



PATIENT

Renata Henik

SPECIES

Canine

BREED

Corgi

SEX

Spayed female

AGE

3 years

WEIGHT

30 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

69524

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: Hx of V/D, was hospitalized twice, SIBO pos.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was slightly thickened with a minimal amount of urine present. Recoil effect may be playing a role. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared 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 5.0 cm. The left kidney measured 4.5 cm with slight pinpoint mineralization.

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 2.04 x 0.39 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measured 1.82 x 0.72 cm at the cranial pole and 0.44 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 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.

Pancreas

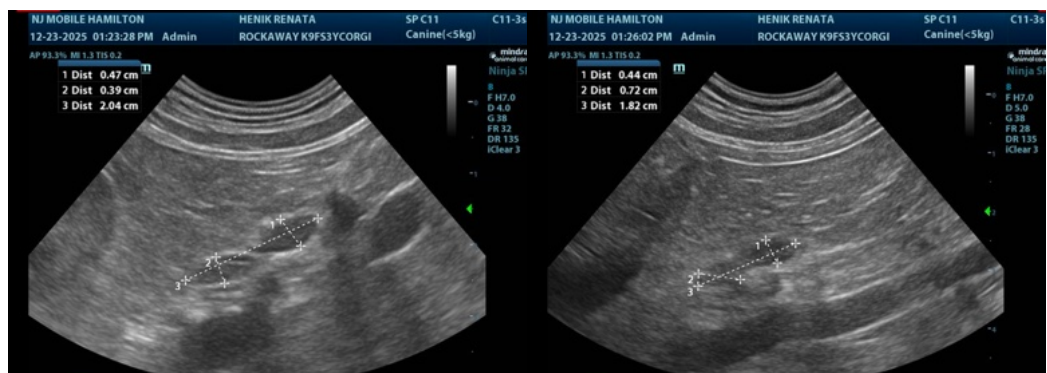
The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery. The region effected measured 2.0 x 2.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis pattern.
- Structurally normal GI tract.
- Minor bladder thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis +/- culture and sensitivity is indicated. Pain management, broad spectrum antibiotics, hydrolyzed diet and 24 hour n.p.o. and 48-72 hour IV fluid protocol would be ideal in this patient. Recheck sonogram is recommended in 10 days to ensure adequate resolution if the patient is responding well.





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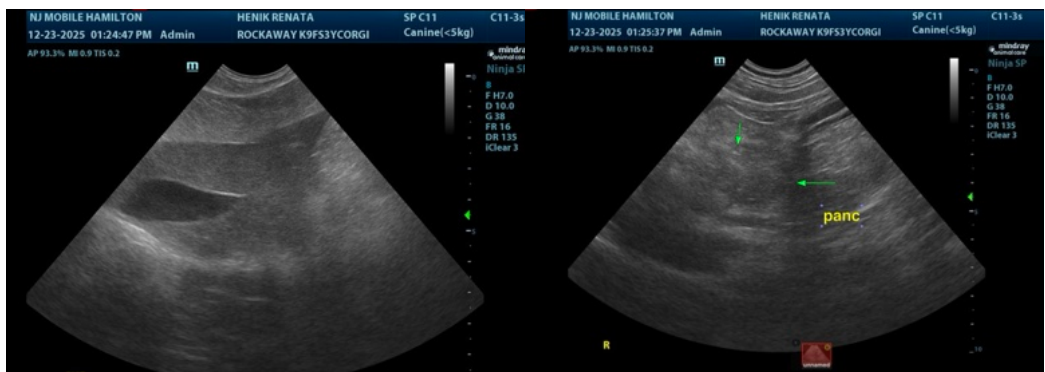
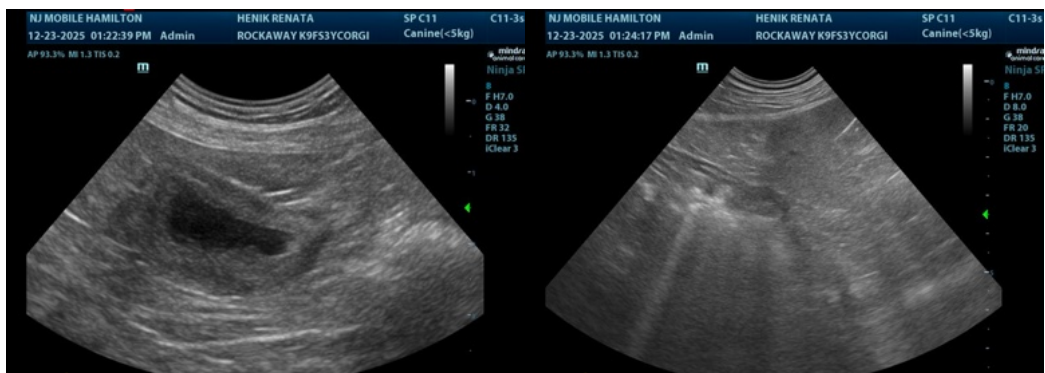
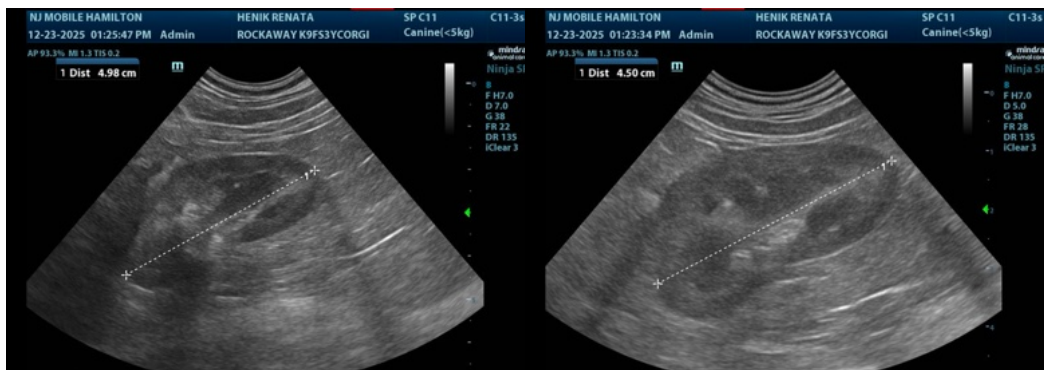
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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