



PATIENT

Zip Williamson

SPECIES

Canine

BREED

Heeler

SEX

Neutered Male

AGE

10 Years

WEIGHT

53.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

Dr. Damewood

INVOICE

35148

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: lethargy, painful abdomen, increased h2o intake ABNORMAL Labwork Values Senior screen pending Current Medications Cerenia inj & buprenex 12-29-25 around 2:30pm Radiographic Findings To follow.

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 2.0 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 6.07 cm. The left kidney measured 6.3 cm.

Adrenal Glands

The **left adrenal gland** was enlarged, heterogenous, measuring 3.1 cm x 0.93 cm at the cranial pole and 1.26 cm at the caudal pole.

The **right adrenal gland** measured the upper limits of normal, measuring 2.9 cm x 1.25 cm at the cranial pole and 0.8 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. Cranial folding of the spleen was noted.

Liver

The **liver** revealed slight lobar swelling/mild hepatomegaly with uniform parenchyma. The gallbladder and common bile duct 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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas



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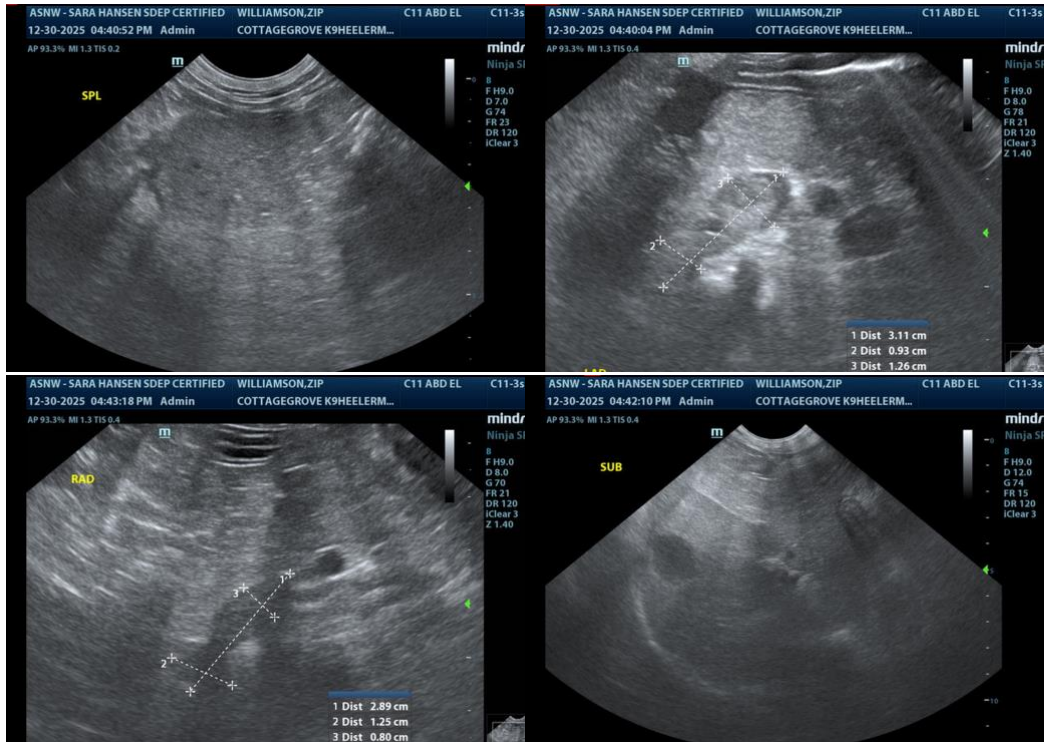
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with largely age-related abdominal changes.
- Minor left adrenal remodeling/nodular changes.
- Mild hepatomegaly
- Cranial splenic fold

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. Serial blood pressures are warranted to assess for any hypertension related to the left adrenal gland. Recheck sonogram in 6-8 weeks of the left adrenal gland would be ideal. The remainder of the abdomen appears benign. Note, there is no evidence of visceral disease that should be inducing any pain in this patient. Referred back pain should be considered as a potential.





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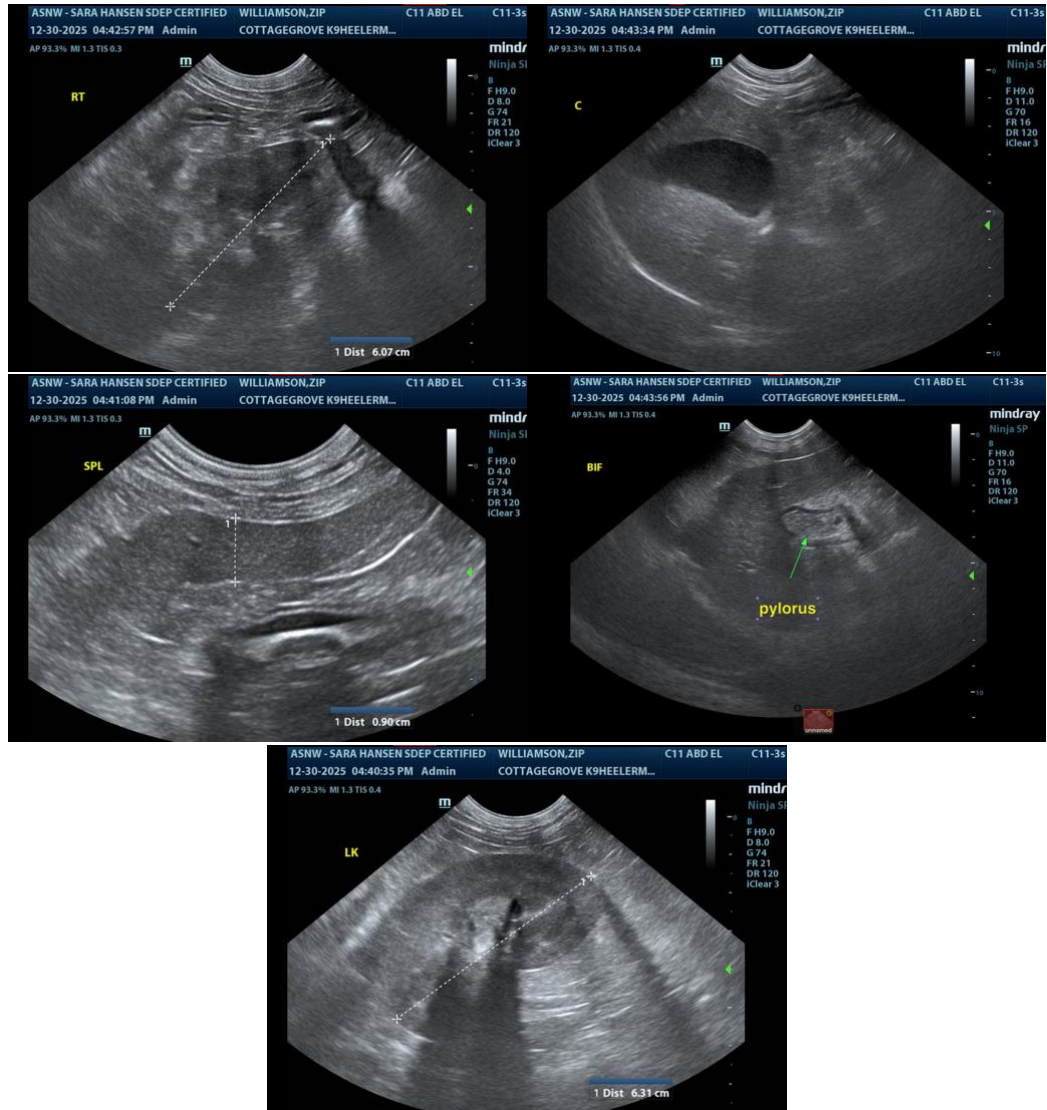
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com