

75747

DATE

6/5/26

PRESENTING CLINICAL SIGNS

Patient presented for possible back pain
-Radiographs of spine revealed nodular lung pattern
-Radiology interpretation stated metastatic neoplasia or fungal pneumonia as most likely diagnoses. Patient has no symptoms (no c/s/v/d/fever)
-Patient diagnosed with ventricular septal defect as a puppy

Abnormal PE/Chem/CBC/UA Results: PE: slightly tense epaxial muscles; mild dental disease CBC: Neu 10.1 Chem: Glob 2.1 Radiographic results (from report): Differentials for the pulmonary opacification include metastatic neoplasia (carcinoma, lymphoma, other) with underlying infectious-inflammatory lower airway disease such as viral-bacterial bronchitis, fungal pneumonia, parasitic bronchitis, unlikely heartworm. Alternatively, the opacities may be granulomata, most likely associated with fungal pneumonia.

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 **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortex 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 capsule was acceptably uniform without significant irregularities. Right kidney measured 5.0 cm.

The region of the **left kidney** was empty. No evident pathology.

Adrenal Glands

The regions of the **adrenal glands** were imaged, no gross pathology.

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 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 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

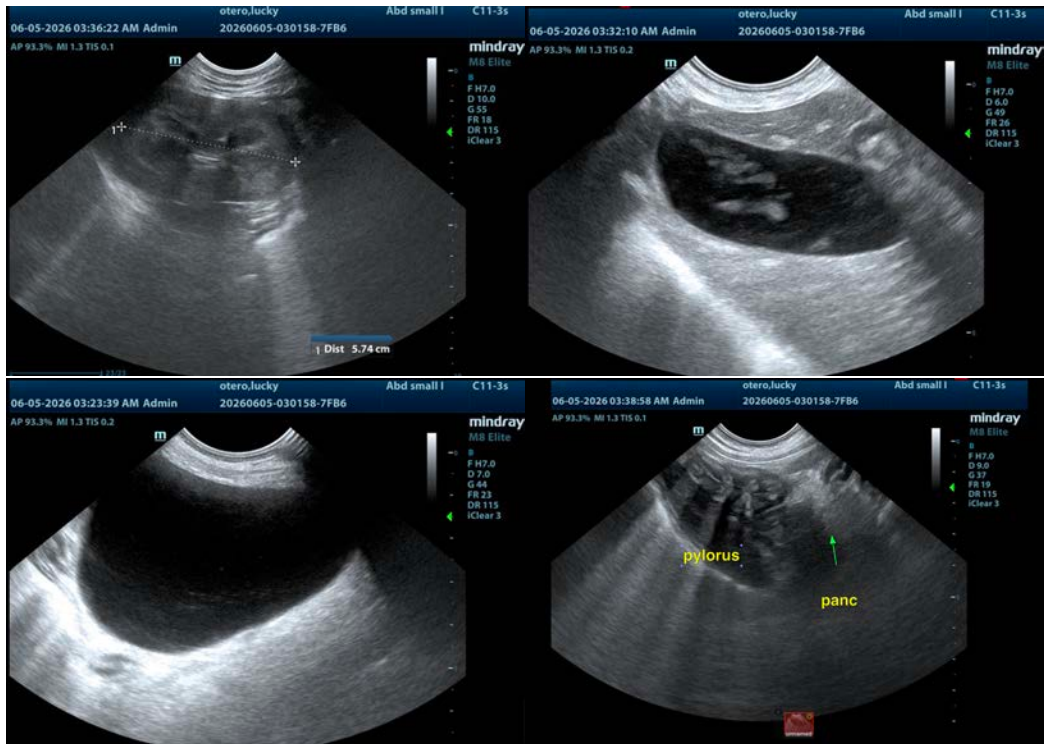
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Aplastic left kidney, not overtly pathological. Normal right kidney.
- Normal abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology.





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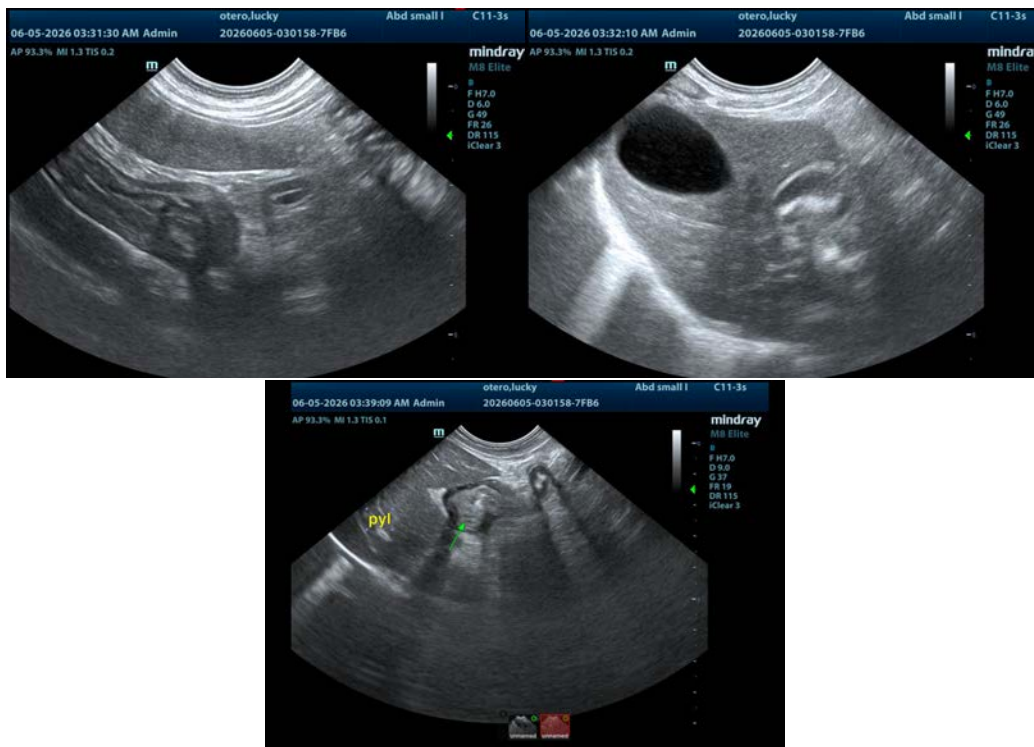
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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