



PATIENT

Ruckus Peters

SPECIES

Canine

BREED

Chinese Crested

SEX

Neutered Male

AGE

12 Years

WEIGHT

7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander,
LVT

HOSPITAL NAME

Northstar VS

REFERRING VET

Dr. Hodge

INVOICE

35988

DATE

12/21/25

PRESENTING CLINICAL SIGNS

History: Patient presented today for lethargy. Patient ate yesterday but did not eat this morning. Patient received IV fluids for two days and showed improvement while on fluids. Patient was discharged to home. Vaccinations and preventive care are current. Chronic pancreatitis diet; currently being fed chicken and rice. Assessment: Lethargy, decreased appetite; history of chronic pancreatitis and liver support needs. Abnormal PE/Chem/CBC/UA Results: Mildly elevated cPLi.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 right kidney measured 3.8 cm. The left kidney measured 3.8 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 right adrenal gland measured 0.65 cm. The left adrenal gland measured 0.5 cm.

Spleen

The **spleen** revealed two separate hypoechoic target type nodules.

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

The **stomach** and upper small intestine revealed chyme followed by empty small intestine, creating an obstructive pattern. Soft stool was noted in the colon. The ileocecal junction was free of evident pathology. Microcystic changes were noted. One view revealed a potentially stricturing lesion with ingesta; cannot ascertain the position of the lesion, however, would suggest an obstructive annular mass given the obstructive pattern in the GI tract.

Pancreas



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

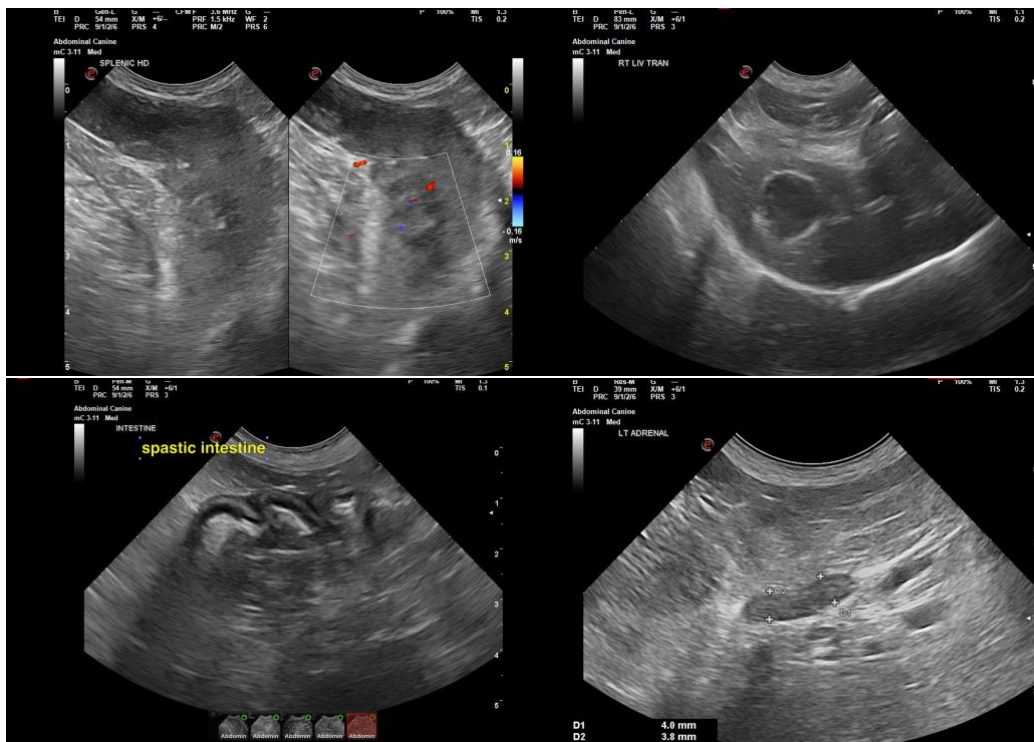
Mesenteric lymph nodes were enlarged, measuring up to 1.5 cm.

ULTRASONOGRAPHIC FINDINGS

- Obstructive GI pattern with potential stricturing lesion
- Splenic nodules
- Enlarged mesenteric lymph nodes
- Age-related renal and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery with appropriate biopsies and resection and anastomosis is likely the best option in this patient. Ultrasound guided FNA of the splenic nodules and lymph nodes could be considered as well. 3 view chest radiographs are warranted to assess for metastatic disease.





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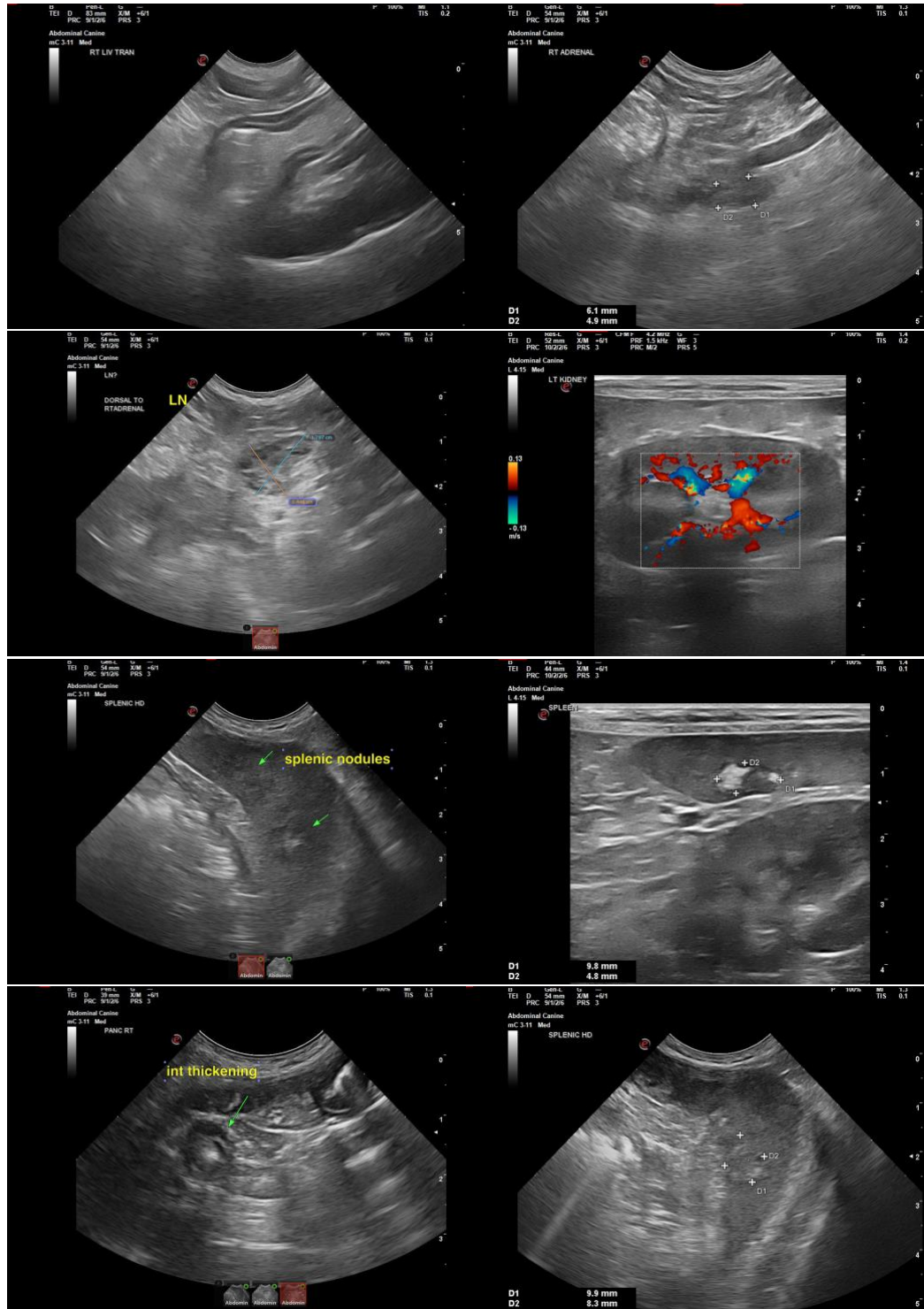
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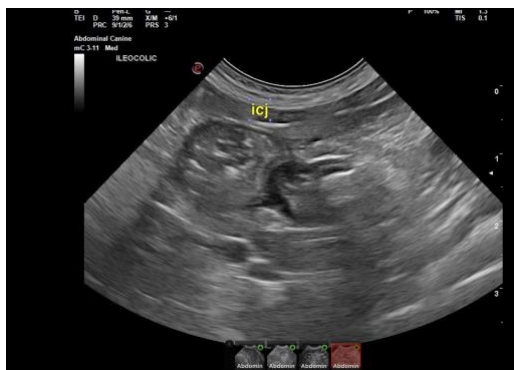
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com