



## PATIENT

Toby Clark

## SPECIES

Canine

## BREED

Boxer

## SEX

Neutered Male

## AGE

8 Years 6 Months

## WEIGHT

88.0

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Heather

## HOSPITAL NAME

Aniaml Care Clinic of  
Flanders

## REFERRING VET

Dr. Villari

## INVOICE

12507

## DATE

11/28/25

## PRESENTING CLINICAL SIGNS

Inappetence and lethargy currently on Soloxine 0.8mg and gave depomedrol on 11/4/2025

Abnormal PE/Chem/CBC/UA Results: Lipase 6711 Amylase - 2006 ALT - 275 ALP - 662 Urine SG 1.012

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) 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 were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 8.7 cm in length. The right kidney measured 7.0 cm in length.

### 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 0.50 cm width.

The **right adrenal gland** was not visualized.

### 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

There was a partial amount ingesta noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. The upper duodenum was mildly spastic, yet changes were subtle.



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**Pancreas**

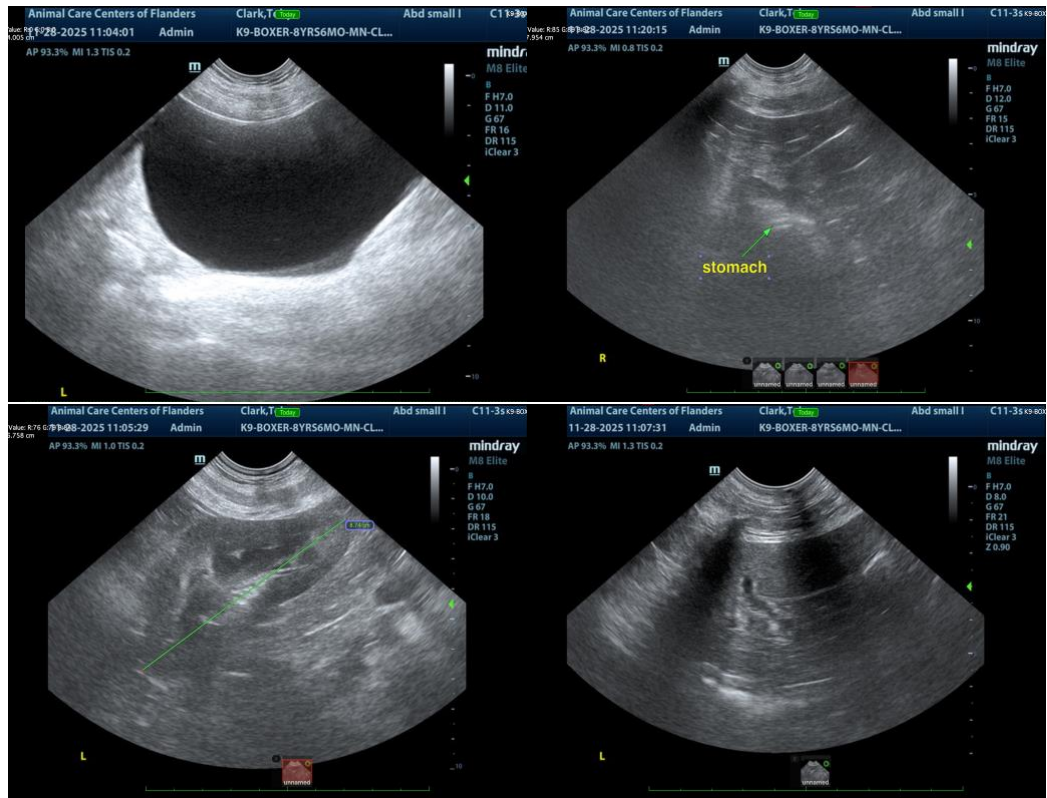
The right limb of the **pancreas** was slightly heterogenous with potential for low-grade inflammation.

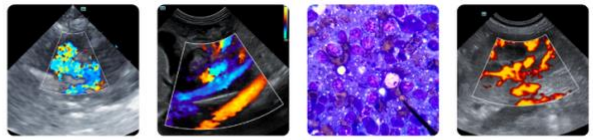
**ULTRASONOGRAPHIC FINDINGS**

- Heterogenous pancreas- potential pancreatitis yet changes were subtle.
- Spastic upper duodenum- potential duodenitis.
- Gastric ingesta.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Other causes of the clinical signs should be investigated. Otherwise, management for duodenitis and pancreatitis is indicated with reassessment of the clinical signs. Pain management, broad spectrum antibiotics and fluid therapy are recommended.





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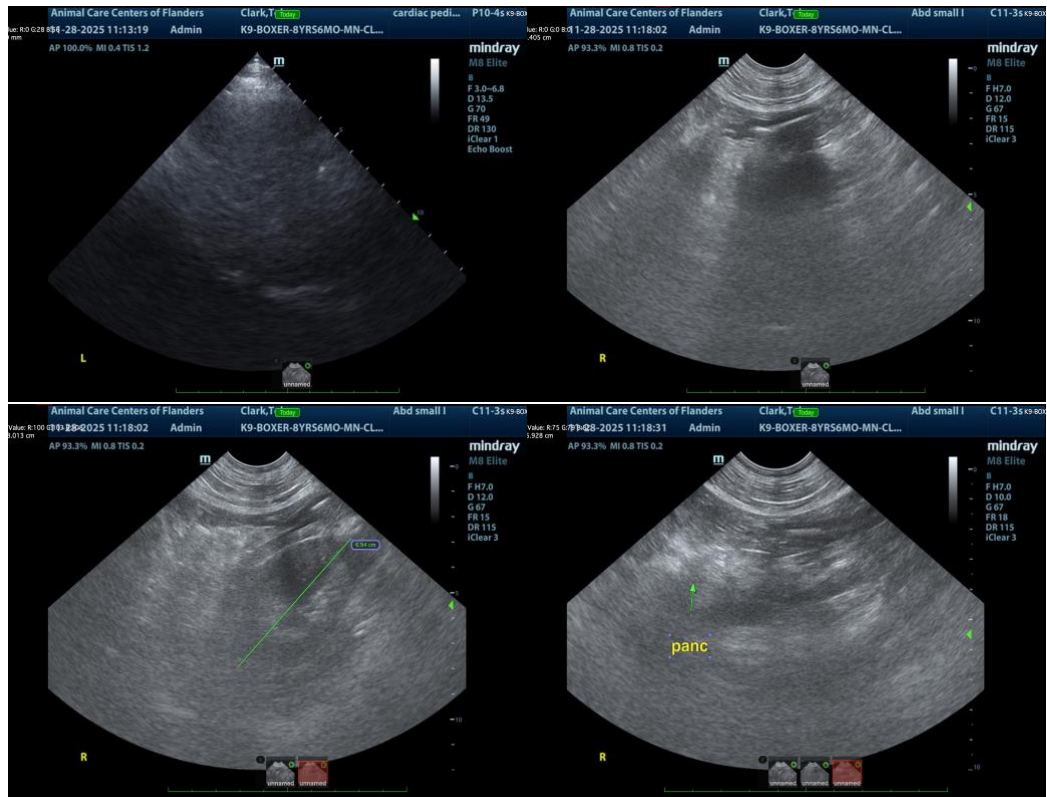
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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