



PATIENT

Moose Hopkins

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

10 Years

WEIGHT

16.94 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura Klaassen

HOSPITAL NAME

Animal Care Group of
Lake Oswego

REFERRING VET

Dr. Laura Klaassen

INVOICE

73906

DATE

3/21/26

PRESENTING CLINICAL SIGNS

Recheck gall stones after ursodiol therapy. No clinical signs.

Abnormal PE/Chem/CBC/UA Results: Rechecking lab work today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a small sand granule, non-shadowing. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The residual prostate measured 0.78 cm.

The **kidneys** presented similar changes as on the prior sonogram, with pinpoint mineralizations, non-obstructive. The left kidney measured 4.0 cm. The right kidney measured 4.0 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. Left measured 0.40 cm. Right measured 0.50 cm.

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** presented similar uniform parenchyma and minor heterogeneous age related changes, similar to the prior sonogram. The gallbladder calculus was no longer present. Minor suspended striating bile noted, not pathological.

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.



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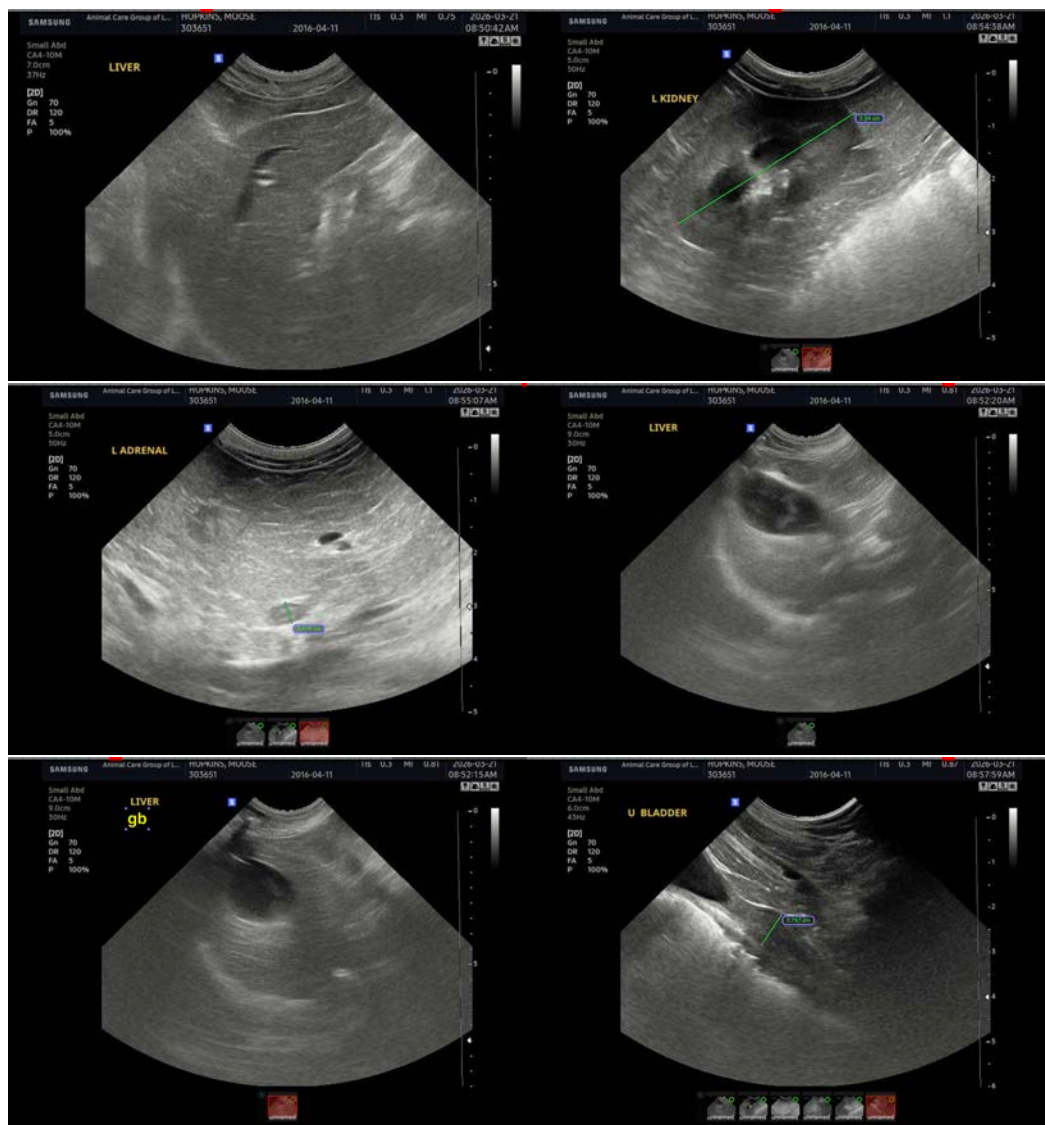
3/21/26

ULTRASONOGRAPHIC FINDINGS

- Non-shadowing small bladder concretion.
- Minor renal mineralizations.
- Resolved gallbladder calculus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically from the kidneys to the lower urinary tract, yet no obstructive disease noted. The concretion in the bladder should be medically manageable. No evidence of clinically significant disease. Urinalysis workup warranted if not already performed.





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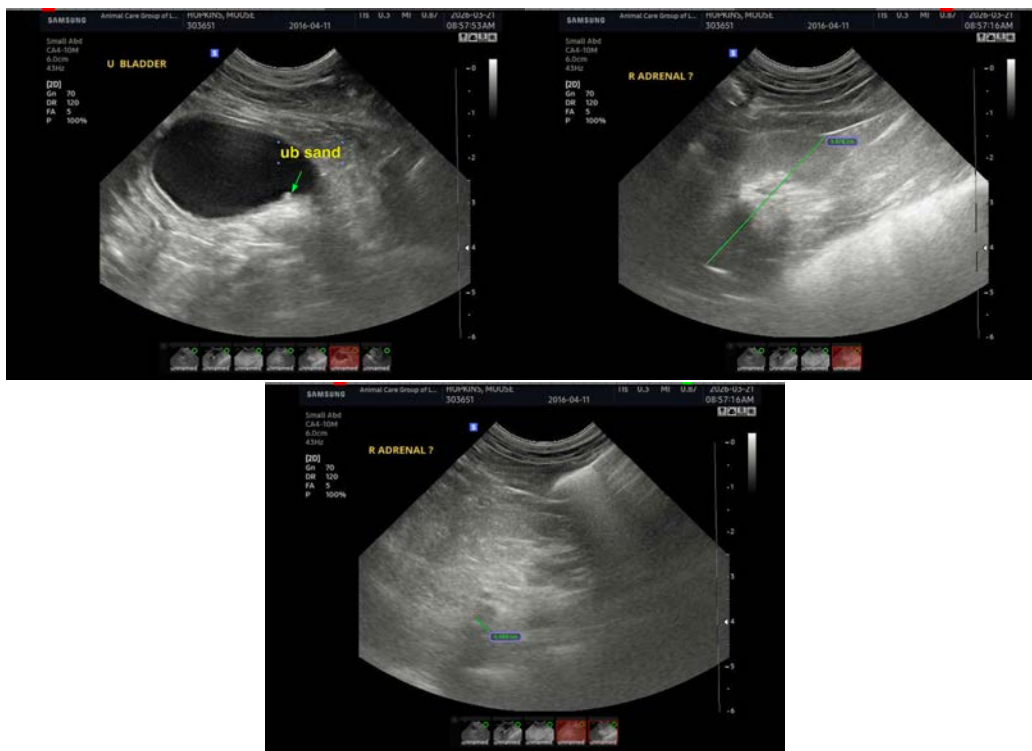
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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