



PATIENT

Cooper Read

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

12 years

WEIGHT

32 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashely Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Hovis

INVOICE

68570

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: Previous ultrasound 7/24/2025, Current meds enrofloxacin, penicillin, SQ fluids and cerenia. Decreased appetite over the weekend, vomited 2x. K/D diet currently, on Painful during ultrasound around the cranial abdomen. Liver values are worse than yesterday and bilirubin is now elevated, wasn't yesterday.

Abnormal PE/Chem/CBC/UA Results: Hct 33.6%, RBC 5.16, hemoglobin 11.9, phosphorus 6.9 ALT, 922, Alkp >2,000, GGT 17, Bilirubin 3.7, Cholestrol 469, Amylase >2,500, Lipase 5,699

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 **kidneys** revealed similar changes to the prior sonogram. The kidneys revealed mild degenerative, non-specific degenerative changes, interstitial nephrosis pattern. Blood flow to the kidneys appeared to be adequate. The left kidney measured 5.86 cm. The right kidney measured 4.7 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 0.64 cm at the caudal pole and 0.56 cm at the cranial pole. The right adrenal gland measured 0.78 cm at the cranial pole and 0.78 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** was structurally unremarkable with similar changes to the prior sonogram. Minor, coarse hepatic architecture. Minor gallbladder debris was noted and measured 0.5 cm. Minor gallbladder congestion was noted. The common bile duct is enveloped in the pancreatic pathology.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

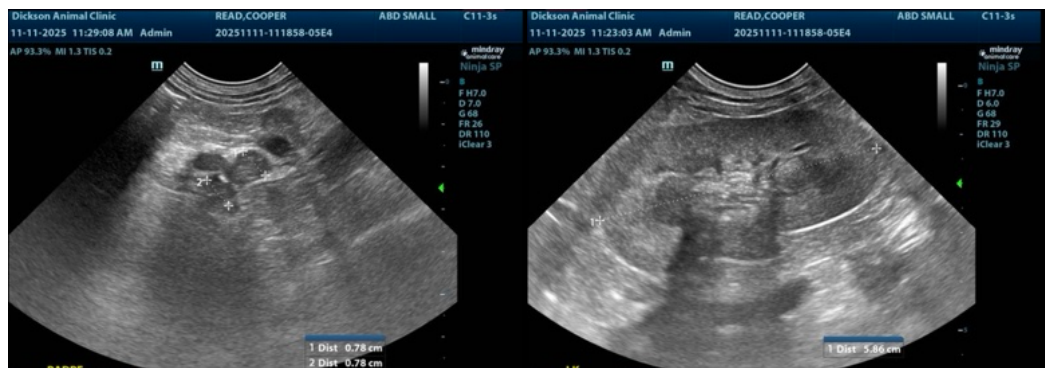
The right **pancreatic** base revealed mixed hypoechoic parenchymal changes in a region of approximately 3.0 cm with enhanced surrounding mesentery. This is consistent with pancreatitis. This is a new development compared to the prior sonogram.

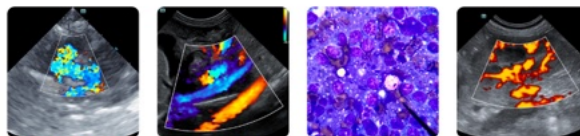
ULTRASONOGRAPHIC FINDINGS

- Subjectively benign hepatopathy with right limb pancreatitis and post hepatic obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hypoechoic portion of the pancreas and liver is indicated for further definition. Management for pancreatitis is indicated. IV fluid support and 24 hour n.p.o. is recommended in this patient. A recheck sonogram is recommended in 3-5 days. CBC path review is warranted to ensure concurrent hemolytic disease is not an issue. Leptospirosis titers are warranted if not already performed. I cannot rule out pancreatic neoplasia, yet not overtly suspected.





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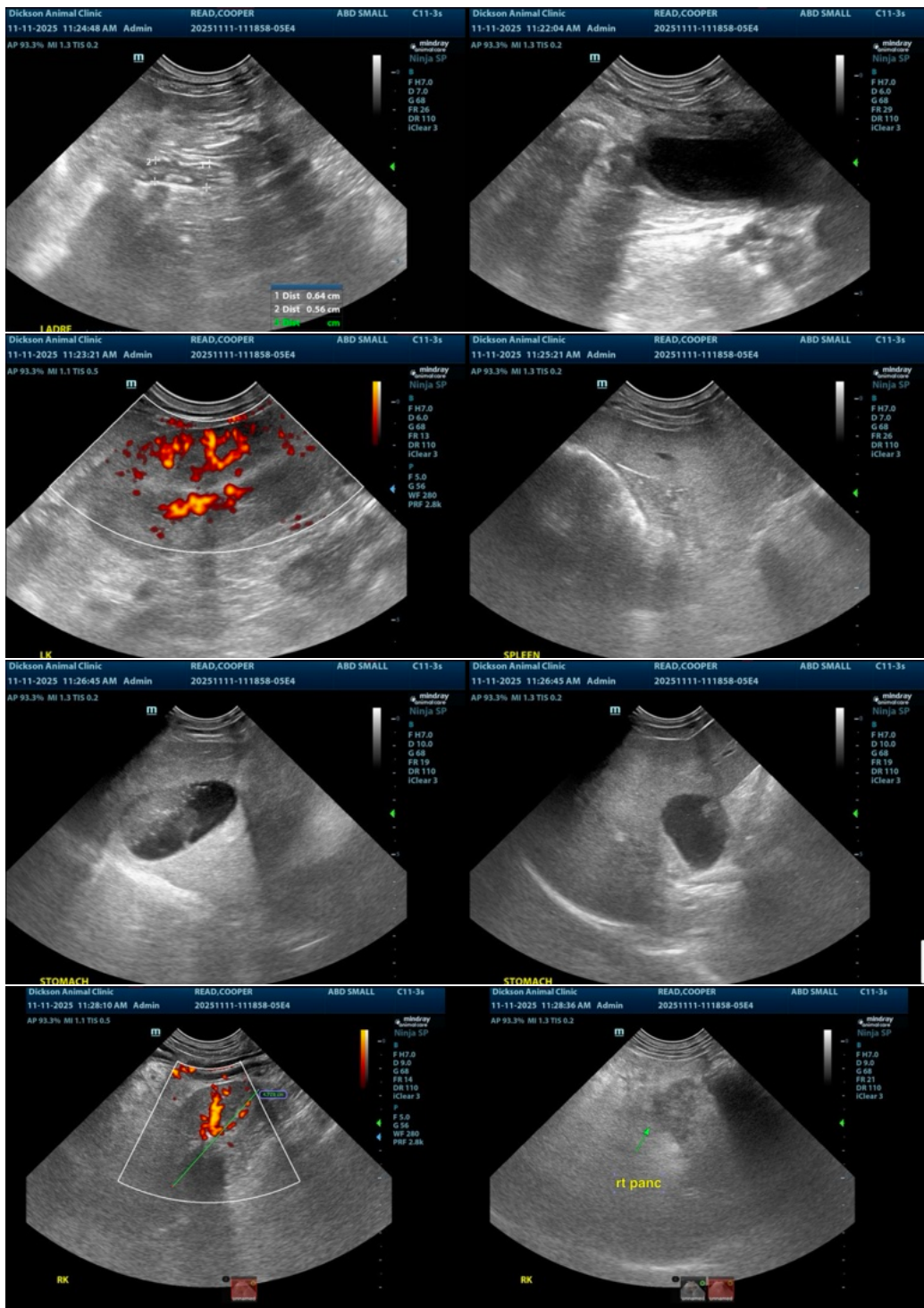
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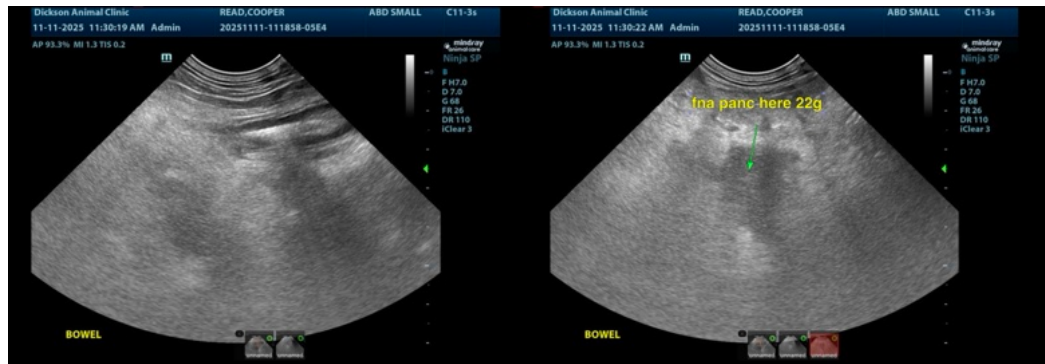
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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