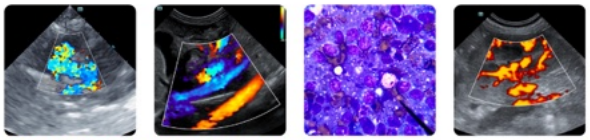

PATIENT

Oliver Montgomery

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

7 ½ years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beachy

HOSPITAL NAME

Linn VH

REFERRING VET

Dr. Cooper

INVOICE

69460

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Progressive lethargy, urinary incontinence. P was seen 12/5 for initial PE. Symptoms had been present for 5 days before examination. Was seen for a follow-up appointment yesterday, 12/8/25, with progressive symptoms over the last 24 hours. He has vomited water a couple of times, most recently yesterday. Appetite and water intake are difficult to monitor due to another dog in the house, but he still shows interest in food. Bowel movement status is unknown. He is not on any medications. Abnormal PE/Chem/CBC/UA Results: Emotional Assessment: Quiet and subdued. Musculoskeletal: Mobility is normal, walking wnl. Abdominal: Bladder is full on palpation. Neurologic: Appears dull. Decreased anal sphincter tone. Urogenital: Prostate is normal on palpation. Bladder is distended. Rectal: Mild anal tone. Dry feces are palpable. BW Attached

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. A trace amount of sand was noted. Grouping of which measured 0.5 cm and was non-obstructive. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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 6.6 cm. The right kidney measured 6.0 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.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease. Mild, irregular swelling was noted to the spleen.

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

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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

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

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.

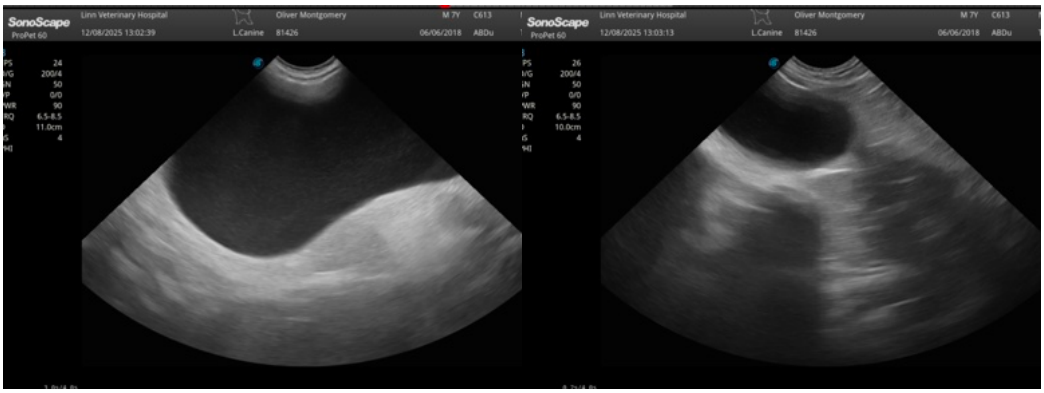
ULTRASONOGRAPHIC FINDINGS

Splenomegaly with occasional nodular change, subjectively benign.

Minor bladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bladder sand may be playing a role in the lower urinary tract signs. The cause of neurological changes is unknown. Full CNS examination +/- skull CT is indicated. I cannot rule out an early infiltrative process. 25-gauge FNA of the nodules and general splenic parenchyma is recommended.



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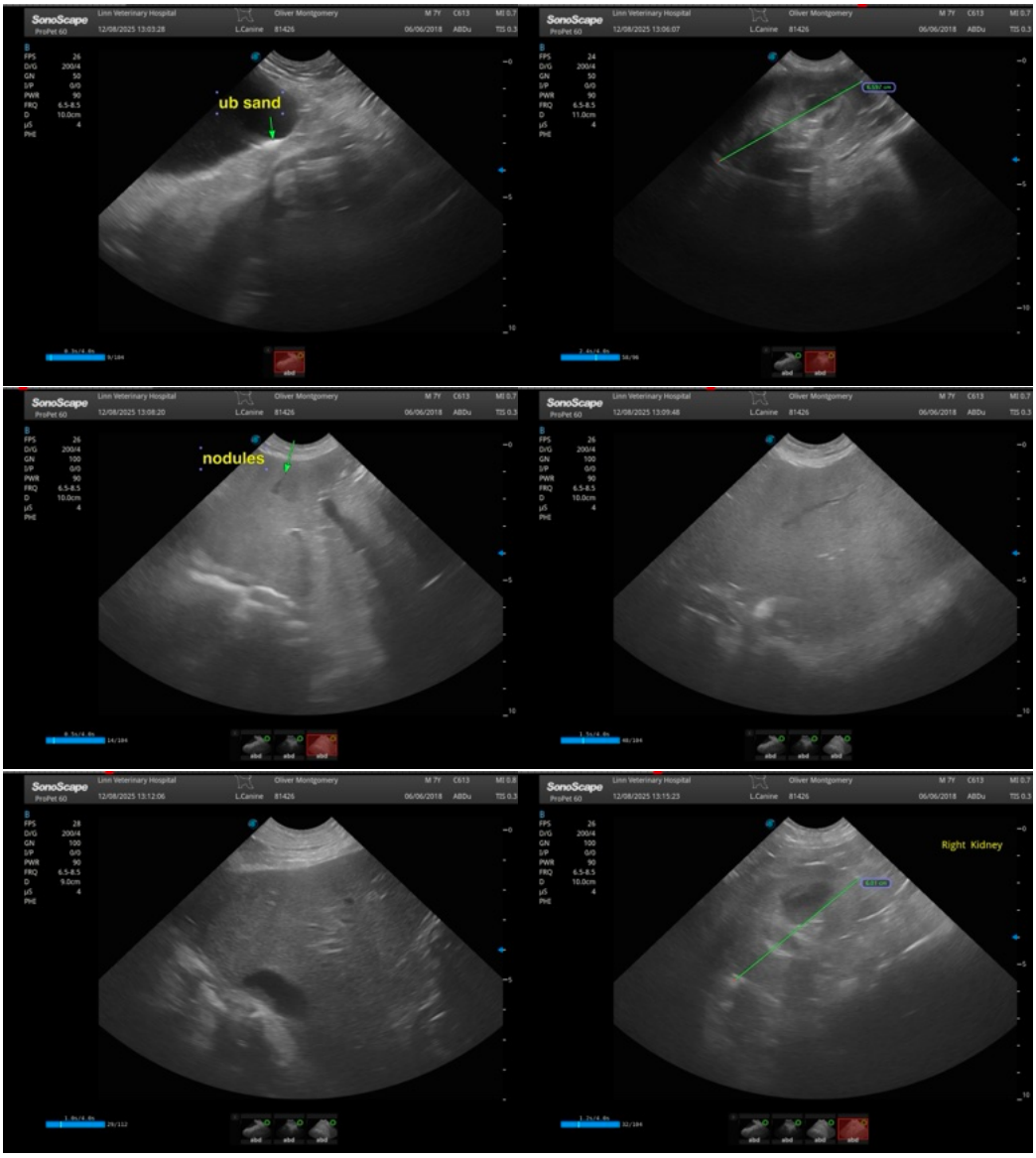

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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