



PATIENT

Hal Clark

PRESENTING CLINICAL SIGNS

- Hx of thyroid dz looking for causes. Owner reports doing well at home

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Lab

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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.

SEX

Neutered Male

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 5.95 cm in length. The right kidney measured 6.71 cm in length.

AGE

10

Adrenal Glands

WEIGHT

98

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 left adrenal gland measured 2.1 cm x 0.42 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland measured 1.9 cm x 0.84 cm width at the cranial pole and 0.56 cm width at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV,
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IVUSS

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.

IMAGING PERFORMED BY

Jenn

Liver

HOSPITAL NAME

Rockaway Animal
Hospital

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.

REFERRING VET

Dr. Maniar

INVOICE

13712

Gastrointestinal

DATE

02/12/26

The **stomach** presented with a 3.0 cm to 5.0 cm shadowing structure in the pyloric outflow. No stasis was present behind the structure, however, this is consistent with hard dense foreign body. The small intestine and colon were unremarkable.

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.

SPECIES

Canine

Free Abdomen

A large lipoma was noted in the cranial abdomen.

BREED

Lab

ULTRASONOGRAPHIC FINDINGS

- Cranial abdomen lipoma with gastric foreign body.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention is recommended as well as gastrotomy and GI biopsies to rule out underlying disease.

AGE

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WEIGHT

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Hospital

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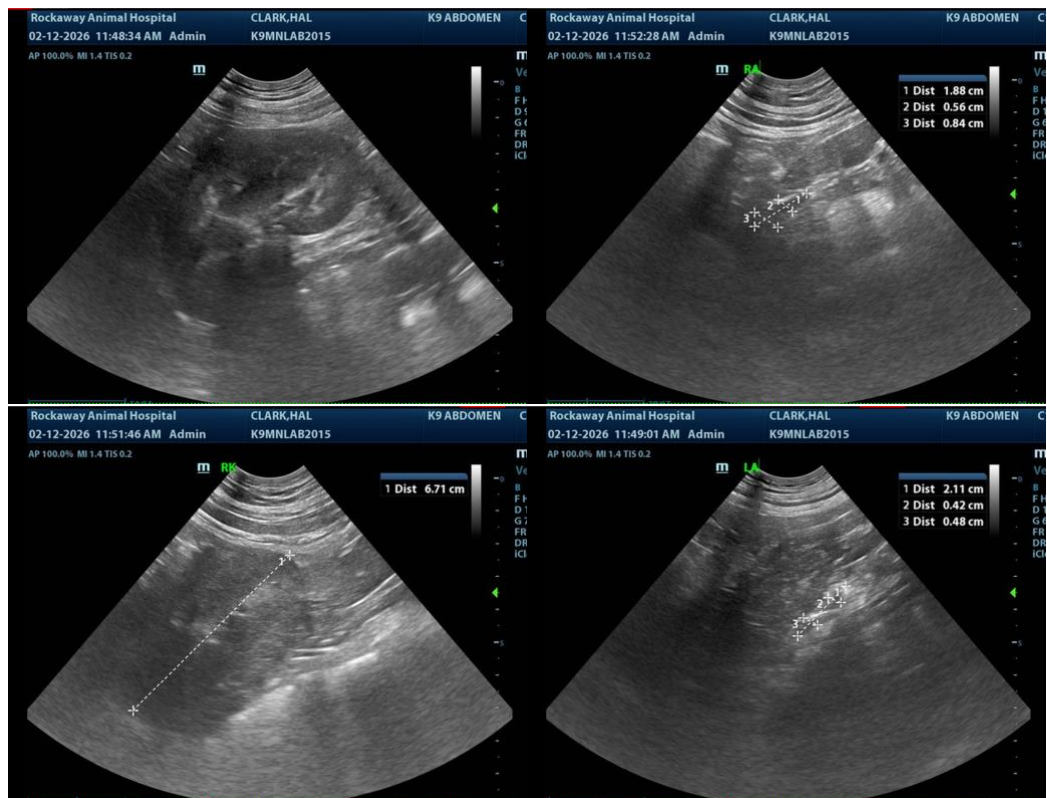
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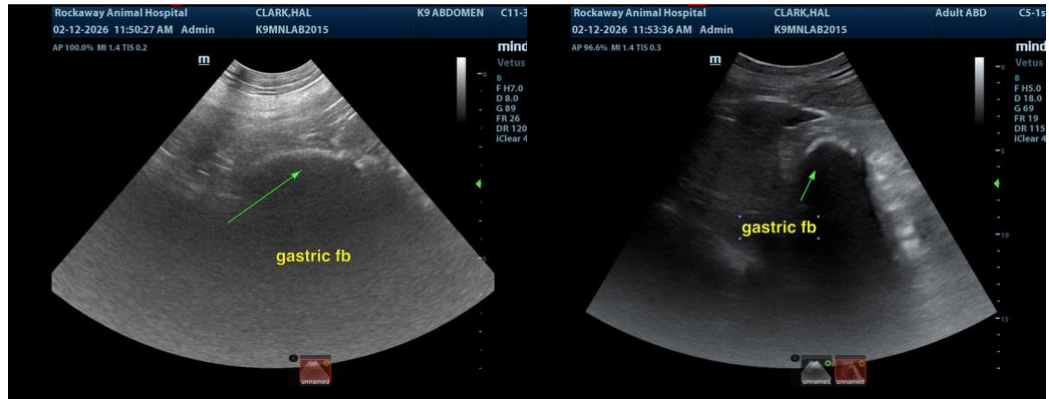
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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