



PATIENT

Benjamin Perkins

SPECIES

Canine

BREED

Morkie

SEX

Neutered Male

AGE

14 Years 1 Month

WEIGHT

7.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Marie Roderiques

HOSPITAL NAME

Cape Coral Pet Vet

REFERRING VET

Dr. Patrick Vickers

INVOICE

12584

DATE

12/05/25

PRESENTING CLINICAL SIGNS

Patient not eating, vomiting bile even after giving Cerenia.

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 moderate 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. Cortical cysts were noted bilaterally. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 3.2 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The **left adrenal gland** presented enlarged with a mixed echogenic nodule at the caudal pole measuring 0.77 cm. The left adrenal gland measured 0.43 cm width at the cranial pole.

The **right adrenal gland** measures 0.80 cm width with normal size and contour.

Spleen

The **spleen** presented enlarged and hypoechoic with scalloping contour measuring 1.5 cm width. The spleen was folded upon itself.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele formation, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

The **small intestine** revealed hyperperistalsis, excessive gas and variable thickening with soft stool noted in the colon. The distal small intestine presented with a region in particular that was thickened measuring up to 0.50 cm. Some loss of mural detail was noted.

Pancreas

The right base of the **pancreas** in this patient revealed mixed hypoechoic parenchymal changes with hyperechoic surrounding fat.



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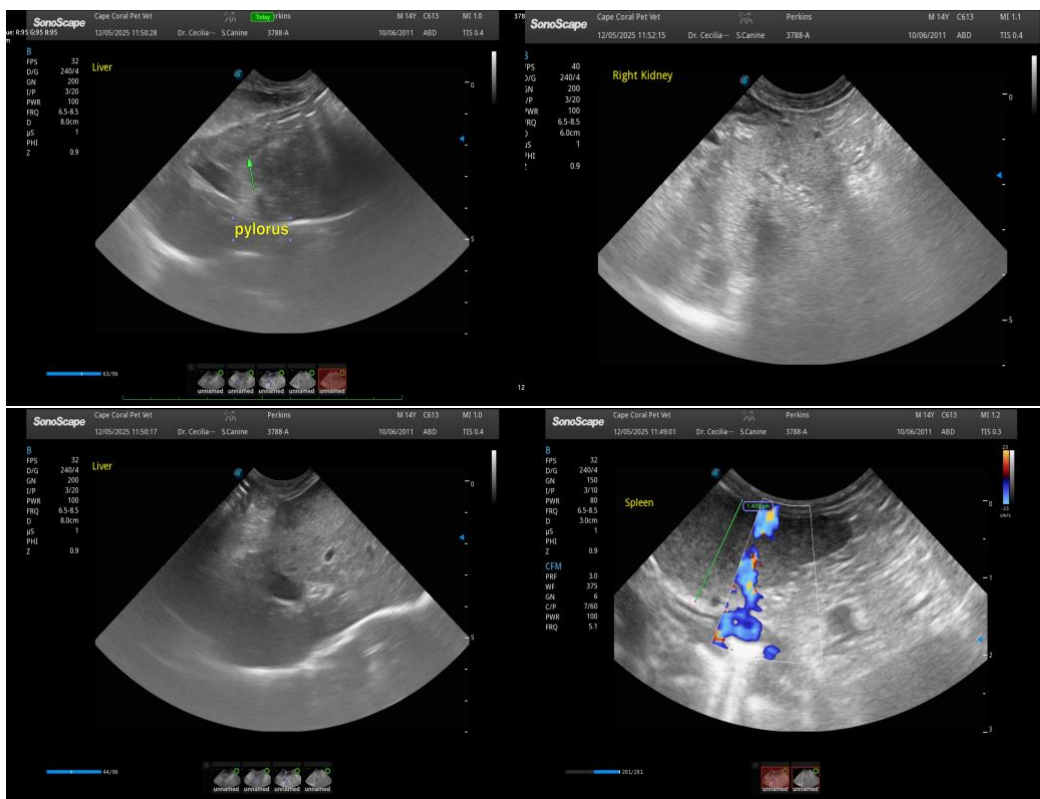
12/05/25

ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with mineralization.
- Folded spleen.
- Age-related hepatic changes with gallbladder sludge.
- Left adrenal nodule.
- Enterocolitis pattern with pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intestinal resection and anastomosis may be necessary on the portion of the jejunal thickening. IV fluid support, plasma expanders, pain management and broad-spectrum antibiotics are all indicated. Recheck sonogram in 48-72 hours, earlier if clinical decline is occurring.





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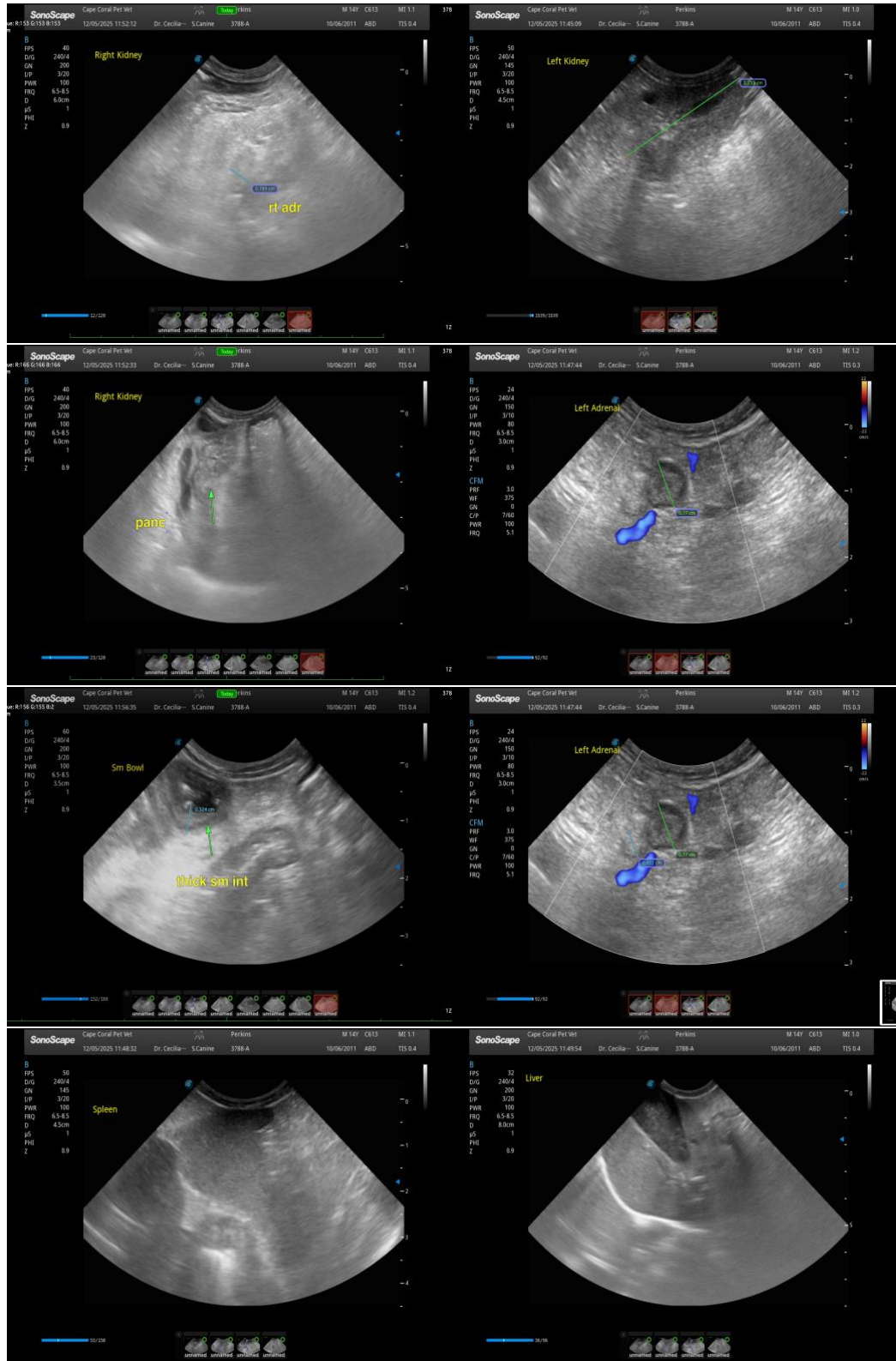
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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