



**PATIENT**

Gunner Brown

**SPECIES**

Canine

**BREED**

Jack Russell Terrier/Lab Pit Mix

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

71 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Willowbrook Animal Clinic

**REFERRING VET**

Dr. Bott-Wentworth

**INVOICE**

13221

**DATE**

01/16/26

**PRESENTING CLINICAL SIGNS**

Elevated ALP, distended abdomen, elevated BCS rule out abdominal mass vs. Cushing's. Meds: Rimadyl 100 mg 3/4 tab BID, Apoquel 16 mg SID, Dasaquin 1 BID, Gaba 300 mg 1 cap q12 hours, Trazadone 150mg BID, Nexgard plus, Purina one Lamb rice adult, steamed salmon.

Abnormal PE/Chem/CBC/UA Results: urine: ph 5.5, ketones trace, upc 0.1 in dec. 9th, usg 1019. ALP 1501 (5-160)Lipase 277 (0-250) MCV 57 (62-76) MCH 20.7 (22.1-26.7) RDW 20 (10-19) Reticulocytes 21.4 (23.8-28.3) Lympho 0.644 (0.98-4.2)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a grouping of calculi. The bladder itself was structurally normal. The calculi grouping measured 1.5 cm and was nonobstructive. The pelvic urethra was normal in structure and tone to a depth of 3.0 cm.

The residual **prostate** measuring 0.90 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 5.93 cm in length.

**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 2.65 cm x 0.47 cm width at the cranial pole and 0.52 cm width at the caudal pole. The right adrenal gland measured 1.6 cm x 0.82 cm width at the cranial pole and 0.56 cm width 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. The spleen was folded upon itself cranially.

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

**Gastrointestinal**



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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 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**

A large amount of abdominal fat was noted in this patient.

Rapid view of the heart revealed no evident pathology.

**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder calculi.
- Age-related renal changes.
- Folded spleen.
- Benign hepatopathy.
- Large amount of abdominal fat.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of gross pathology. Eventual cystotomy or dissolution protocol is warranted for the urinary bladder calculi.





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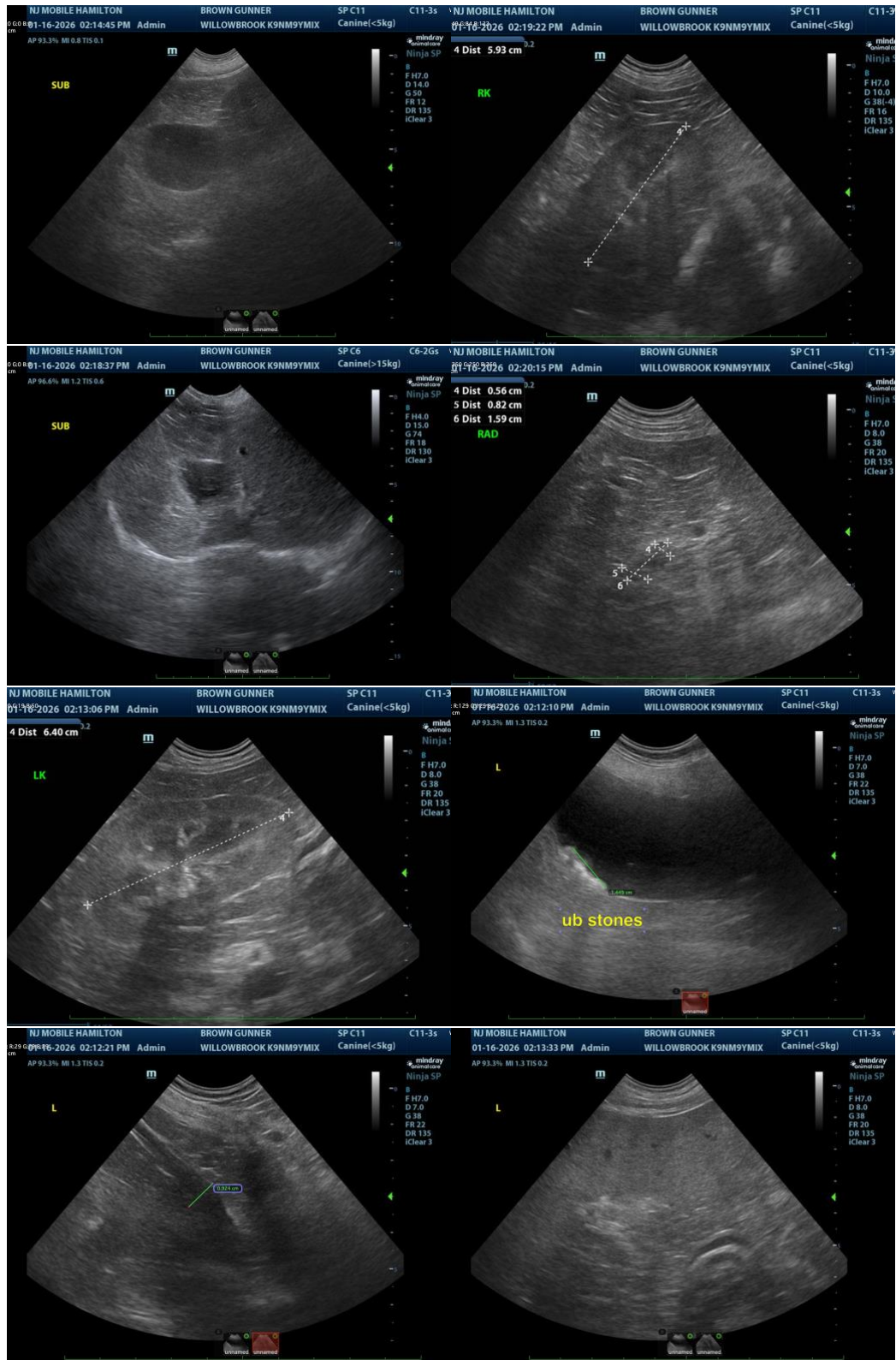
Dr. Bott-Wentworth

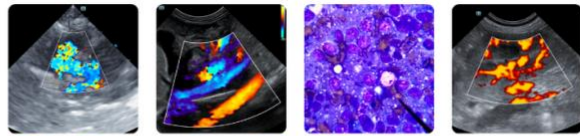
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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[info@SonoPath.com](mailto:info@SonoPath.com)