



## PATIENT

Cooper Cernera

## SPECIES

Canine

## BREED

Terrier x

## SEX

Neutered Male

## AGE

3 Years

## WEIGHT

41 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Alexandra Pasaturo

## HOSPITAL NAME

Greater Staten Island  
Veterinary Service

## REFERRING VET

Dr. Alexandra Pasaturo

## INVOICE

72974

## DATE

2/14/26

## PRESENTING CLINICAL SIGNS

Cooper presented last night after owner found him laterally recumbent, and minimally responsive. Just prior Cooper was his normal self, eating jumping playing etc. No known toxin or medication ingestion. No recent vaccines Presented for further eval

Abnormal PE/Chem/CBC/UA Results: Abnormal PE: Lateral, hypothermic, dehydrated, bradycardic, pale pink tacky MM, hypotensive Diagnostics 2/13/26: CSL: eos 0.03 (0.06-1.23), baso 0.22 (0.00-0.10), chol 488 (110-320) BG 104 g/dl Chest xrays: NSF AXR- gastric material present in stomach, gas distended colon 4DX SNAP - Anaplasma + TICK PCR- pending

## 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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 3.6 cm. Right kidney measured 5.5 cm.

### Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

### 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 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 a minor excessive inspissated bile, likely owing to anorexic state. No evidence of mucocele formation.

### 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.



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## Pancreas

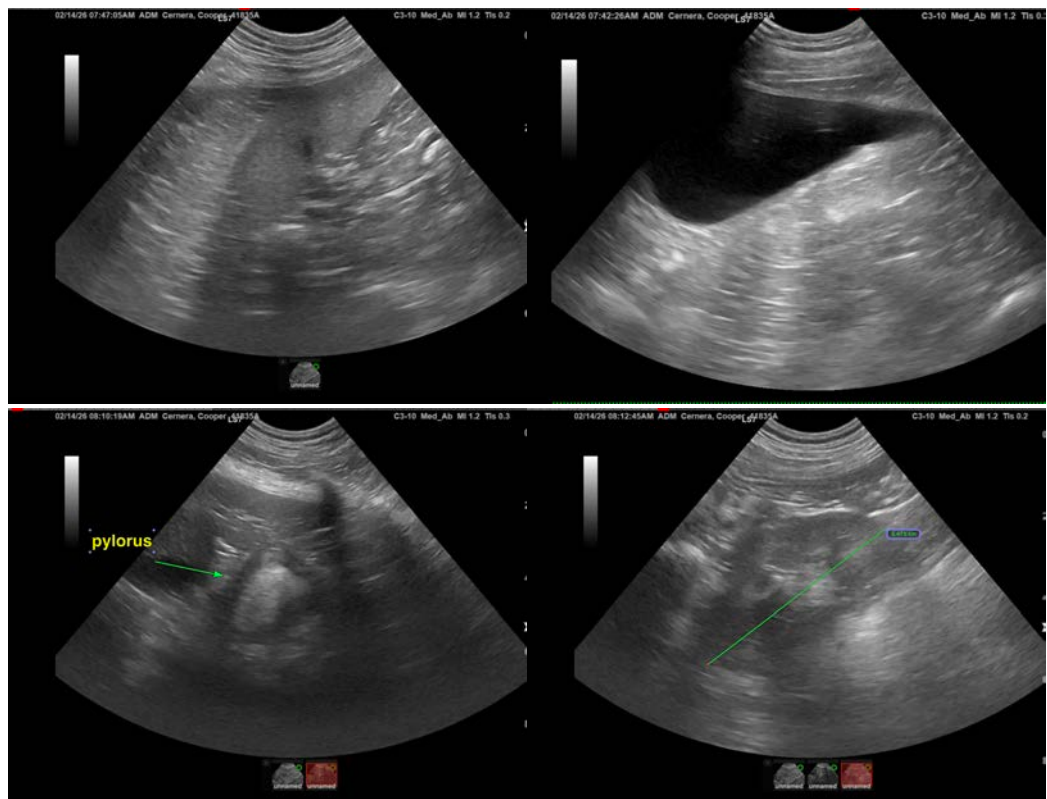
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen with non-visible adrenal glands.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider potential Addisonian crisis. Otherwise, no evidence of visceral disease responsible for the clinical signs. Thoracic examination +/- echocardiogram indicated.





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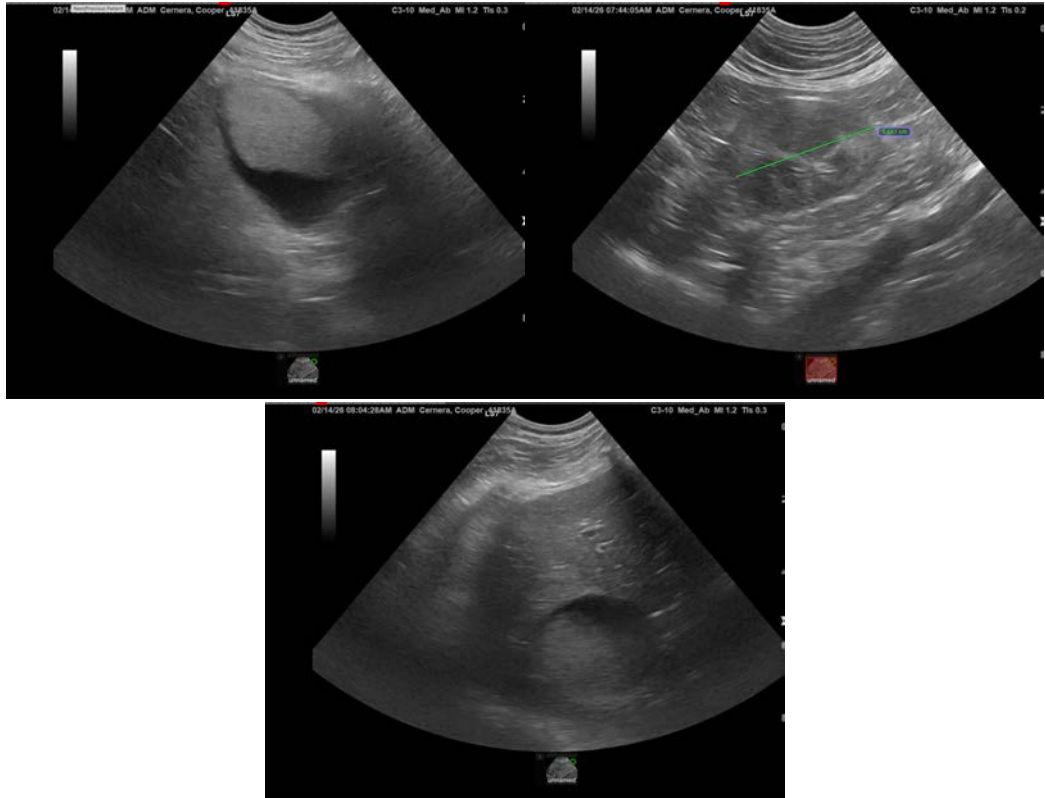
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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