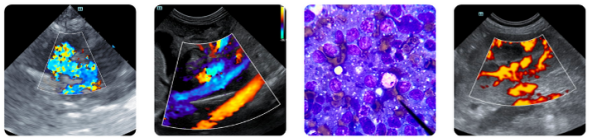


PATIENT

Wynchester Scheetz

SPECIES

Canine

BREED

Vizsla

SEX

Neutered Male

AGE

9 Years 10 Months

WEIGHT

80.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Meghan Myers, VMD

INVOICE

35470

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: STAFF PET. History of GI upset, LarPar and aspiration pneumonia. was hospitalized on GI support: improved and was normal but now regurgitating again, anorexic, mildly painful abdomen. bloodwork all normal, pneumonia resolving, no megaesophagus. suspect GERD.

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 **left kidney** presented cortical collapse owing to infarct. Moderate degenerative changes were noted. The left kidney measured 6.0 cm. The left renal infarct appeared to be stable. No evidence of active inflammation.

The **right kidney** presented some degenerative changes similar to the left, with cortical collapse and infarct. Some level of primary renal dysplasia may be present in this patient.

Adrenal Glands

The **left adrenal gland** was 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 0.6 cm.

The region of the **right adrenal gland** was imaged and revealed no evident pathology.

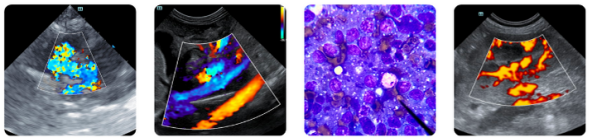
Spleen

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 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



SonoPath.com info@sonopath.com 1.800.838.4268

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Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. Some retention of ingesta was noted in the stomach with a hypoechoic structure. This may represent vegetable or foreign matter, measuring 2.5 cm. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. Areas of spastic intestine were noted.

Pancreas

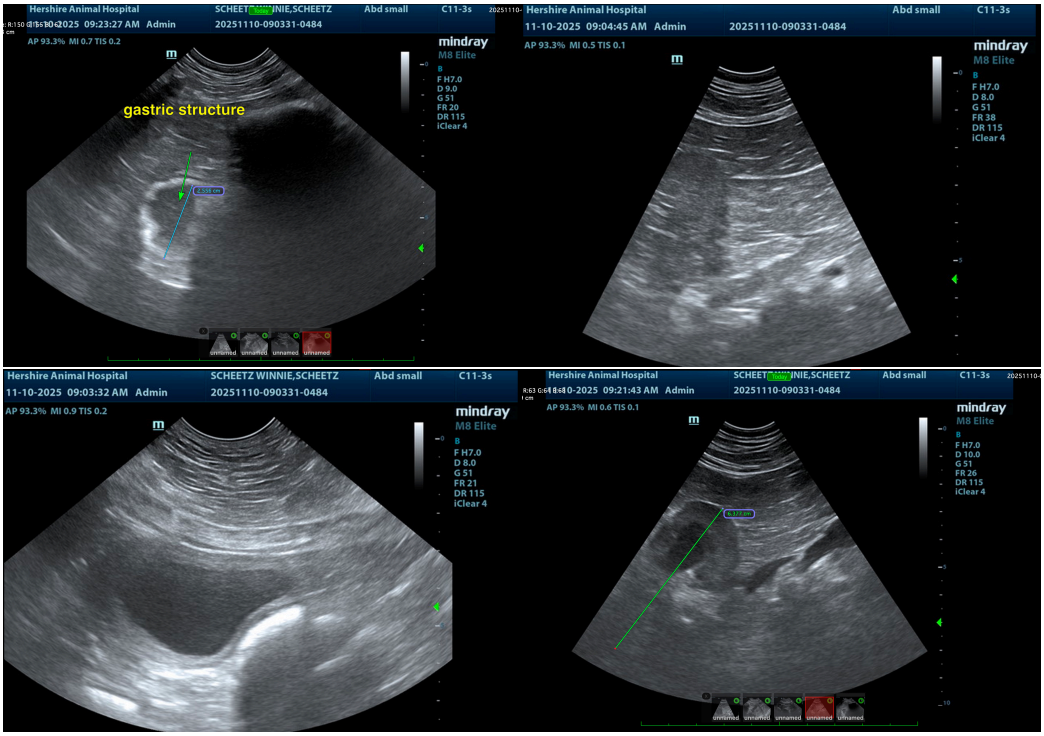
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal cortical collapse, potential primary dysplasia or secondary to prior issues of vascular compromise or renal disease.
- Nonspecific enteritis pattern.
- No evidence of significant disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck sonogram at complete NPO status is indicated. Full urinary work up is warranted.



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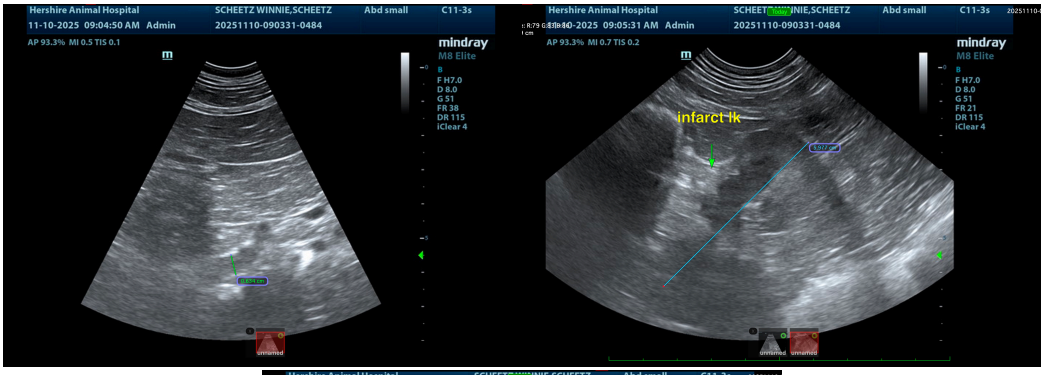

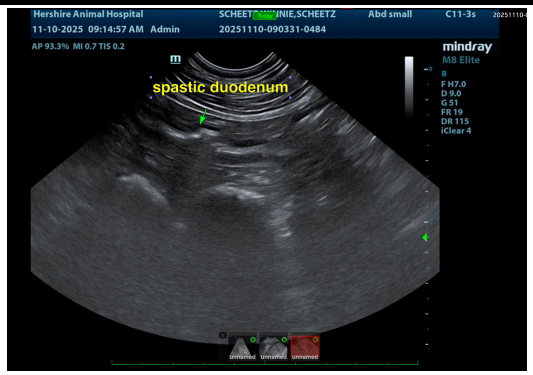

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com