



## PATIENT

Texas Garrison

## SPECIES

Canine

## BREED

Pit Bull x

## SEX

Neutered Male

## AGE

Not Provided

## WEIGHT

75 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Laura Klaassen

## HOSPITAL NAME

Animal Care Group of  
Lake Oswego

## REFERRING VET

Dr. Laura Klaassen

## INVOICE

72786

## DATE

12/26/25

## PRESENTING CLINICAL SIGNS

Blood clots dripping from prepuce.  
Abnormal PE/Chem/CBC/UA Results: UA via cysto clear pt/ptt normal plt normal

## 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 prostate measured 1.6 cm. Poor contrast resolution owing to interfering artifact was an issue. I cannot rule out deep pelvic urethral pathology. However, the bladder and pre-prostatic urethra and the majority of the prostate appeared unremarkable.

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. Left kidney measured 7.0 cm. Right kidney measured 7.0 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. Left measured 0.70 cm. Right measured 0.52 cm at the cranial pole and 0.47 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** 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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

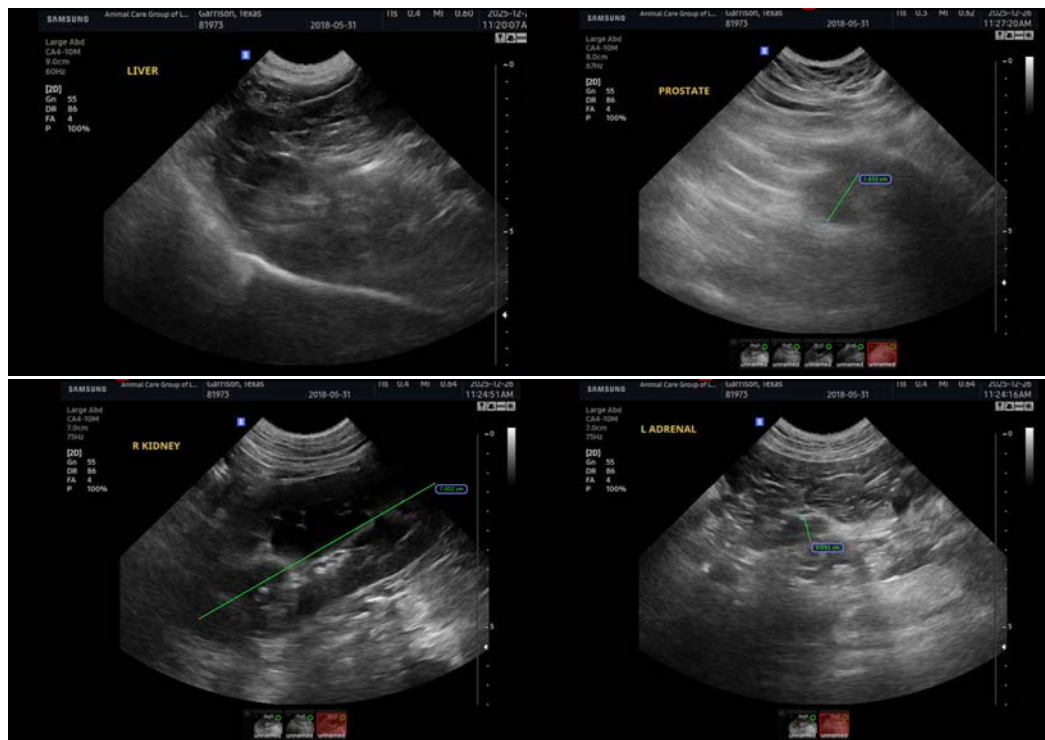
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Age related hepatic changes, unremarkable abdomen otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend passage of catheter to the distal pelvic urethra and potential contrast ultrasound with saline injection for further visibility of the pelvic urethra for underlying pathology. Even though no calculi were noted in this patient, I cannot rule out passage of a calculus, which may have caused the clinical history noted.





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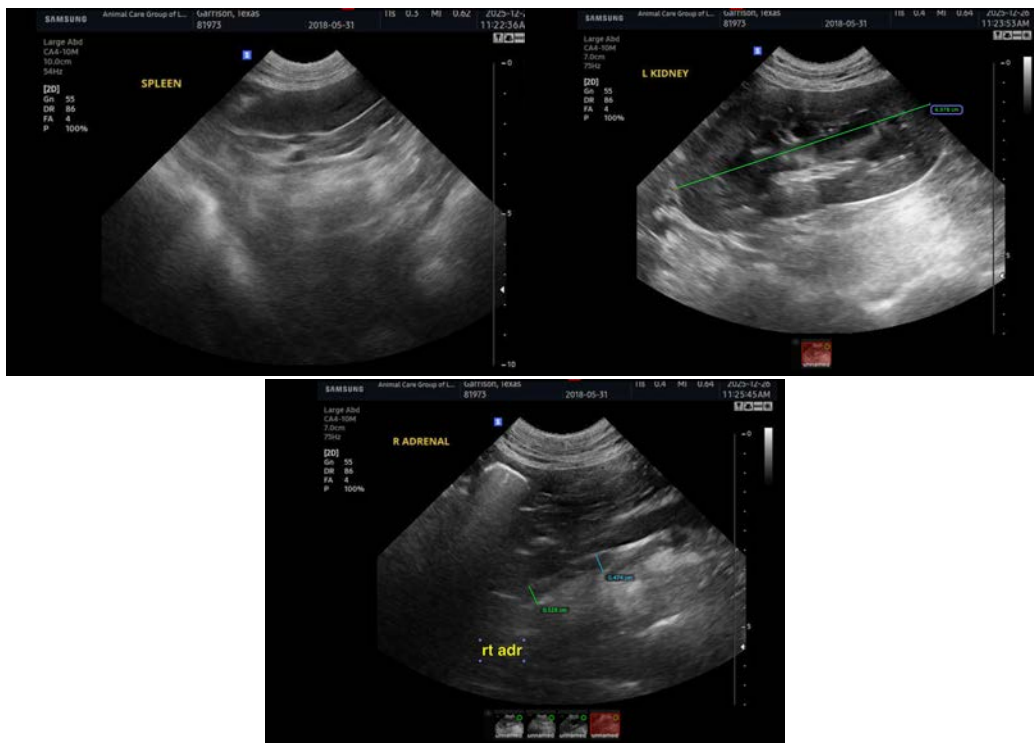
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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