



PATIENT

Jaxon Poate

SPECIES

Canine

BREED

Jack Russell Terrier X

SEX

Neutered Male

AGE

15 Years

WEIGHT

7.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Celine Ward

HOSPITAL NAME

Kenora VC

REFERRING VET

Dr. Celine Ward

INVOICE

36169

DATE

3/10/26

PRESENTING CLINICAL SIGNS

- PUPD, mild weight loss, Grade 5/6 heart murmur
- Usg 1.049, 100mg/dl protein, bacteruria, some discharge from penis and licking penis
- ALKP mod increased
- ALT mildly increased
- Medications - Pimobendan BID, Recently finished 7 day course Clavaseptin for UTI

** The images sets were tripled.

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 residual prostate measured 0.86 cm. Pre- and post-prostatic urethra were unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 4.5 cm. The right kidney measured 4.6 cm.

Adrenal Glands

The **left adrenal gland** caudal pole was visualized obliquely, measuring approximately 0.5 cm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen was displaced caudally.

Liver

A large mass was noted in the area of the left lateral **liver** (presumed to be liver), measuring approximately 8.0 cm. Some age-related parenchymal remodeling was noted otherwise. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

Gastrointestinal



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

Pancreas

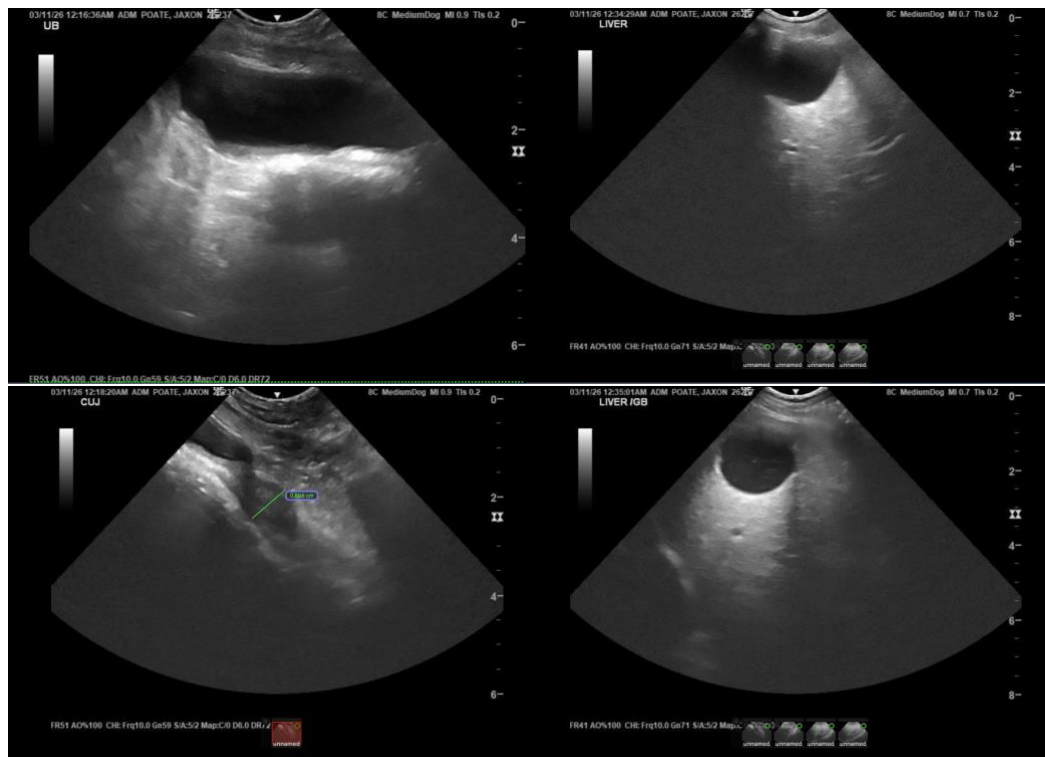
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

ULTRASONOGRAPHIC FINDINGS

- Cranial abdominal mass, presumed to be hepatic- FNA of the mass is indicated to confirm.
- Spleen displaced caudally
- Partially full stomach
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is indicated for surgical planning.





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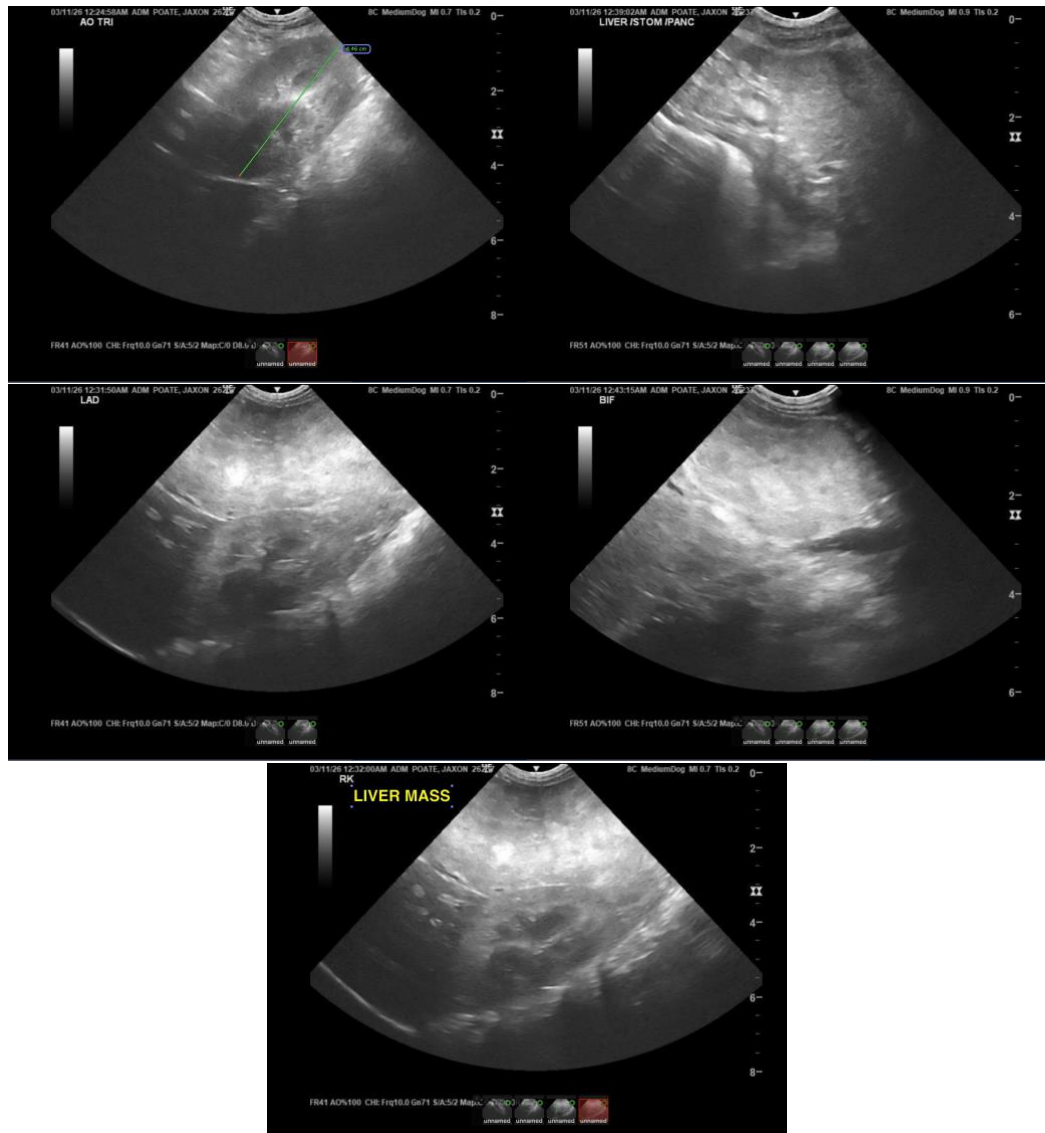
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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