



PATIENT

Patrick Turner

SPECIES

Canine

BREED

Rotti/Lab Mix

SEX

Neutered male

AGE

12 years

WEIGHT

88 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Wes Spangler

HOSPITAL NAME

TotalBond VH Paws
Creek

REFERRING VET

Dr. Spangler

INVOICE

69380

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: 12yo MN mix breed. Doing well at home, only difficulties are with some OA managed with Librela, Movoflex Advanced and Ursolyx. Normal labwork on routine exam in November. Owners requested ultrasound for thorough preventative care

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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 7.5 cm and the right kidney measured 7.5 cm.

The iliac lymph nodes are reactive and the largest node measured 1.9 x 1.0 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 0.63 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** revealed subtle macronodular changes without evidence of disrupted architecture. The spleen was normal in size and contour measuring 2.2 cm in width. The spleen was folded upon itself caudally.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

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Slight iliac lymphadenopathy.

Slight heterogenous splenic changes, yet no evidence of disease.

Mild cystitis pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck is recommended in 3-4 weeks is recommended and if any progression is noted then FNA would be recommended. Urinary bladder work-up is warranted.

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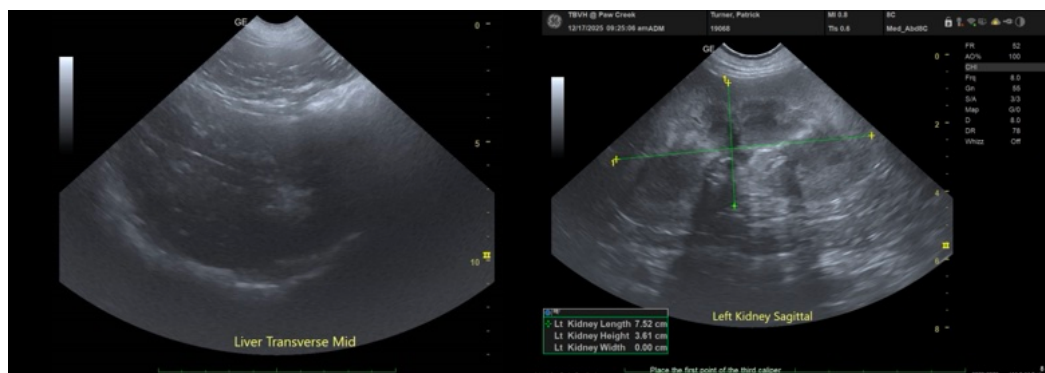
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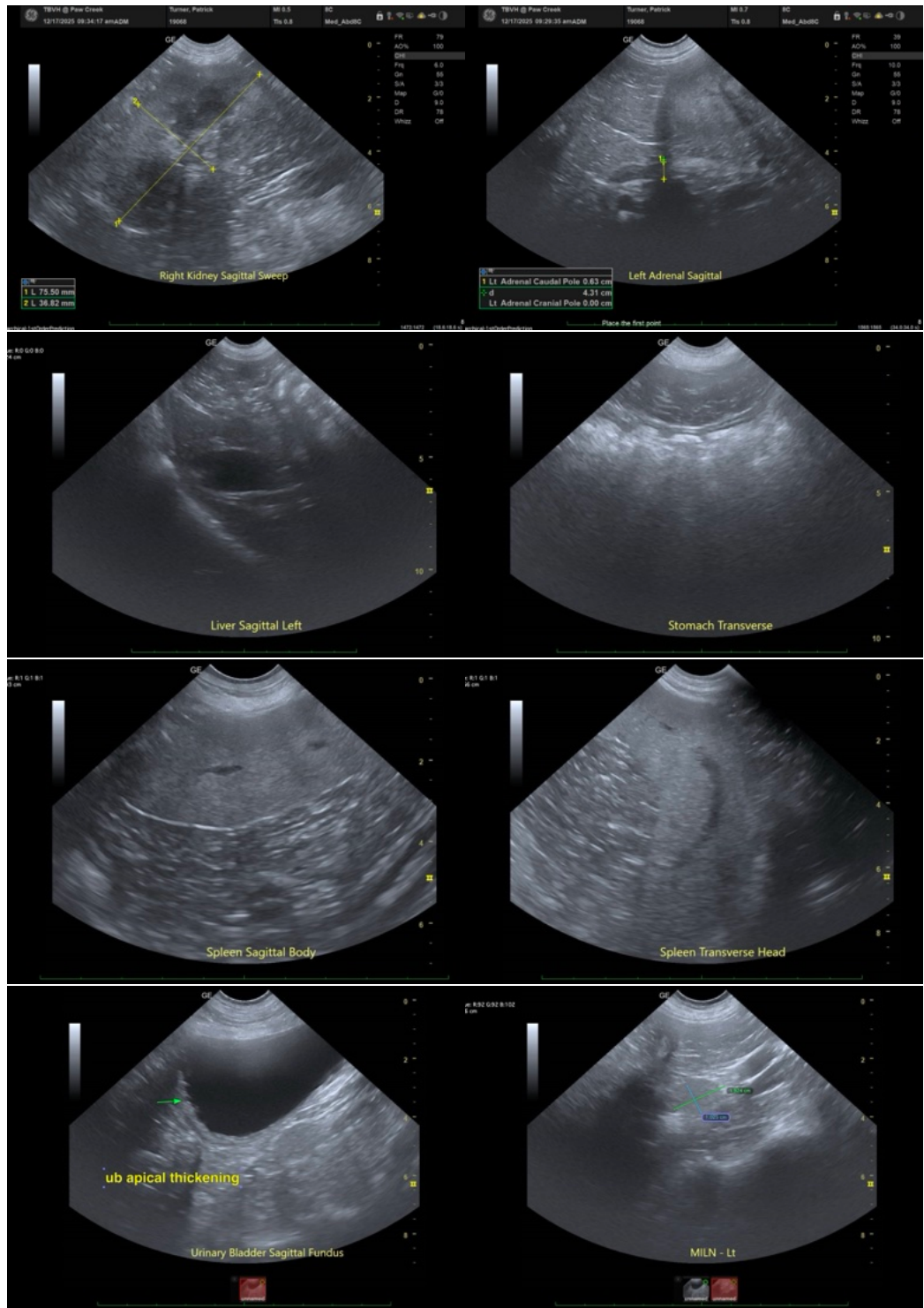
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com