



PATIENT

Murray Faulkner

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered male

AGE

8 years

WEIGHT

84.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

MEW

HOSPITAL NAME

Weddington AH

REFERRING VET

Dr. Walker

INVOICE

73703

DATE

3/23/26

PRESENTING CLINICAL SIGNS

- 8 yo MN canine (doctor/owner of hospital's dog) presented for straining more when defecating and PU/PD. Rectal showed a small polyp like mass on R anal gland. AUS for staging for referral for removal.
- CBC WNL ALP 438, ACTH Stim pending. UA 1.020 USG, 8.5 ph, 2+ protein T4 WNL Chest rads clear

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 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 6.0 cm. The right kidney measured 6.5 cm.

The region of the prostate is unremarkable.

Adrenal Glands

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

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



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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. The descending colon was unremarkable and visible approximately 2.0 cm caudal to the cystourethral junction. There was no gross pathology 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.

Free Abdomen

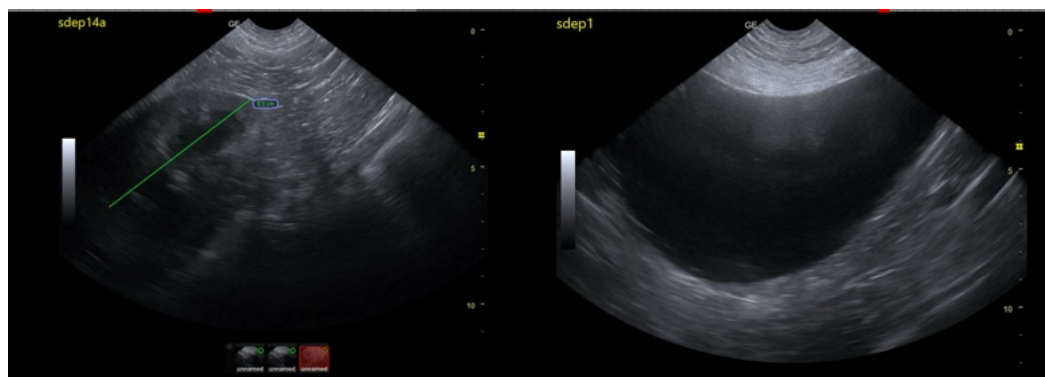
The iliac trifurcation was unremarkable.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen in the visible plains.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no gross pathology. I cannot rule out deep pelvic pathology. Many of the images, especially in the cranial abdomen were excessively dark owing to lack of acoustic penetration. Lower frequency probe use is strongly recommended in this patient or a more powerful machine would be appropriate. Colorectal imaging and perineal imaging may prove fruitful especially with linear probe in this patient or pelvic CT or contrast radiographs with barium enema may all be appropriate.





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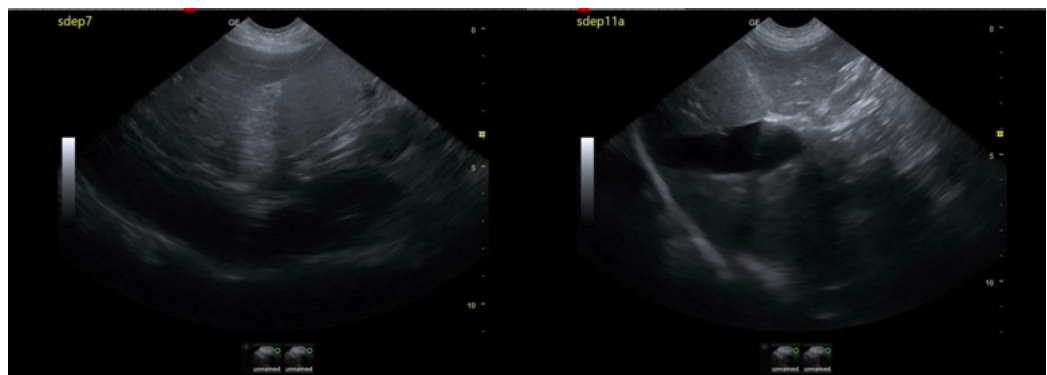
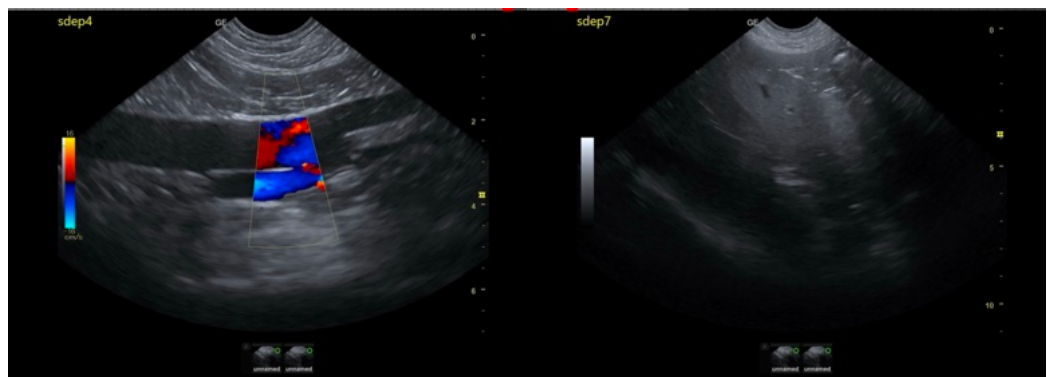
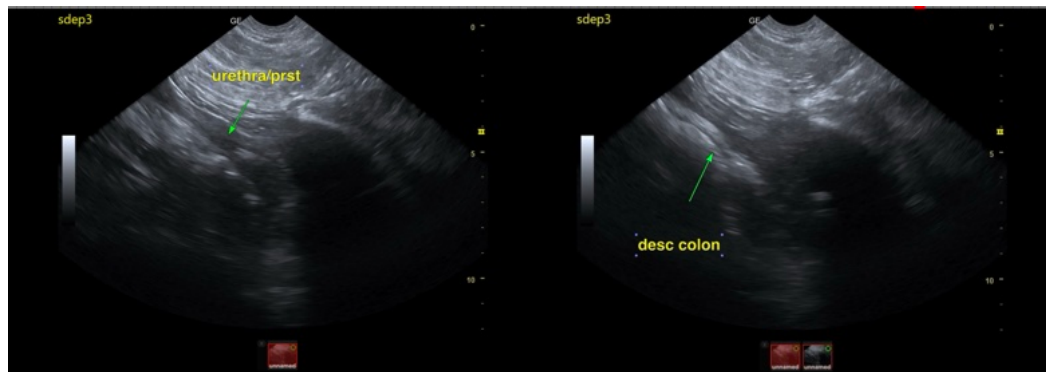
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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