

PATIENT

Waylon Driver

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered male

AGE

11 years

WEIGHT

99.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Agnes Rupley, DVM

HOSPITAL NAME

All Pets Medical Center

REFERRING VET

Dr. Rupley

INVOICE

68745

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: Ultrasound being performed because Waylon was recently diagnosed with Cushing's syndrome and started on Vetoryl. Chronic elevated heart and respiratory with low grade cough (no heart murmur); significant hip osteoarthritis. Lacks rear limb proprioception, chronic. Took thoracic rads today to check for metastatic disease and further evaluation of the chronic cough. Thoracic rads reveal a change in the shape of the cardiac silhouette from ones taken in 6/2025 (sent for comparison). Collapsed disc spaces in thoracic vertebra. Normal VHS. Current Medications: carprofen 100MG 1 tablet in the morning and 1/2 tablet in the evening, thyroxine 0.8mg 1 tablet given every 12 hours, Trazodone 100mg -1 tablet for stressful events (gave one this morning around 8:30am), Librela monthly, Cytopoint monthly.

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.

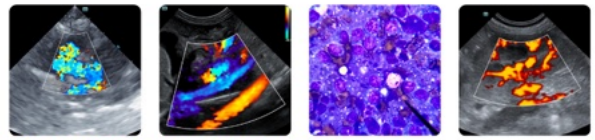
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased 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 8.0 cm.

Adrenal Glands

The left **adrenal gland** was not visualized. The region of the right adrenal gland was imaged with no evidence of pathology. Lack of acoustic penetration and resolution did not allow for assessment of the adrenal glands, yet grossly the regions of the adrenal glands revealed no evidence of pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. A subtle nodule was noted in the spleen and measured 0.67 cm and was non-disruptive. There was no evidence of gross pathology. 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.



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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.

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 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.

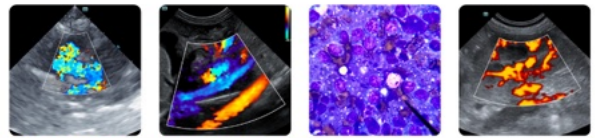
ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy.

Minor, nodular hyperplasia splenic pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease.



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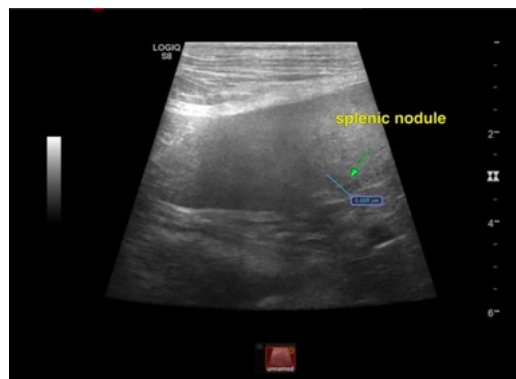
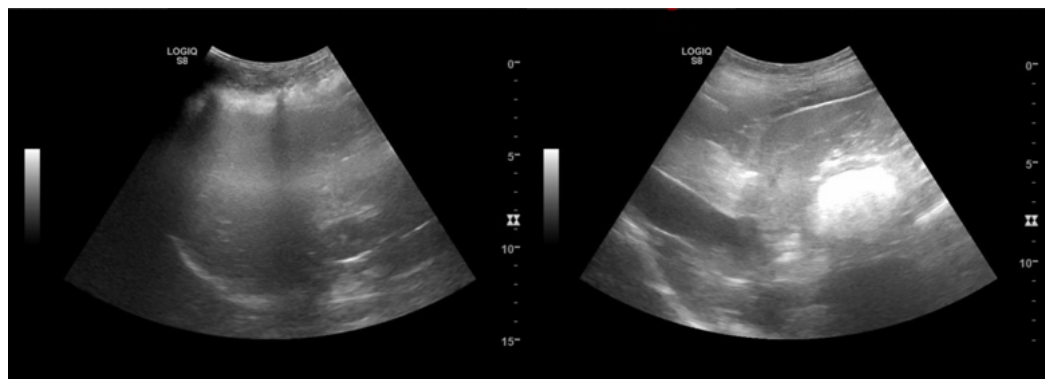
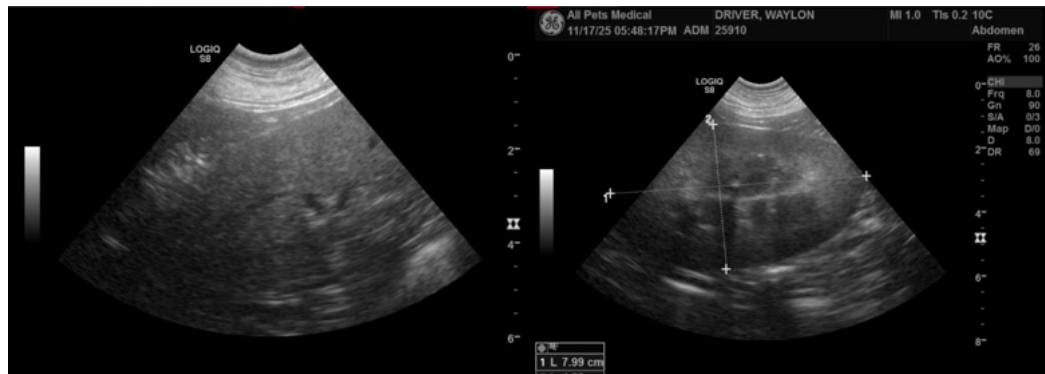
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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