



**PATIENT**

Maple Sugar Jones

**SPECIES**

Canine

**BREED**

Wheaton Terrier

**SEX**

Spayed female

**AGE**

5.4 years

**WEIGHT**

42 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Ginny Dodd DVM,  
DABVP (CFP)

**HOSPITAL NAME**

City Vet Marvin

**REFERRING VET**

Dr. Welch

**INVOICE**

68805

**DATE**

11/18/25

**PRESENTING CLINICAL SIGNS**

History: Stable for years on RC HP Diet for gastritis and she takes Pepcid in the AM. She began vomiting several months ago, so switched to Purina HA. She was stable on it for about 6 weeks but began vomiting again and her appetite has been decreased. She has recently been on 3/4 Purina HA and some non hydrolyzed protein food and the owner hasn't noticed any vomiting. Sedated today with Dexd/Torb and blood drawn for CBC and Chem panel.

Abnormal PE/Chem/CBC/UA Results: Very anxious, BCS 5/9, no heart murmur, no palpable abdominal masses or pain blood work pending

**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 **kidneys** revealed normal size and structure, corticomodullary 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 left kidney measured 5.57 cm. The right kidney measured 5.55 cm.

**Adrenal Glands**

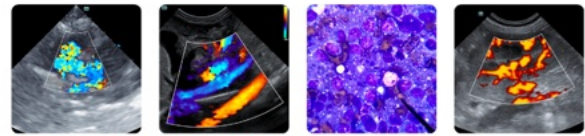
The right **adrenal gland** was slightly enlarged and mildly irregular at the cranial pole measuring 3.13 x 1.28 cm at the cranial pole and 0.64 cm at the caudal pole. The left adrenal gland measured 2.03 x 0.54 cm at the cranial pole and 0.46 cm at the caudal pole.

**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** revealed multi-focal, hyperechoic non-disruptive nodular changes. This is consistent with lipid plaques. The liver parenchyma and vascularity was otherwise normal. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy 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. Soft stool was noted in the colon. 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**

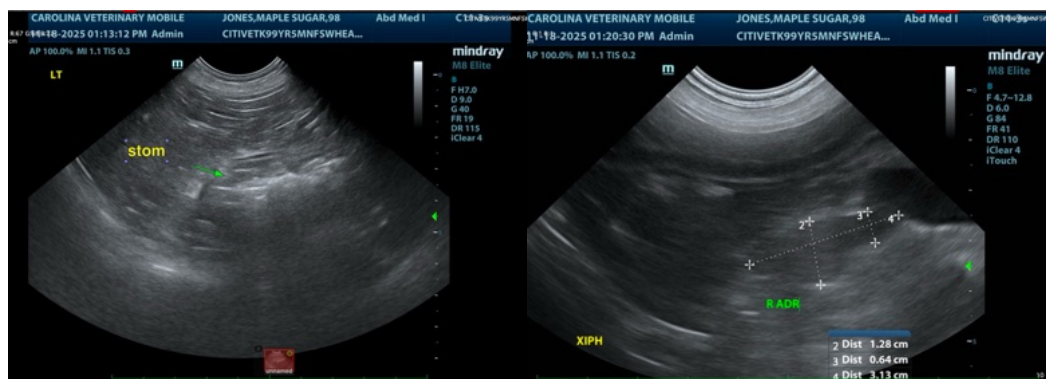
- Hepatic lipid plaques.
- Otherwise, structurally unremarkable abdomen.

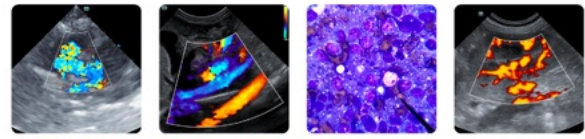
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of gross pathology. Underlying food intolerance, structurally insignificant inflammatory bowel or occult parasitism may all be playing a role, yet there was no evidence of significant structural disease in this patient.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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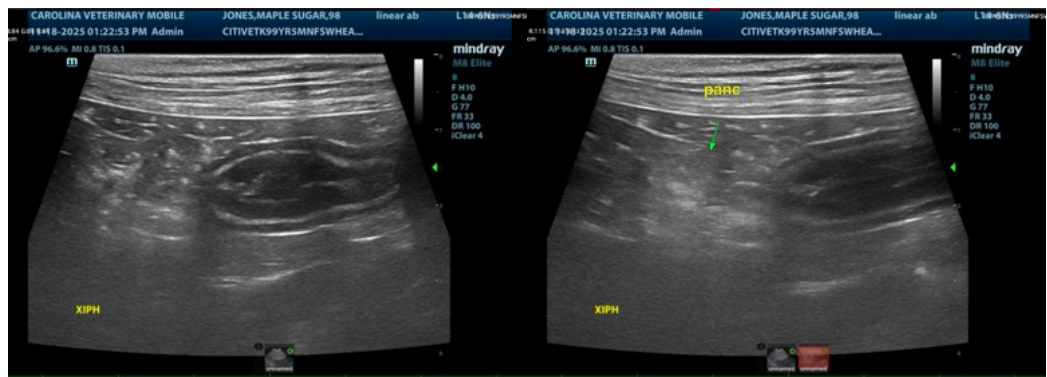
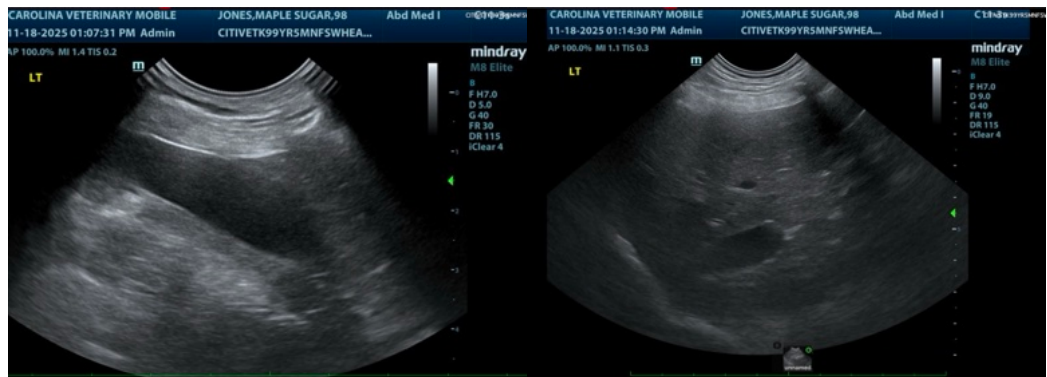
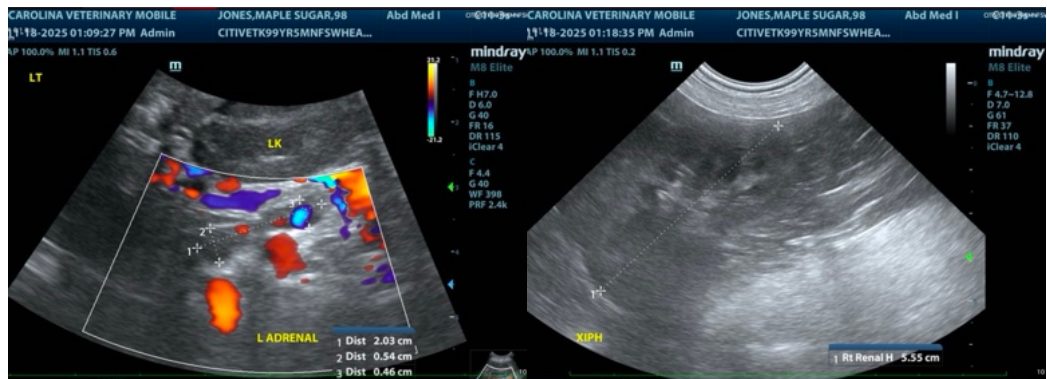
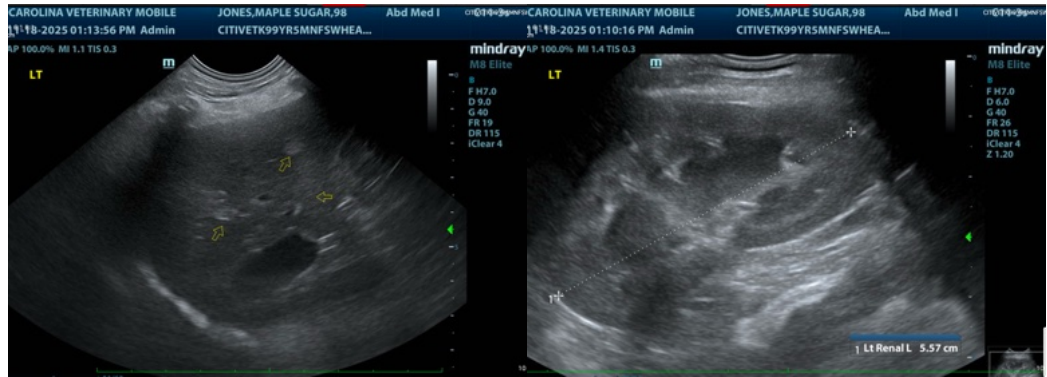
Dr. Welch

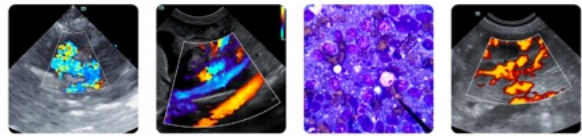
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)