



## PATIENT

Maggie Quinn

## SPECIES

Canine

## BREED

Schnauzer Mix

## SEX

FS

## AGE

11Y

## WEIGHT

19lbs

## INTERPRETED BY

Dr. Leticia Utsch MV

## IMAGING PERFORMED BY

Technician

## HOSPITAL NAME

Northshore Veterinary Hospital

## REFERRING VET

Brita Kiffney

## INVOICE

75562

## DATE

6-17-26

## PRESENTING CLINICAL SIGNS

Maggie has had three bouts of vomiting and anorexia over 4 - 5 months. The first one was diagnosed as pancreatitis at the emergency clinic (abnormal pancreatic lipase test) . Responded to supportive treatment and she is now eating a low fat diet. The second time we examined her mid May 2026 and early June

Abnormal PE/Chem/CBC/UA Results: ALT has been mildly elevated 214-298 three times we performed a bile acids test (pending) today Her resting cortisol is a bit low at 1.49 (but adrenals look okay on US) FNA of liver performed today, pending results

## RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

Radiographs of the thorax and abdomen in three imaging planes are provided for review.

## RADIOGRAPHIC FINDINGS

### Thorax

The lungs are normally insufflated and transparent.

The heart and pulmonary vasculature appear normal.

The trachea and principal bronchi have a normal diameter.

The mediastinum and pleural space also appear normal.

Bone structures do not show any significant changes.

### Abdomen

The stomach appears empty.

The colon is mildly filled with normal appearing feces and gas.

The small intestines are normally filled with fluid and gas.

Liver, kidney and spleen have a normal size and shape.

The peritoneal and retroperitoneal detail are normal appearing.

Bone structures are normal.

## RADIOGRAPHIC DIAGNOSIS

- Normal appearing thoracic and abdominal radiographs.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

No radiographic abnormalities are identified within the thorax or abdomen. The absence of radiographic findings does not exclude hepatobiliary, pancreatic, or gastrointestinal disease. Given the reported history, chronic or recurrent pancreatitis, chronic hepatopathy, or enteropathy remain important differential diagnoses. The reported low resting cortisol may warrant further endocrine investigation, although Addison's would not be considered a primary differential diagnosis based on this result alone. Correlation with the pending bile acids test, liver cytology, and previous abdominal ultrasonographic findings is recommended. Recommend continued dietary management.



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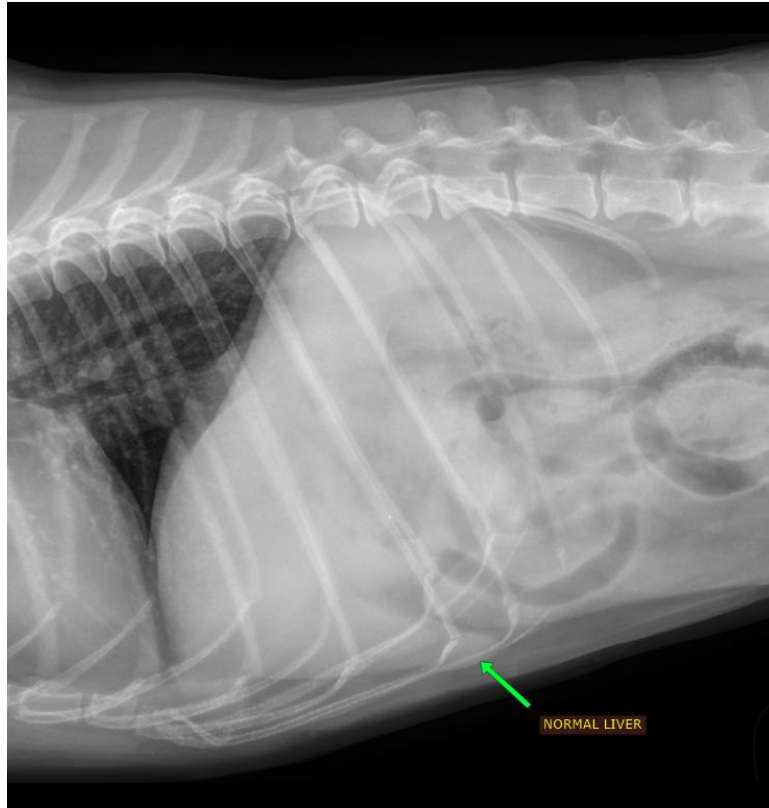
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Dr. Leticia Utsch MV**

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