

PATIENT

Zoey Byrne

SPECIES

Cainne

BREED

Puggle

SEX

Spayed female

AGE

10 years

WEIGHT

43.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Greg Shaffer

HOSPITAL NAME

Veterinary Clinic of
Myrtle Beach

REFERRING VET

Dr. Rodgers

INVOICE

70086

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: - chronic liquid diarrhea for approx 3 months - first examined 12/10/25 - non responsive to propectalin and dexamethasone SP, mild temporary response to metronidazole (7 day course) - pt progressed to inappetence (2-3d), lethargy on 1/13/26
Abnormal PE/Chem/CBC/UA Results: BW performed 9/9/25 - chemistry - all values WNL - CBC - all values WNL - fecal - negative O&P - Accuplex - negative x4

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 right kidney measured 5.33 cm. The left kidney measured 4.5 cm.

Adrenal Glands

Both **adrenal glands** were slightly flattened, likely owing to cortisone therapy. The right adrenal gland measured 1.95 x 0.74 cm at the caudal pole and 0.76 cm at the cranial pole. The left adrenal gland measured 2.08 x 0.54 cm.

Spleen

The **spleen** was slightly heterogenous and mildly irregular. The spleen had a granular type appearance.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Slight amount of free fluid was noted with areas of variable intestinal thickening with mucosal fogging. Slight cecal stasis 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.

Free Abdomen

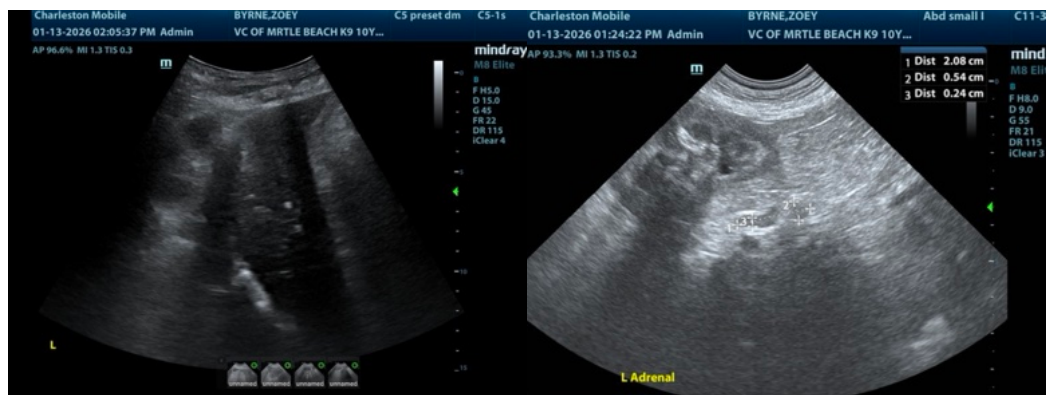
Enhanced mesentery was noted throughout the midabdomen. This is likely owing to inflammation and ascites.

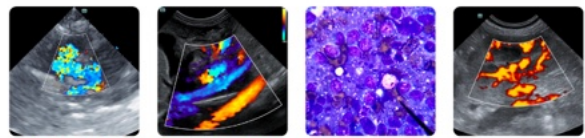
ULTRASONOGRAPHIC FINDINGS

Variable intestinal thickening with reactive mesentery and free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for partially suppressed neoplastic event such as intestinal +/- splenic lymphoma. Ultrasound-guided abdominocentesis is indicated with cytospin. However, full thickness surgical biopsies of the intestine and regional omentum would be appropriate in this patient. The prognosis is very guarded.





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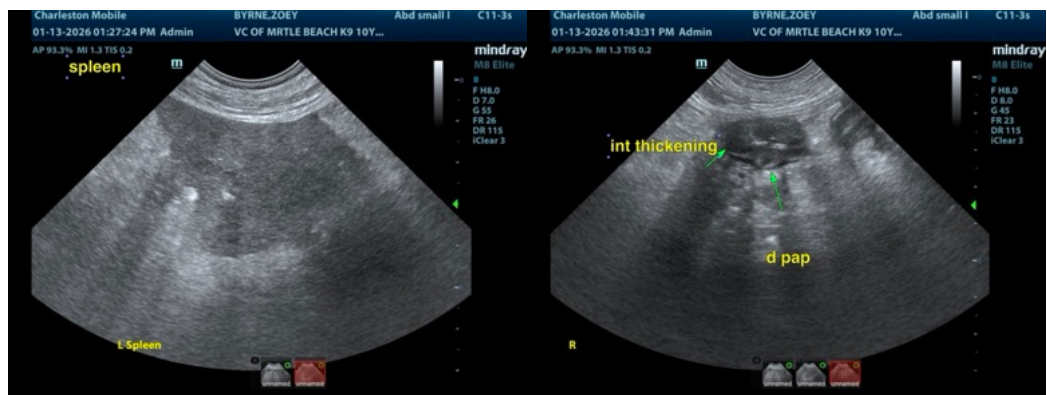
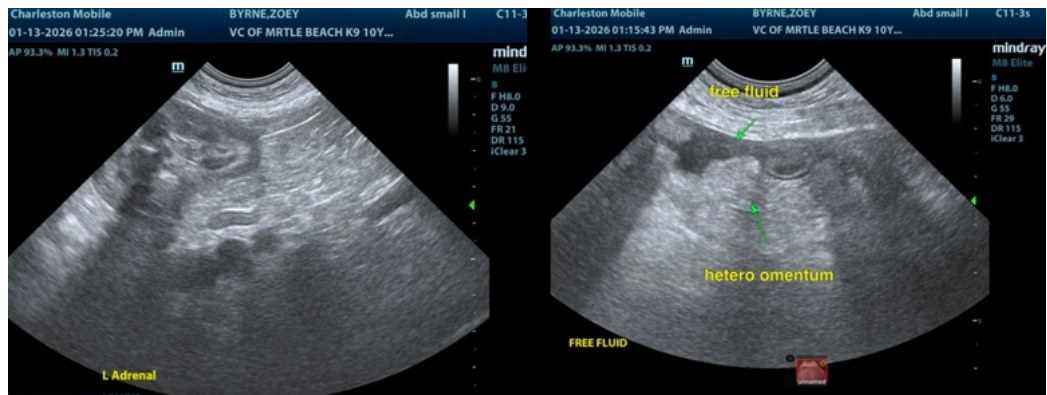
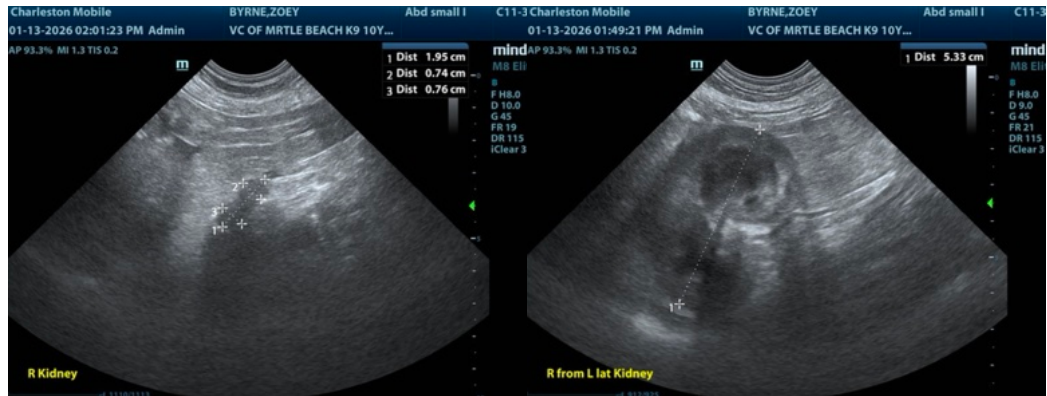
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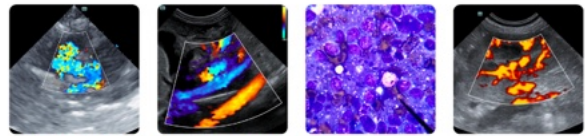
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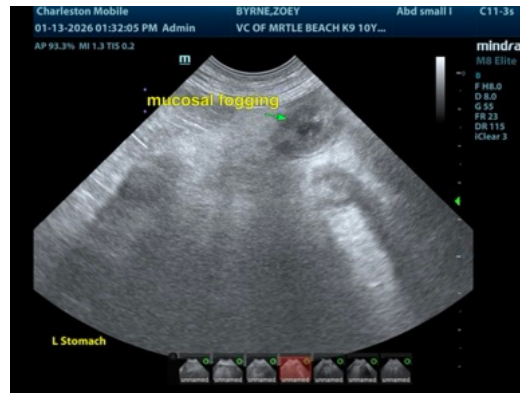
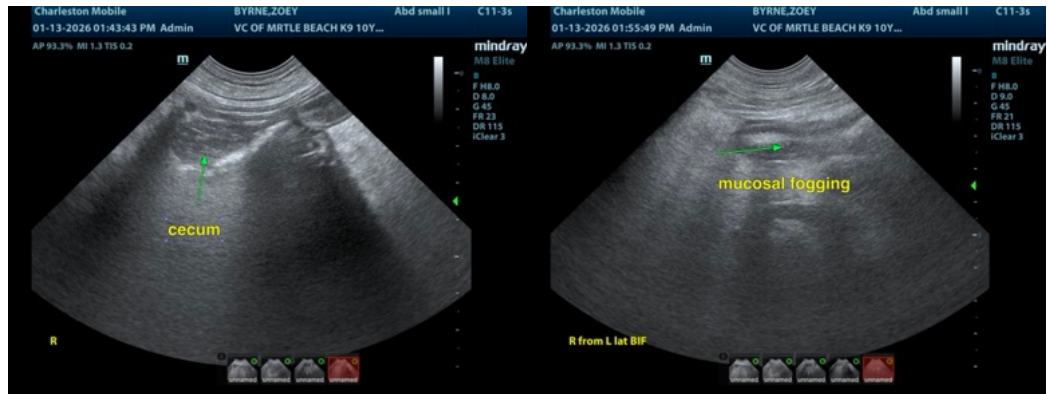
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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