



**PATIENT**

Ziva Royar

**SPECIES**

Canine

**BREED**

Australian Blue Heeler

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

40 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Ginny Dodd DVM,  
 DABVP (CFP)

**HOSPITAL NAME**

Miller AH

**REFERRING VET**

Dr. Miller

**INVOICE**

78372

**DATE**

3/30/26

**PRESENTING CLINICAL SIGNS**

- Normal blood work for annual visit WNL
- 3/28- lethargic, mild neutrophilic, ^ amylase- suspect pancreatitis
- 3/29- depressed, gums sl. yellow- repeat bl work- CBC RDW^< gym low 700, mono hi 700, MPV lo 9.2;
- X-rays- sl enlarged spleen, libra looks small, no masses seen-
- panel ALP- too high to read, ALT 2362, T bit 8.1, alb 2.7, , glob 4.2
- PE- icteric sclera, skin, mm, abdomen- Murphy sign See above H: not eaten in several days, not giving meds, indoors so foreign body unlikely or toxin exposure

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 5.5 cm. The right kidney measured 5.5 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 right adrenal gland measured 2.4 x 0.51 cm at the cranial pole and 0.53 cm at the caudal pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially with uniform parenchyma. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** itself was mildly heterogenous and irregular. The gallbladder was over distended and inflamed. Mixed echogenic tissue was noted around the gallbladder. This is consistent with perforating mucocele.



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**Gastrointestinal**

The **stomach** presented echogenic material within the lumen. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

**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**

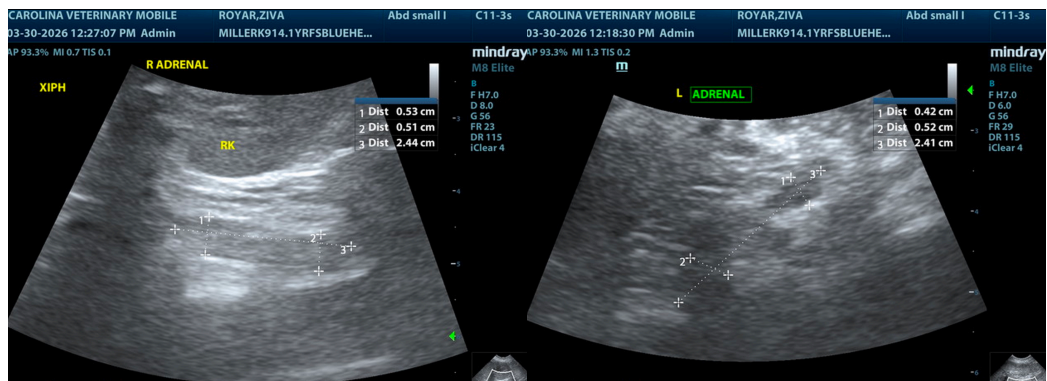
Free fluid was noted in the cranial abdomen likely deriving from the gallbladder with heterogenous omental changes.

**ULTRASONOGRAPHIC FINDINGS**

- Ruptured gallbladder mucocele with regional bile peritonitis.
- Age related abdominal changes otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Immediate exploratory surgery is recommended. Expectations towards cholecystectomy and common bile duct lavage. The inflammation in the portal hilus did not allow for complete visualization of the common bile duct. The retention of ingesta in the stomach should be assessed at surgery as it may represent concurrent foreign matter.





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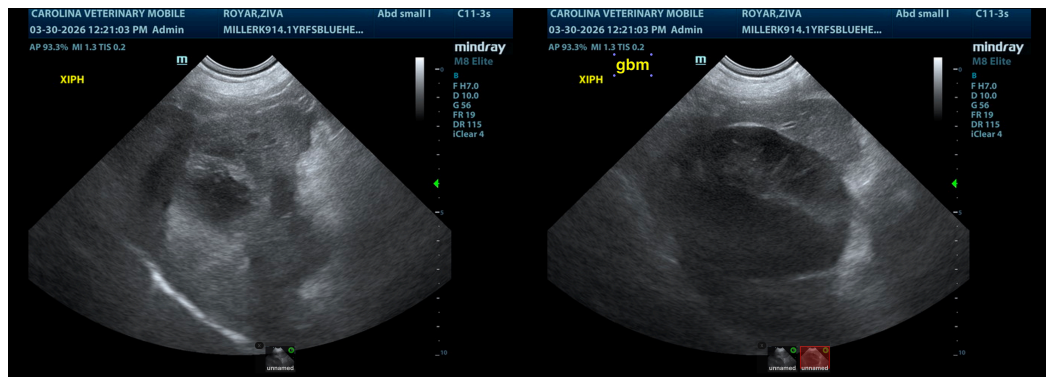
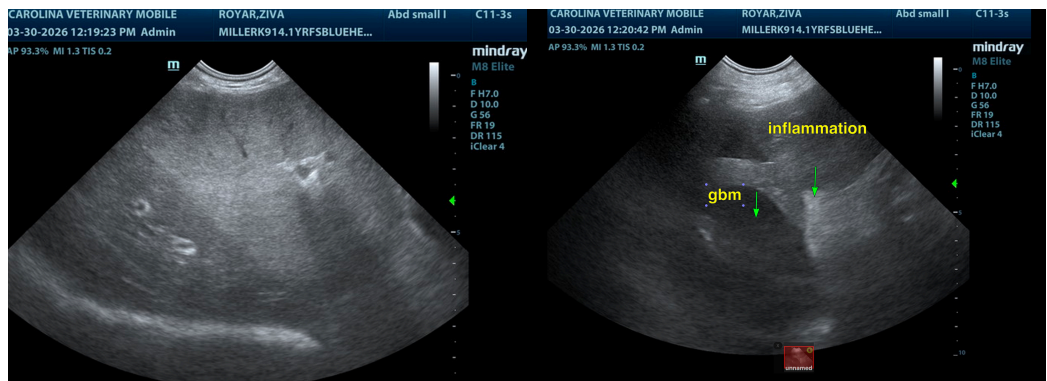
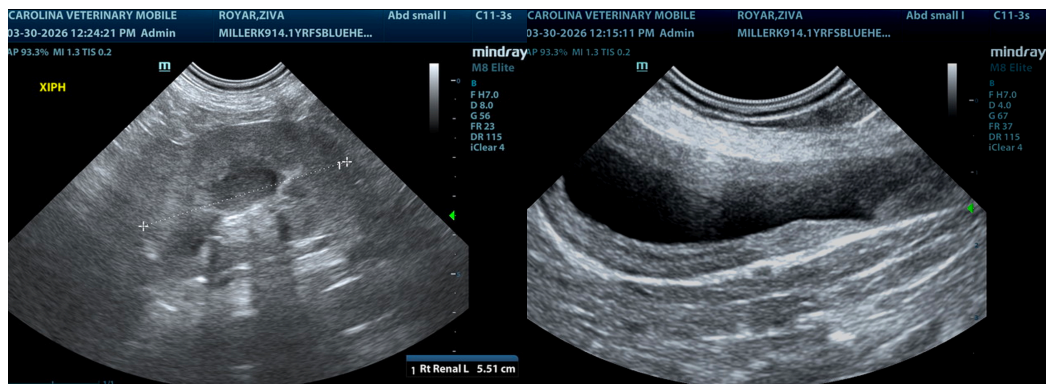
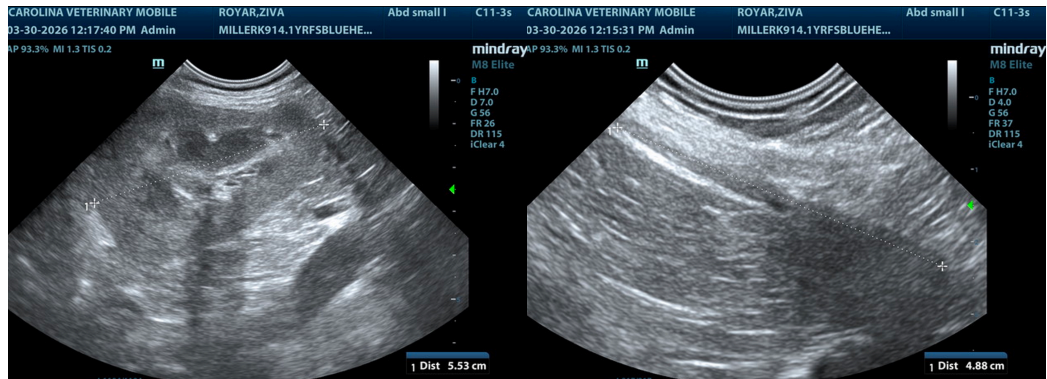
Dr. Miller

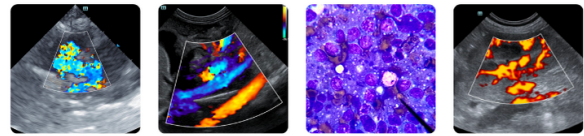
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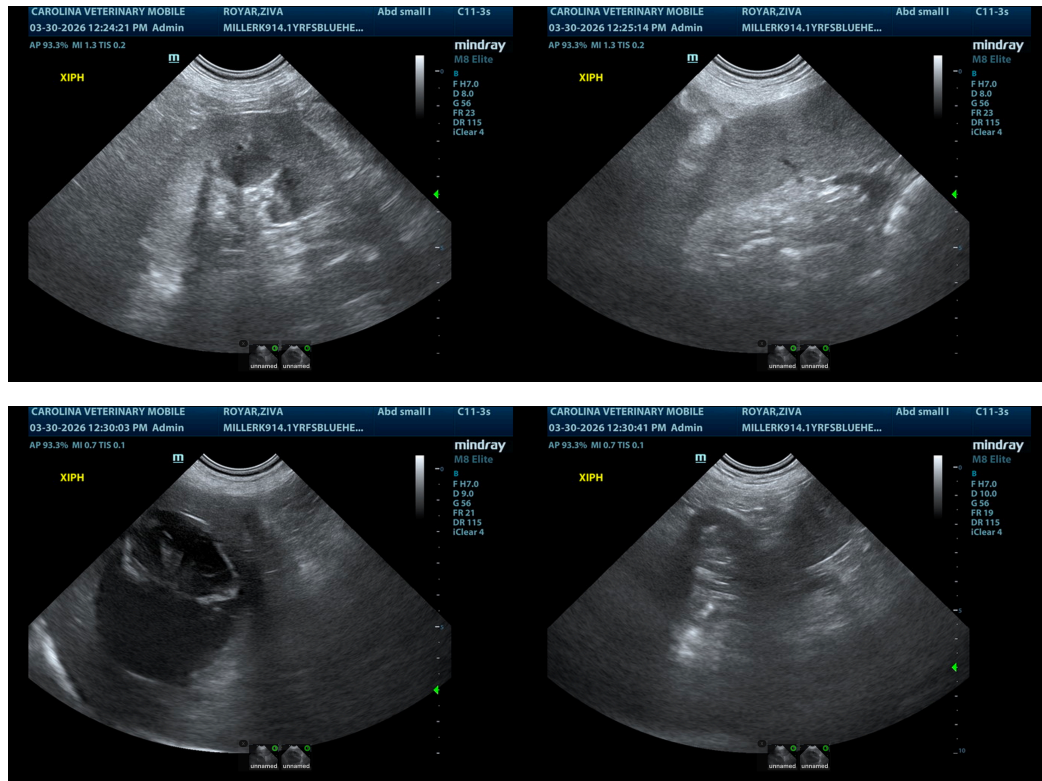
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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