



**PATIENT**

Jazz Thayer

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Spayed female

**AGE**

10 years

**WEIGHT**

39.4 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Emergency  
 Clinic of the High  
 Country

**REFERRING VET**

Dr. Webster

**INVOICE**

69762

**DATE**

1/1/26

**PRESENTING CLINICAL SIGNS**

History: P presented for vomiting diarrhea and blood in stool for a few days. P has a history of sensitive stomach. Had a vestibular episode 2 yrs ago. Has been eating and playful until yesterday. Rad Report Summary- Mild diffuse gastroenteritis and colitis, Negative for obstruction rDVM questionable if P urinating- Bladder measurement 6x 10cm pre- went outside tech visualized urination Bladder measurement post 4 x 8 cm  
 Abnormal PE/Chem/CBC/UA Results: HCT 72.4 ALKP 388

**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. A trace amount of sand and suspended debris was noted. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 7.0 cm. The right kidney measured 6.0 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. The left adrenal gland measured 3.47 x 0.9 cm at the caudal pole and 0.73 cm at the cranial pole. The right adrenal gland measured 3.12 x 0.84 cm at the caudal pole and 0.73 cm at the cranial pole.

**Spleen**

The **spleen** revealed irregular, hypoechoic target type nodule measuring 1.2 cm at the cranial pole.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver contour and structure. The liver is slightly subnormal in size. 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



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with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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***Gastrointestinal***

The upper **gastrointestinal tract** was empty and followed to the ileocecal junction. The colon was fluid filled with minor mural hypertrophy. The mesenteric lymph node was reactive and measured 4.0 x 0.95 cm

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***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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***Free Abdomen***

Cranial abdominal lipoma was noted within the falciform fat measuring 4.0 cm.

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***Heart***

Rapid view of the heart revealed no evidence of pathology.

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**ULTRASONOGRAPHIC FINDINGS**

- Trace bladder sand.
- Undefined splenic nodule to monitor or ultrasound-guided FNA is indicated.
- Fluid filled colon.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Splenic nodule differentials include benign hyperplasia, emerging round cell neoplasia and hemangiosarcoma is all possible.

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Dietary indiscretion and occult parasitism are recommended. Dissolution protocol of the bladder sand is warranted. However, the sand appears to be small enough to pass without difficulty. Medical management for gastrointestinal upset, enterotoxins, and parasitic disease is indicated.

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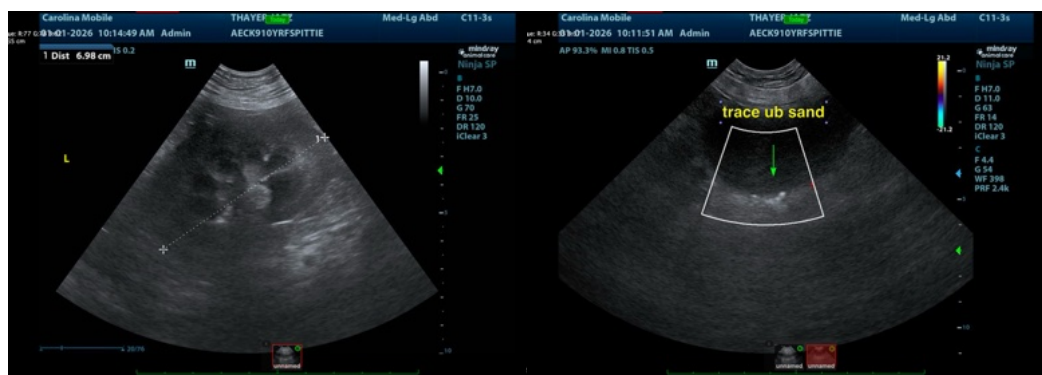
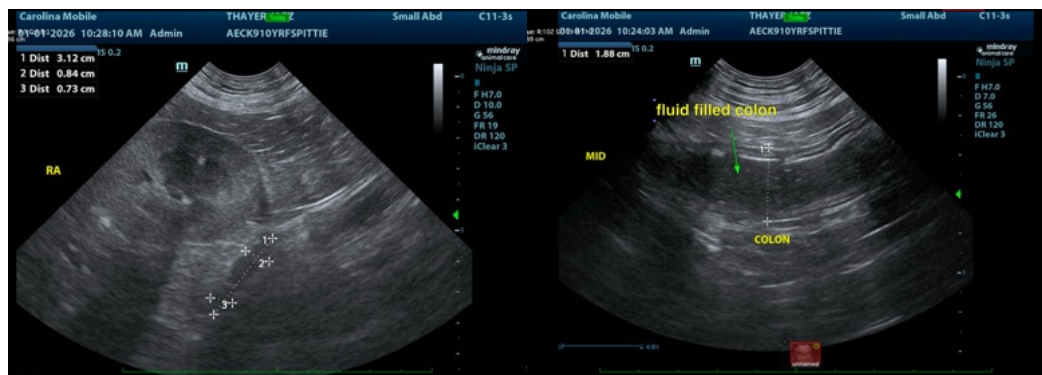
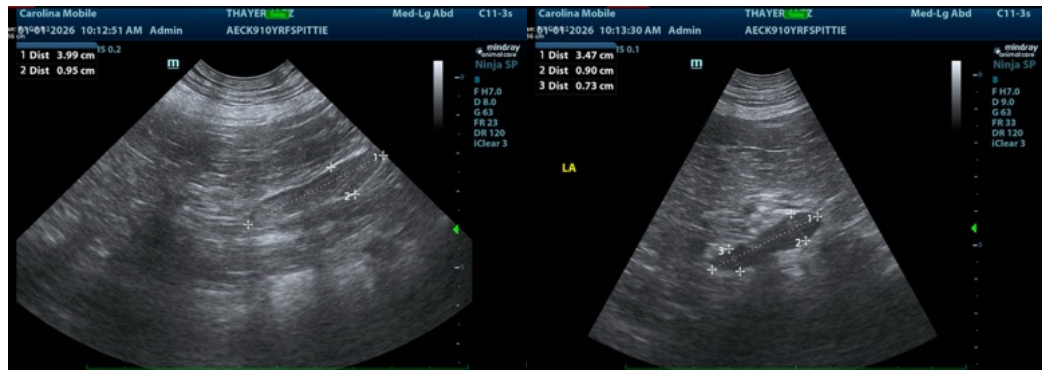
Dr. Webster

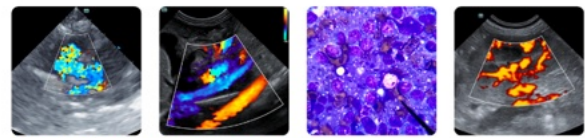
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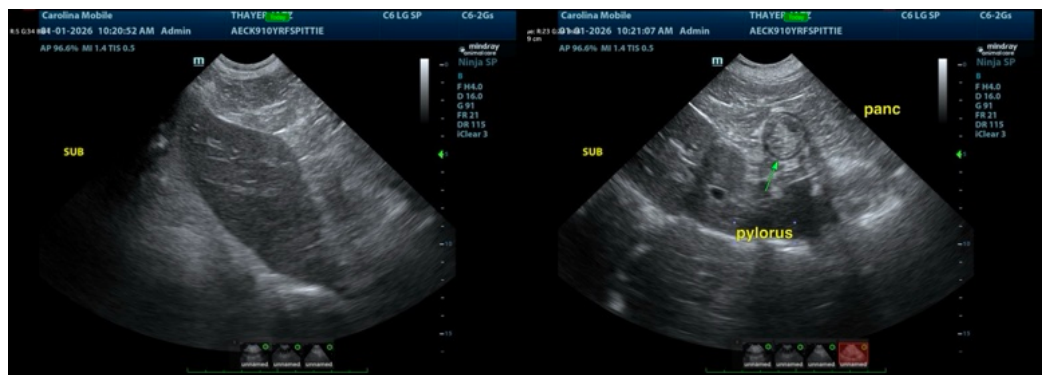
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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