



## PATIENT

Tucker Meyer

## SPECIES

Canine

## BREED

Collie Mix

## SEX

Neutered male

## AGE

14 years

## WEIGHT

37.4 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUS

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Maniar

## INVOICE

69825

## DATE

1/6/26

## PRESENTING CLINICAL SIGNS

History: bloody diarrhea, hematuria dog cannot get up at all  
Abnormal PE/Chem/CBC/UA Results: Lipase 214

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** presented apical ventral and apical dorsal wall thickening with suspended and dependent debris. There was a minor amount of sand. This is consistent with severe cystitis. Some artifact would be consistent with potential gas accumulation. The pelvic urethra was not visible in this patient.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.75 cm. The right kidney measured 5.81 cm.

### Adrenal Glands

The left **adrenal gland** revealed capsular expansion without capsular escape. The right adrenal gland was uniform and measured 0.9 cm at the cranial pole and 0.43 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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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**

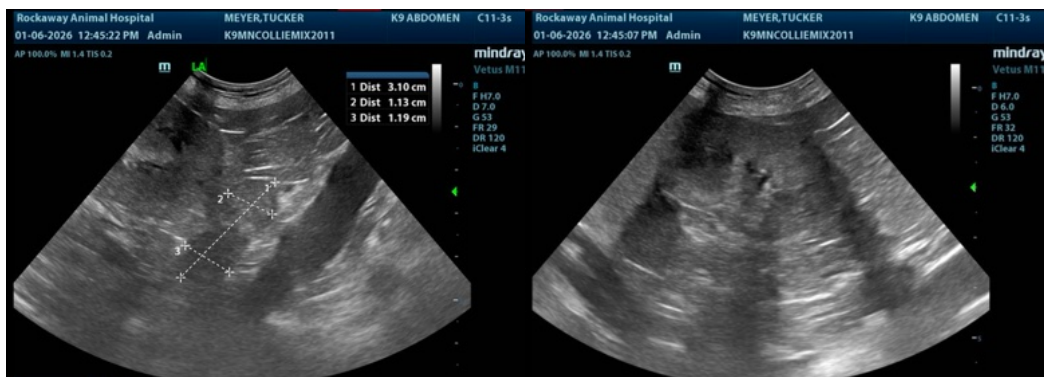
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Acute on chronic cystitis pattern with bladder sand.
- Enlarged left adrenal gland. Hyperplasia, adenoma, adenocarcinoma are all possible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Anaerobic and aerobic culture from a cystocentesis sample is indicated. The pelvic urethra was not visible in this patient. Further imaging of the pelvic urethra and prostate for concurrent pathology is recommended, potentially under sedation if the patient was resistant to such maneuvers. Aggressive treatment for UTI or direct cystotomy, sand analysis and culture are all indicated. Serial blood pressure measurements are warranted to assess for hypertension related to the left adrenal. Eventual cystotomy and left adrenalectomy can be considered.





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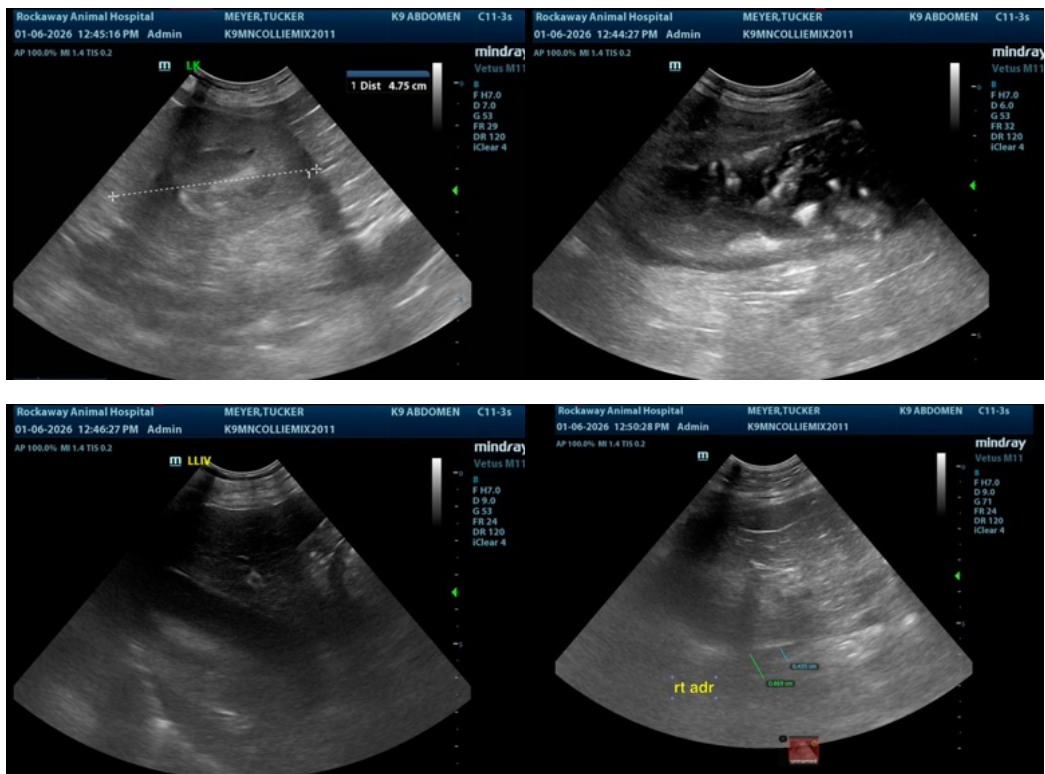
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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