



## PATIENT

Odin Scruggs

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Neutered male

## AGE

8 years

## WEIGHT

18.5 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Kathleen Laux

## HOSPITAL NAME

Rondout Valley  
Veterinary Associates

## REFERRING VET

Dr. Laux

## INVOICE

71145

## DATE

2/2/26

## PRESENTING CLINICAL SIGNS

Patient has stopped eating his hard kibble. Will eat wet food but a change from his usual. Bloodwork and oral exam do not show anything significant. Abnormal PE/Chem/CBC/UA Results: NSF

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 **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 right kidney measured 5.25 cm. The left kidney measured 3.53 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. The left adrenal gland measured 1.84 x 0.56 cm at the cranial pole and 0.45 cm at the caudal pole. The right adrenal gland measured 1.36 x 0.3 cm at the cranial pole and 0.4 cm at the caudal pole.

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

### 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 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.



**PATIENT**

**Gastrointestinal**

Odin Scruggs

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal.

**SPECIES**

Canine

Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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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Terrier Mix

**Pancreas**

**SEX**

Neutered male

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen with age related changes.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of visceral pathology responsible for the clinical history. Other causes of hyporexia such as orthopedic pain or upper oral or esophageal disease, CNS and thoracic disease should all be considered. Abdominally the viscera appears unremarkable.

**IMAGING PERFORMED BY**

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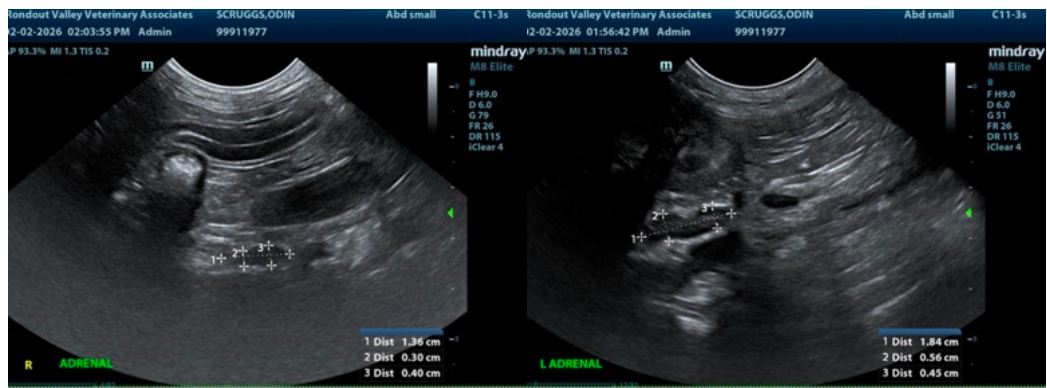
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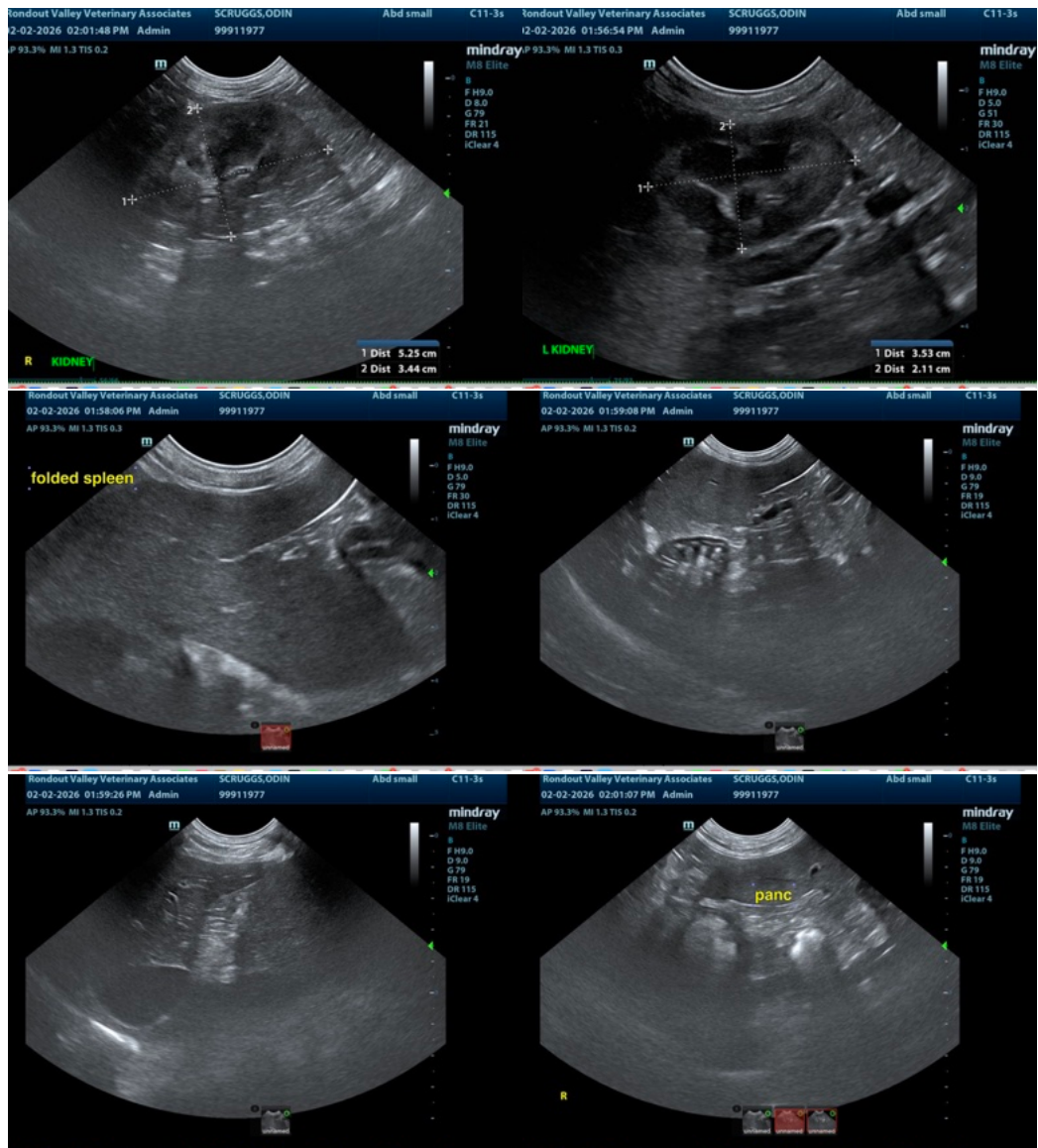
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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