

## PATIENT

Jingle Sarcona

## SPECIES

Canine

## BREED

Cavapoo

## SEX

Neutered Male

## AGE

11

## WEIGHT

14.6 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Camille Petrizzo

## HOSPITAL NAME

Greater Staten Island  
VS

## REFERRING VET

Dr. Camille Petrizzo

## INVOICE

36231

## DATE

3/14/26

## PRESENTING CLINICAL SIGNS

- Jingle is a 10 year old MN Cavapoo who presented to the GSIVS ER Department on 3/14/2026 for evaluation of being lethargic and not himself over the last few days.
- He is eating and drinking normally- he is not having any vomiting or diarrhea. Normal urinations.
- Hx of Addison's disease- on DOCP injection- next due next week.
- Owner gives 0.27cc SQ every 28 days (owner should be dose via insulin syringe)
- On Prednisone daily 1.25mg PO
- Last vet visit was ~ 1-2 months ago with home vet where had bloodwork performed (reported within normal limits), but Jingle was also prescribed an antibiotic because he was licking and biting at his feet.
- Abnormal PE/Chem/CBC/UA Results: PE: dehydration, enlarged popliteal lymph nodes, prominent prescapular LN CSL: Crea 1.9 (0.5-1.8) BUN 64 (7-27) CHOL 332 (110-320) Na 124 (144-160) K 6.3 (3.5-5.8) Cl 108 (109-122) HCT 35.8 (37.3-61.7) MCV 55.9 (61.6-73.5) MCHC 40.2 (32.0-37.9) PLT 492 (148-484) CXR: mild bronchial pattern present, normal cardiac silhouette Blood pressure: 108mmHg Lymph node aspirates: pending to Antech

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is a minor change, most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate measured 5.0 mm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Nephrolithiasis was noted in the kidneys, the calculi were nonobstructive. The kidneys measured approximately 4.0 cm each.

### *Adrenal Glands*

The **left adrenal gland** was not visible.

The **right adrenal gland** was flattened.

### *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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. 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. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**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**

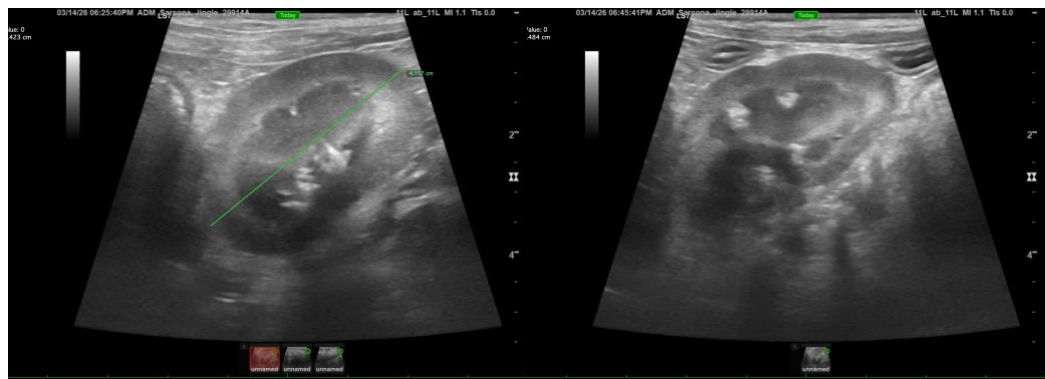
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Nephrolithiasis
- Mild cystitis bladder pattern
- Not visible left adrenal gland/flattened right adrenal gland- Emerging Addisonian crisis may be playing a role.
- Age-related hepatic changes
- No other evidence of pathology.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urinary work up is warranted to assess for any evidence of UTI given the bladder presentation.





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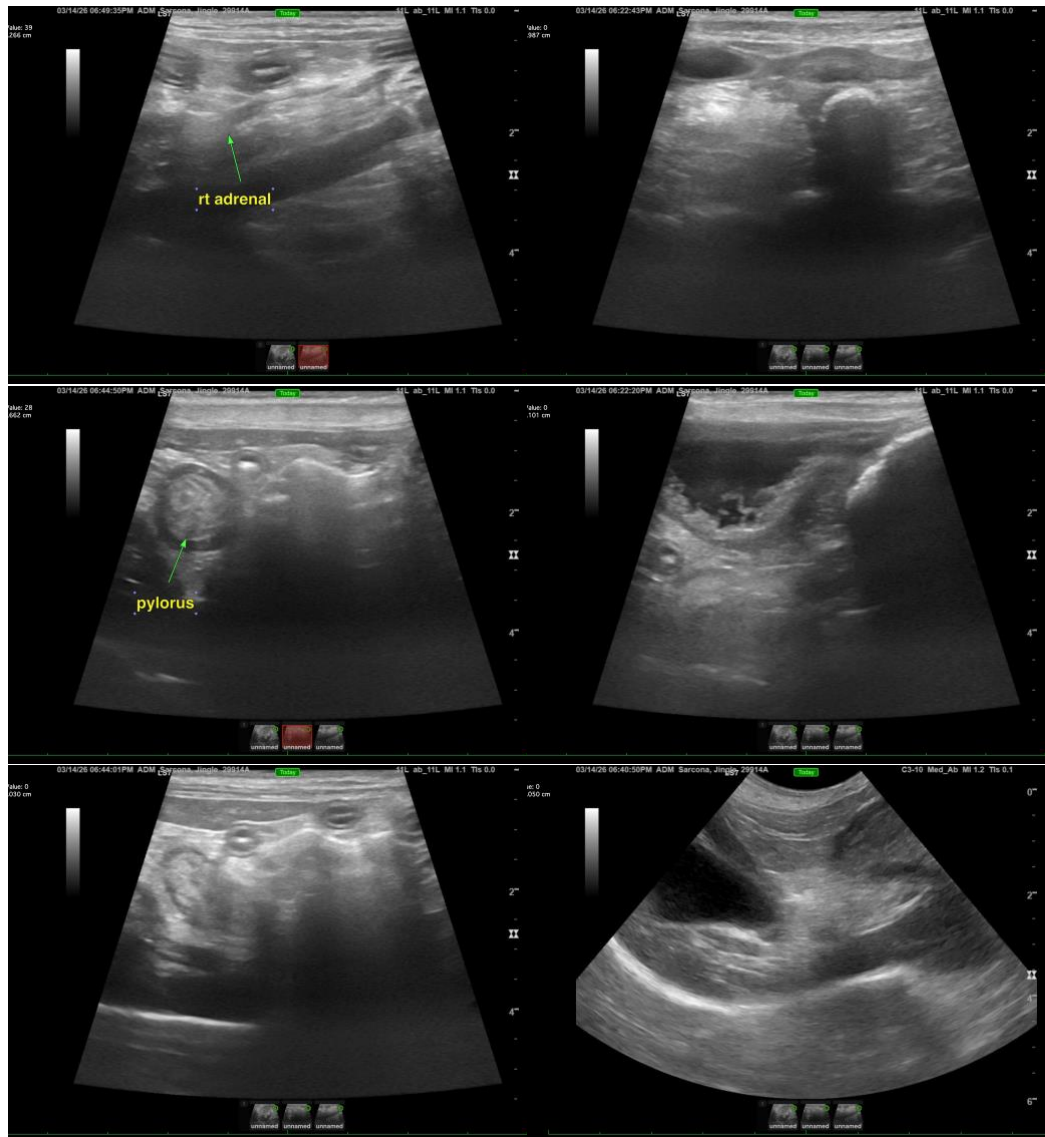
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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