



PATIENT

Jake Watson

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

13 Years 5 Months

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Blairstown Animal
Hospital

REFERRING VET

Dr. Summers

INVOICE

72659

DATE

12/17/25

PRESENTING CLINICAL SIGNS

Elevated Liver values Clinical findings: not pu/pd
Abnormal PE/Chem/CBC/UA Results: ALT 206 ALP 997 Glob 4.0 USG : 1.022

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 were 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Degenerative changes were mild to moderate. Slight pinpoint mineralizations noted. Right kidney measured 6.0 cm. Left kidney measured 6.28 cm.

Adrenal Glands

The **right adrenal gland** was slightly swollen and mildly heterogeneous with uniform contour, measuring 2.79 cm x 1.3 cm at the cranial pole and 1.24 cm at the caudal pole.

The **left adrenal gland** presented slight irregularity the cranial pole. The left adrenal gland measured 2.0 cm x 0.70 cm at the cranial pole and 0.50 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 were noted.

Liver

The **liver** presented coarse architecture, mild uniform enlargement, slight increased portal markings, and a mild to moderate amount of remodeling. The gallbladder was unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end 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.



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Pancreas

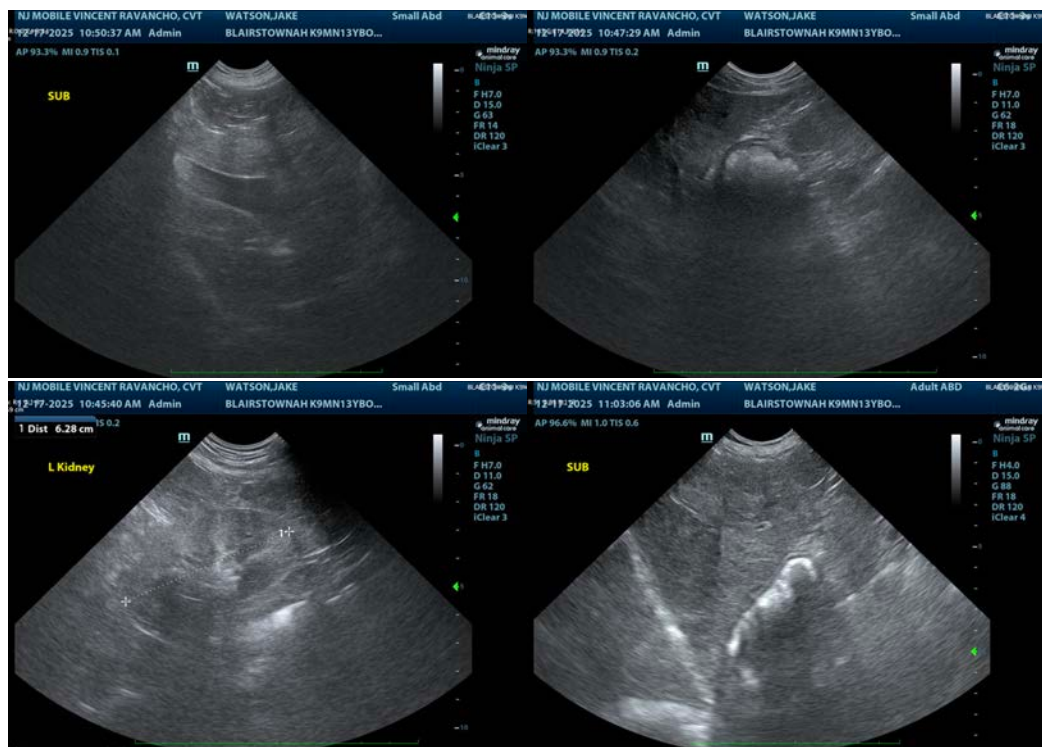
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Non-specific inflammatory hepatopathy.
- Irregular, swollen adrenal glands, likely age related change.
- Age related renal changes.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. FNA of the liver indicated for further definition of inflammatory cell type. Leptospirosis titers warranted to rule out occult disease.





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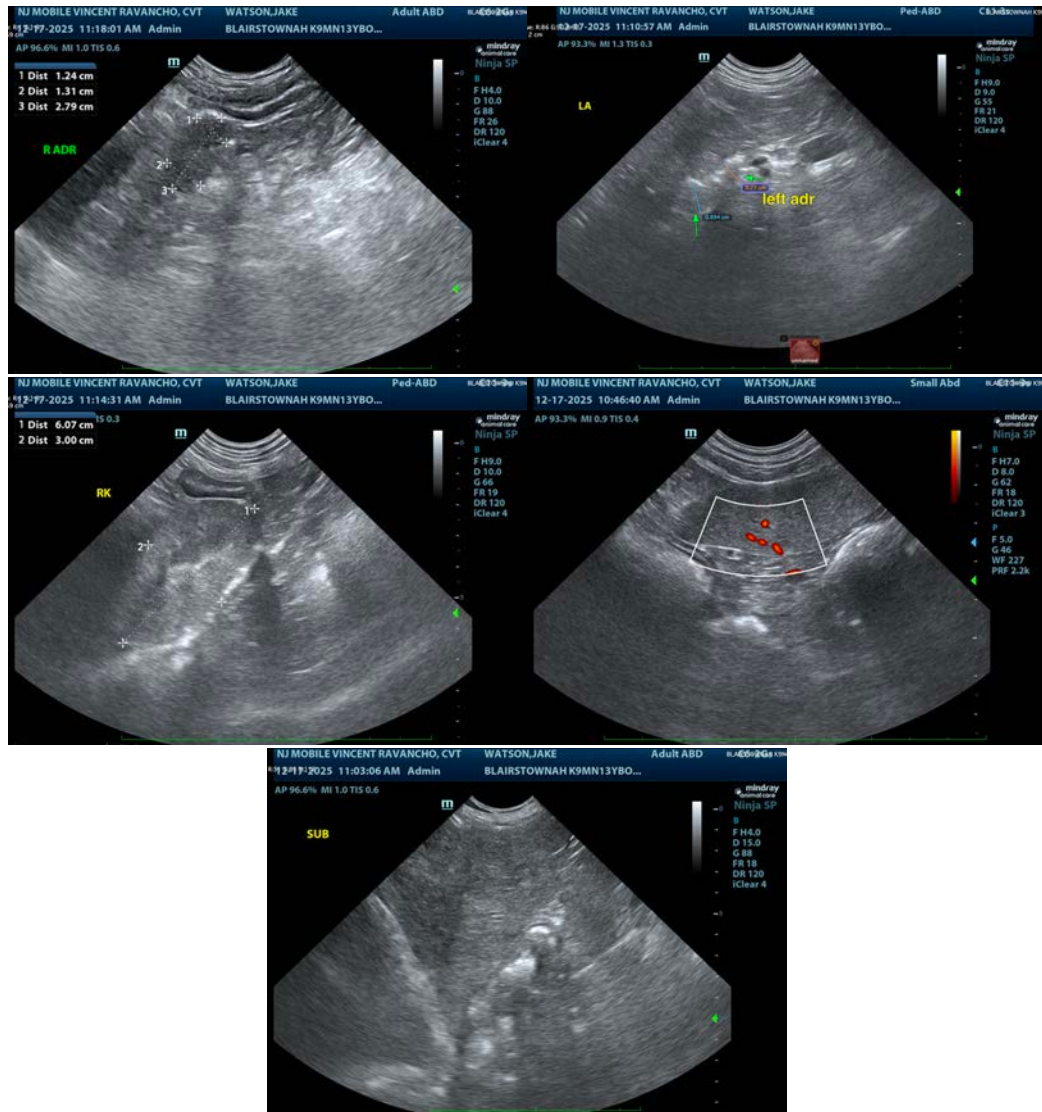
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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