



**PATIENT**

Maggie Salisbury

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

Spayed female

**AGE**

5 years

**WEIGHT**

63 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS, CEO of  
SonoPath.com

**IMAGING PERFORMED BY**

Vincent Ravancho,  
CVT

**HOSPITAL NAME**

Chester AH

**REFERRING VET**

Dr. Migliaccio

**INVOICE**

70330

**DATE**

1/20/26

**PRESENTING CLINICAL SIGNS**

- Inappetence, Persistent drooling.
- Possible Pulmonary Mets
- Clinical findings: PD, increased respiratory effort, lethargy. Ehrlichia and Anaplasma +. CPL (-) and Lameness at home
- Current medications: Gabapentin, Doxycycline, Theophylline
- In-Hosp ALT 246/118 K+ 6.2/5.8 U/A: 3+ Protein, 2+ Bili, Ca Oxalate, Amorph Urates USG 1.067

**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 left kidney measured 6.2 cm. The right kidney measured 6.0 cm.

The iliac lymph node is enlarged and measured 2.0 x 1.8 cm. The lymph node was heterogenous.

**Adrenal Glands**

The left **adrenal gland** was slightly enlarged and measured 1.83 x 0.92 cm at the cranial pole and 0.69 cm at the caudal pole. The right adrenal gland was at the upper limits of normal and measured 2.6 x 0.96 cm at the cranial pole and 0.58 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 was 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



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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.

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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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**ULTRASONOGRAPHIC FINDINGS**

Iliac lymphadenopathy.

**INTERPRETED BY**

Right adrenal enlargement.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA is indicated to assess for reactive lymph node versus lymphadenitis. The cause of inappetence is not evident in the abdomen. Examination of the hind limbs and anal glands are recommended to assess for primary disease that may be related to the iliac lymphadenopathy. Esophageal or oral disease should be considered. FNA of the iliac lymph node is recommended.

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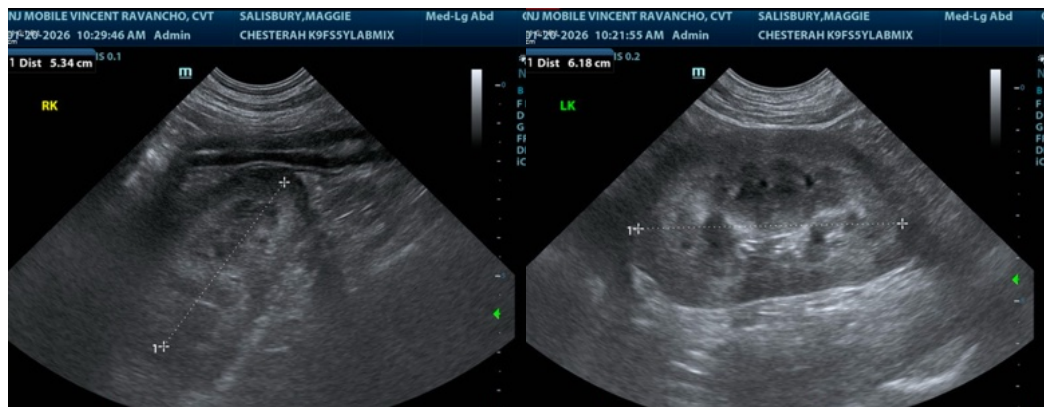
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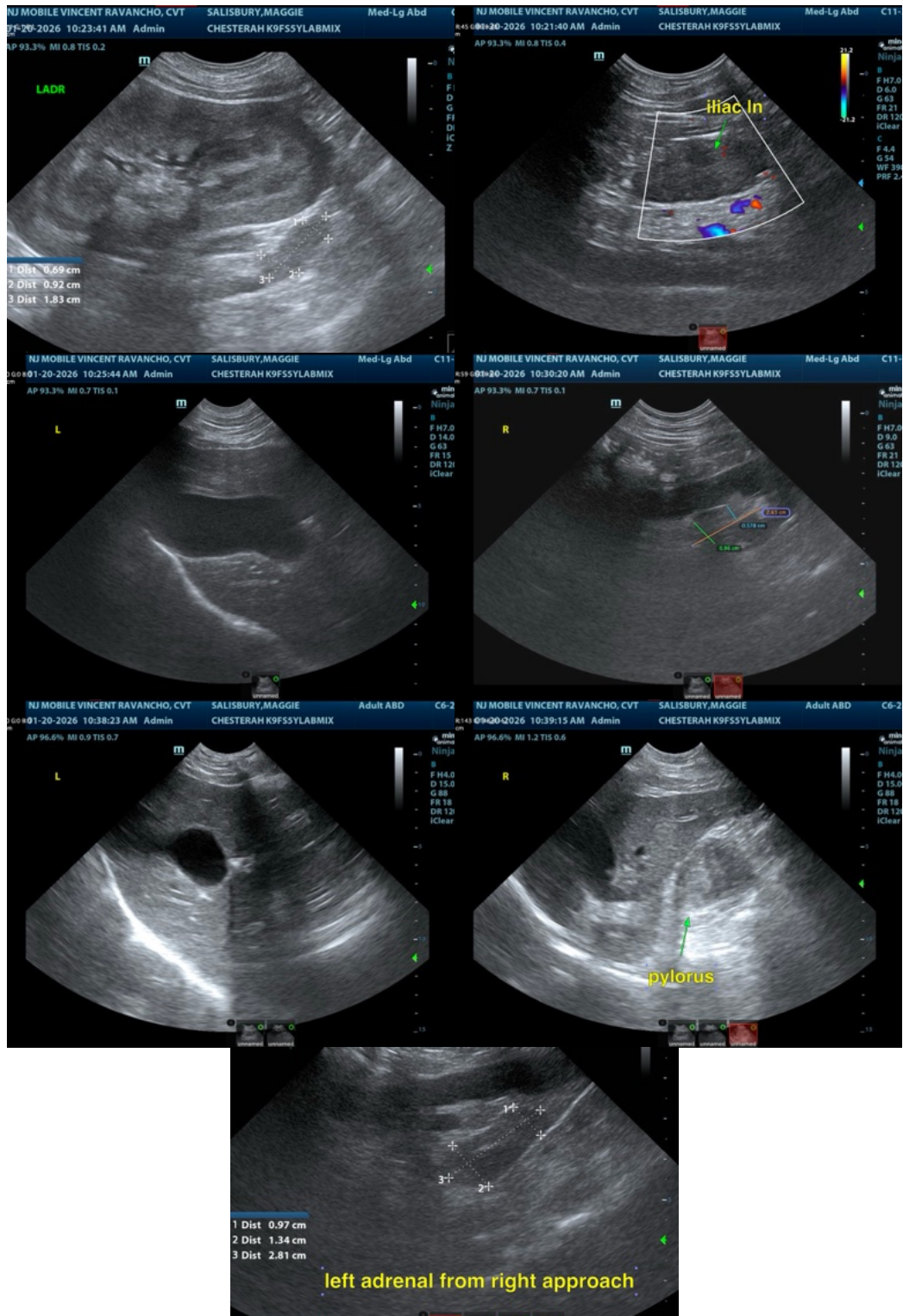
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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