



## PATIENT

Leon Apollo

## SPECIES

Canine

## BREED

Cockapoo

## SEX

Neutered male

## AGE

6 years

## WEIGHT

26.5 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Mayra Sanchez

## HOSPITAL NAME

Sunset AH

## REFERRING VET

Dr. Sanchez

## INVOICE

73721

## DATE

3/23/26

## PRESENTING CLINICAL SIGNS

- Presented to ER on Saturday evening for lethargy; patient was febrile
- Blood work at ER showed extreme Leukopenia (Neutropenia) and mild anemia
- Improved since AB injection given at ER
- No fever today but energy level still decreased and now patient is also constipated
- No V/D/C/S
- PE: NSF CBC: WBC 2.11, NEU 0.58, LYM 0.91, EOS 0.05, HCT 35.6, HGB 12.9 CHEM: NSF 4DX: all negative UA: NSF, USG 1.048 Radiographs: hepatomegaly

## 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 left kidney measured 5.45 cm. The right kidney measured 5.7 cm.

### Adrenal Glands

The left **adrenal gland** was flattened and measured approximately 0.3 cm. The left adrenal gland is isoechoic to the surrounding fat. The region of the right adrenal gland was revealed no evidence of pathology.

### 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 was 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 acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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### *Gastrointestinal*

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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. 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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### *Pancreas*

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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.

## WEIGHT

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## ULTRASONOGRAPHIC FINDINGS

## INTERPRETED BY

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Structurally unremarkable abdomen.

Post prandial presentation.

Flattened left adrenal, non-visible right adrenal.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Screening for underlying Addison's would be appropriate in this patient given the patient's age, breed and largely non-visible adrenal glands. Otherwise, infectious agents should be considered. Infectious disease and Addisonian state would explain the clinical history. ACTH stimulation or baseline cortisol is indicated.

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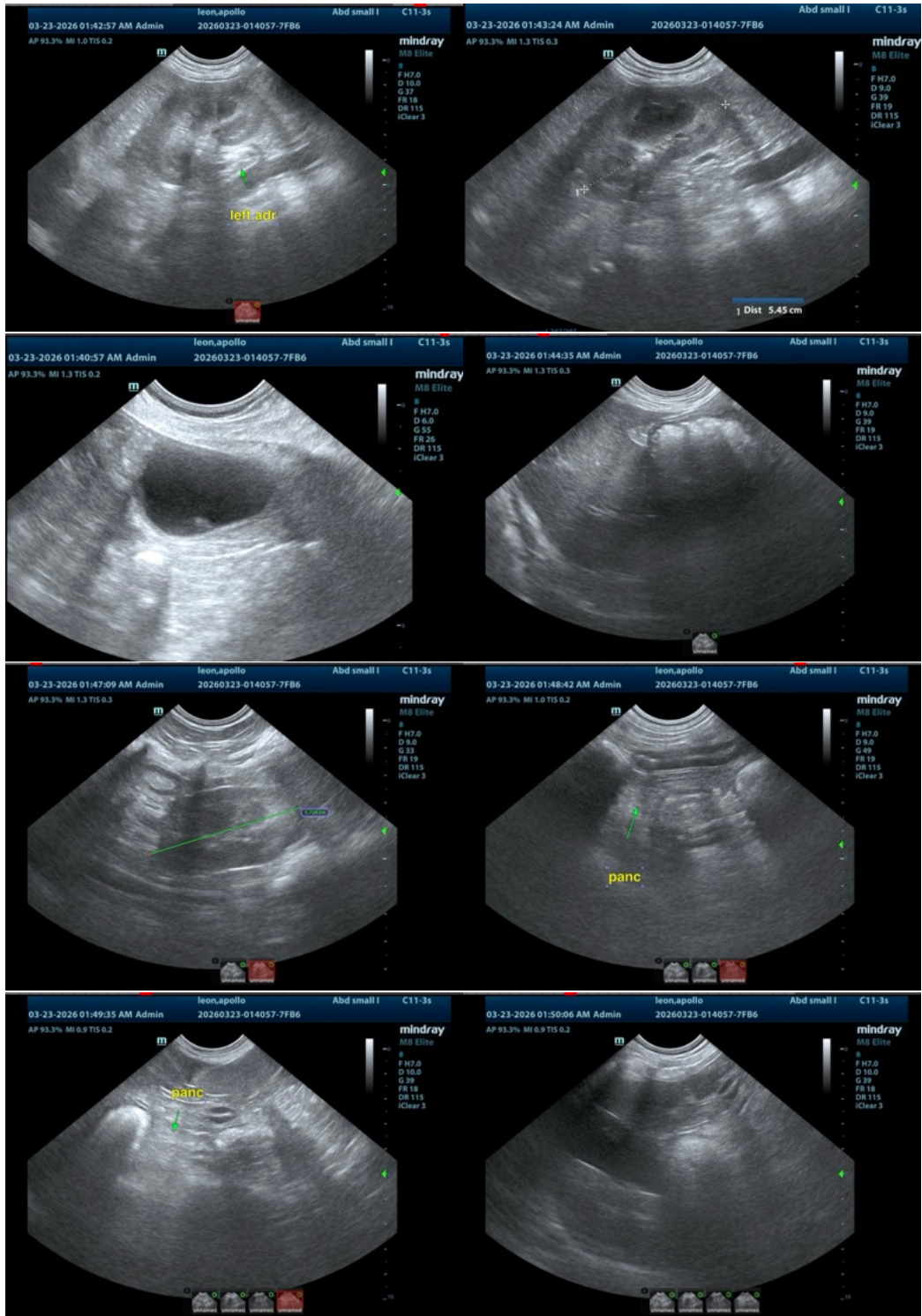
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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