



PATIENT

Lola Rankin

SPECIES

Canine

BREED

Pup

SEX

Female

AGE

13 Months

WEIGHT

17.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

HOSPITAL NAME

Butler VH

REFERRING VET

Dr. Sereda

INVOICE

35134

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Repro check. Shelter notes shes intact, but we found two ventral incision scars. O recently noted spotting and swollen vulva.

Abnormal CBC/Chem findings: NSF

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **uterus** (1.5 cm) was intact in this patient and thickened, consistent with active heat cycle. The lumen was empty. The left and right horns were visible. The left horn measured 0.8 cm. The left ovary (1.43 cm x 1.2 cm) was mildly irregular with peripherally enhanced fat, suggestive for active inflammation or secretion. The right horn of the uterus measured 6.0 mm. A structure consistent with right ovary at the cranial termination of the right uterine horn measured 1.4 cm, however, slightly further caudal than I would expect. There's a possibility that the right horn is shorter than normal, possibly owing to prior surgery.

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 4.1 cm. The right kidney measured 4.35 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 2.0 cm x 0.5 cm. The right adrenal gland measured 1.93 cm x 0.77 cm at the cranial pole and 0.63 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** 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



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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.

Gastrointestinal

The **stomach** in this patient presented a mild to moderate amount of stasis with pyloric thickening. The small intestine and colon were unremarkable with minor hyperperistalsis and slightly thickened duodenum.

Pancreas

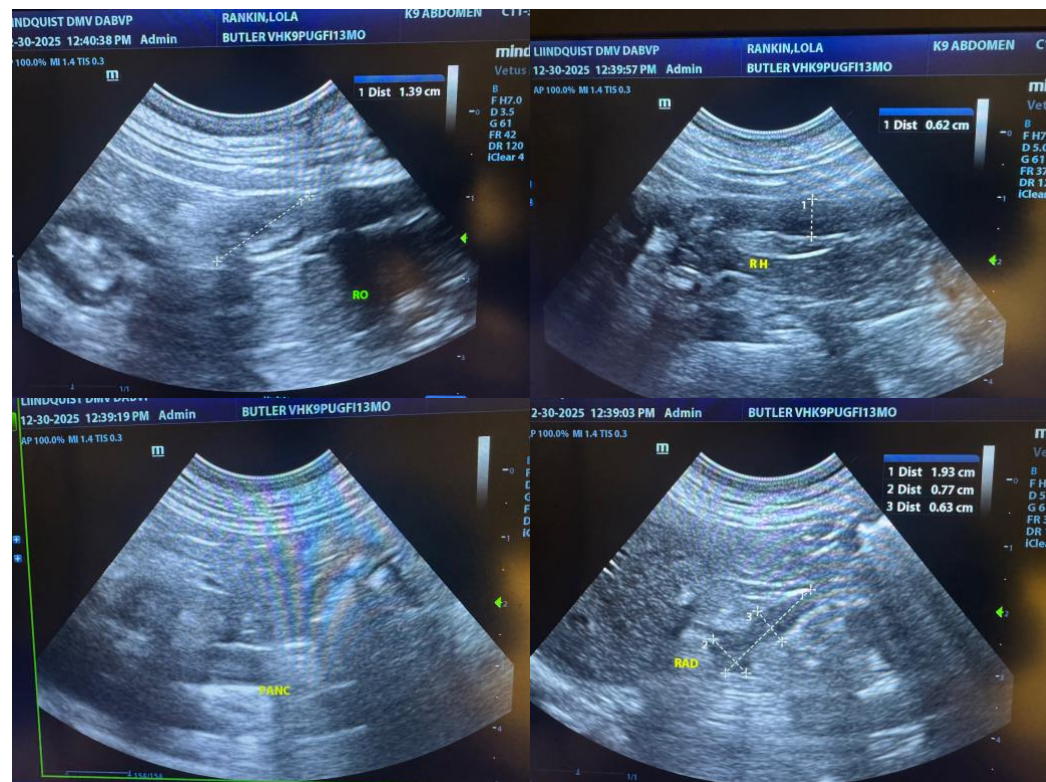
The **pancreas** was prominent, hypoechoic, and mildly irregular in the right limb.

ULTRASONOGRAPHIC FINDINGS

- Heated uterus and intact female with possibly shortened right uterine horn.
- Gastric and duodenal thickening, potential occult gastrointestinal upset
- Prominent, hypoechoic, and irregular pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ovariohysterectomy is recommended. Upper GI biopsies would be ideal at OVH for long term management.





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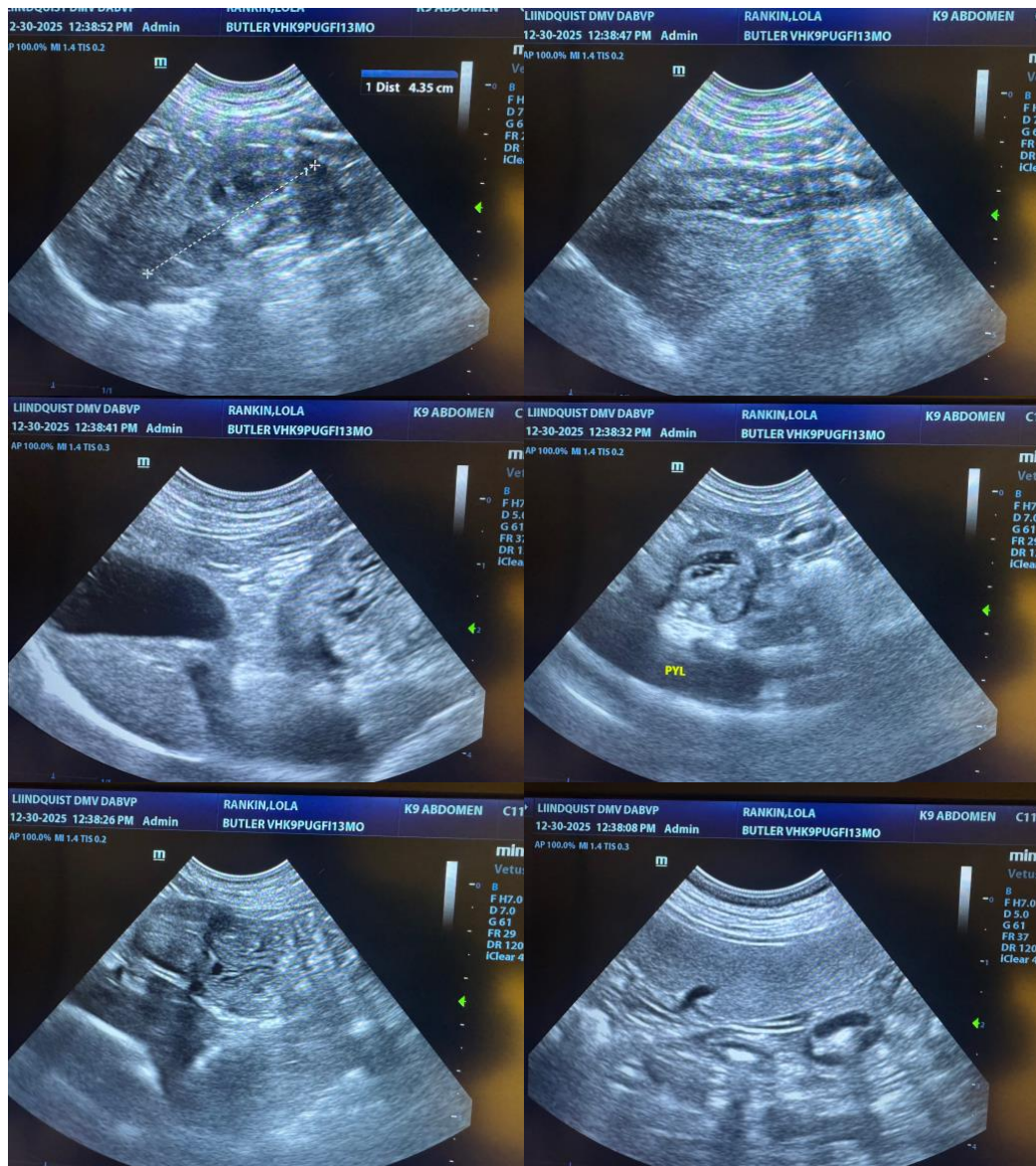
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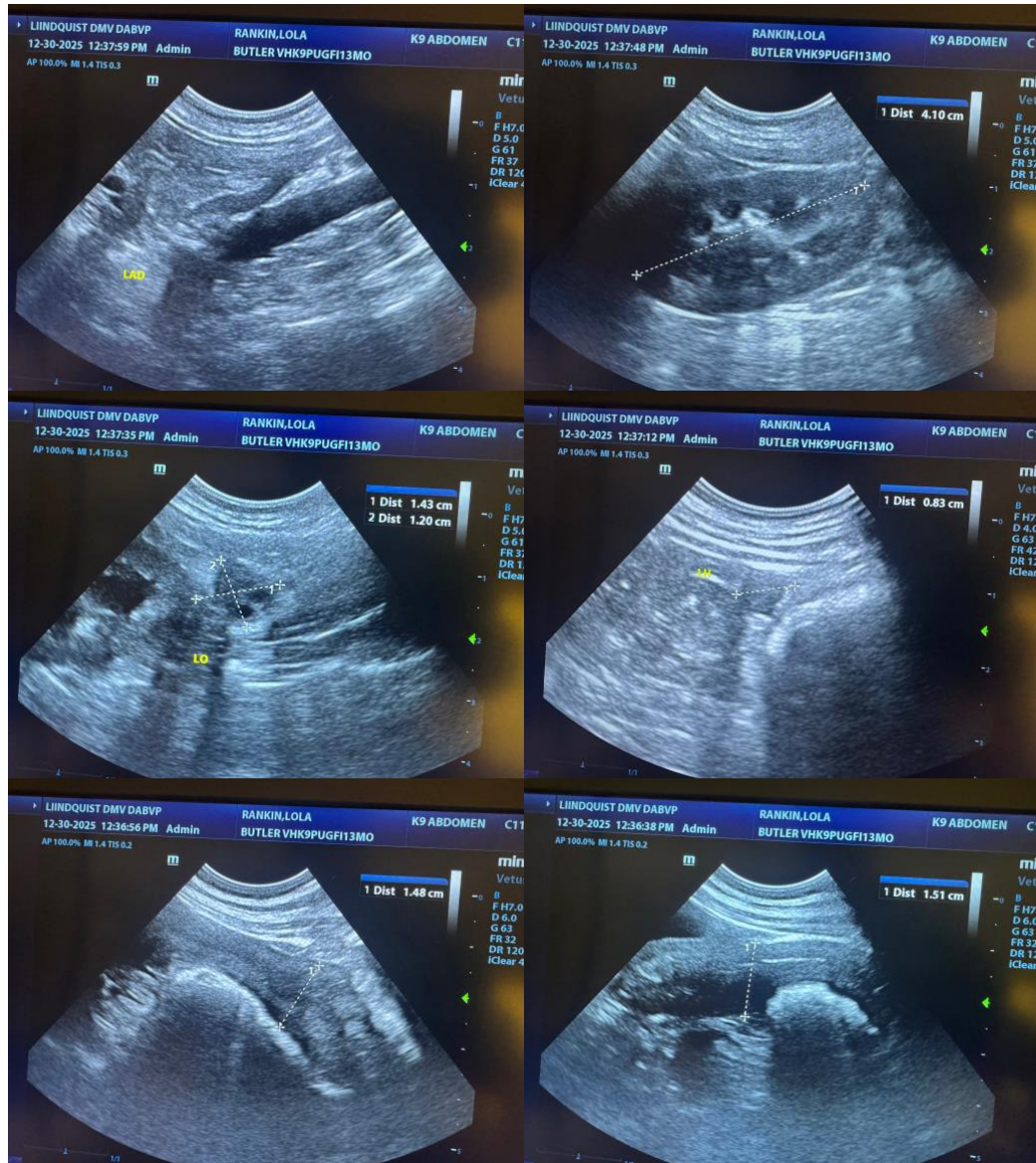
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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