



PATIENT

Smokey Graham

SPECIES

Canine

BREED

Keeshond

SEX

Neutered Male

AGE

7

WEIGHT

17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Haefliger

HOSPITAL NAME

Parkland Veterinary
Hospital

REFERRING VET

Dr. Sarah Haefliger

INVOICE

73488

DATE

3/6/26

PRESENTING CLINICAL SIGNS

On/off restless and painful episodes since Christmas, recent episode most severe. Stretches out, does downward dog, whines constantly, asks to go outside frequently

Abnormal PE/Chem/CBC/UA Results: PE have been unremarkable BW done in January WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a grouping of calculi measuring 1.8 cm. The bladder wall was thickened, with embedded mineralization. Wall thickness measured 0.58 cm in the apical ventral wall. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The iliac trifurcation was unremarkable. A reactive iliac lymph node was noted at 1.7 cm x 0.58 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization noted in both kidneys, non-obstructive. Left kidney measured approximately 5.2 cm. Right kidney measured 5.8 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 0.56 cm. Right measured 0.52 cm at the cranial pole and 0.40 cm at the caudal pole.

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** 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.

Gastrointestinal

The **stomach** was unremarkable. Variable intestinal thickening noted. The mid abdomen revealed an adhesion pattern, with a grouping of intestine and reactive fat noted measuring approximately 5.0 cm.



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Pancreas

The **pancreas** revealed mild hypoechoic, irregular parenchyma with enhanced surrounding fat, suggestive for some level of inflammation.

Free Abdomen

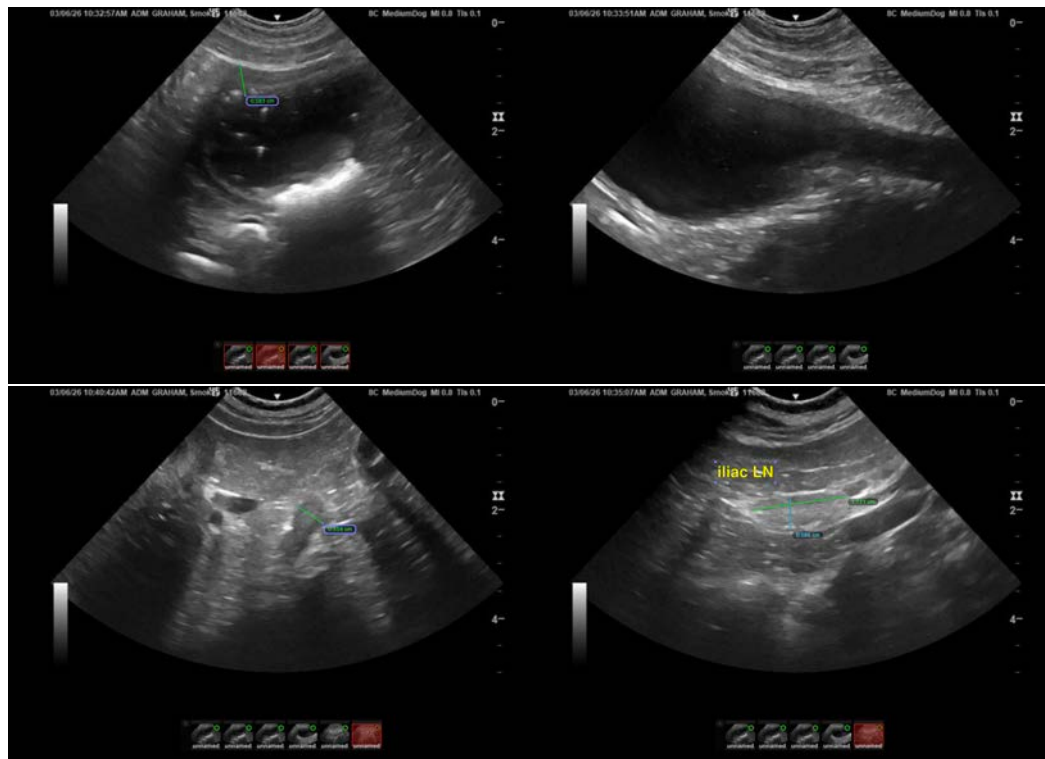
Hyperechoic, organized fat noted in the mid abdomen associated with portions of the small intestine.

ULTRASONOGRAPHIC FINDINGS

- Apical ventral bladder wall thickening, with bladder and renal calculi, non-obstructive at the time of the sonogram – Likely cystitis. I cannot completely rule out potential for carcinoma.
- Variable intestinal thickening with reactive mesentery and a cluster of adhesions and potential neoplastic process in the mid abdomen – The mid abdominal lesion may represent an emerging neoplastic event such as carcinoma. However, it is more likely a granulomatous lesion owing to probable underlying intestinal insult yet should be surgically addressed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has likely been passing calculi periodically from the kidneys to the bladder, which may be contributing to the clinical signs. Recommend exploratory surgery in this patient with examination of the cluster of adhesions and underlying tissue and removal, which will likely involve resection and anastomosis, as well as cystotomy, stone analysis and culture. Bladder wall biopsy or removal of the cranioventral third of the bladder would be appropriate.





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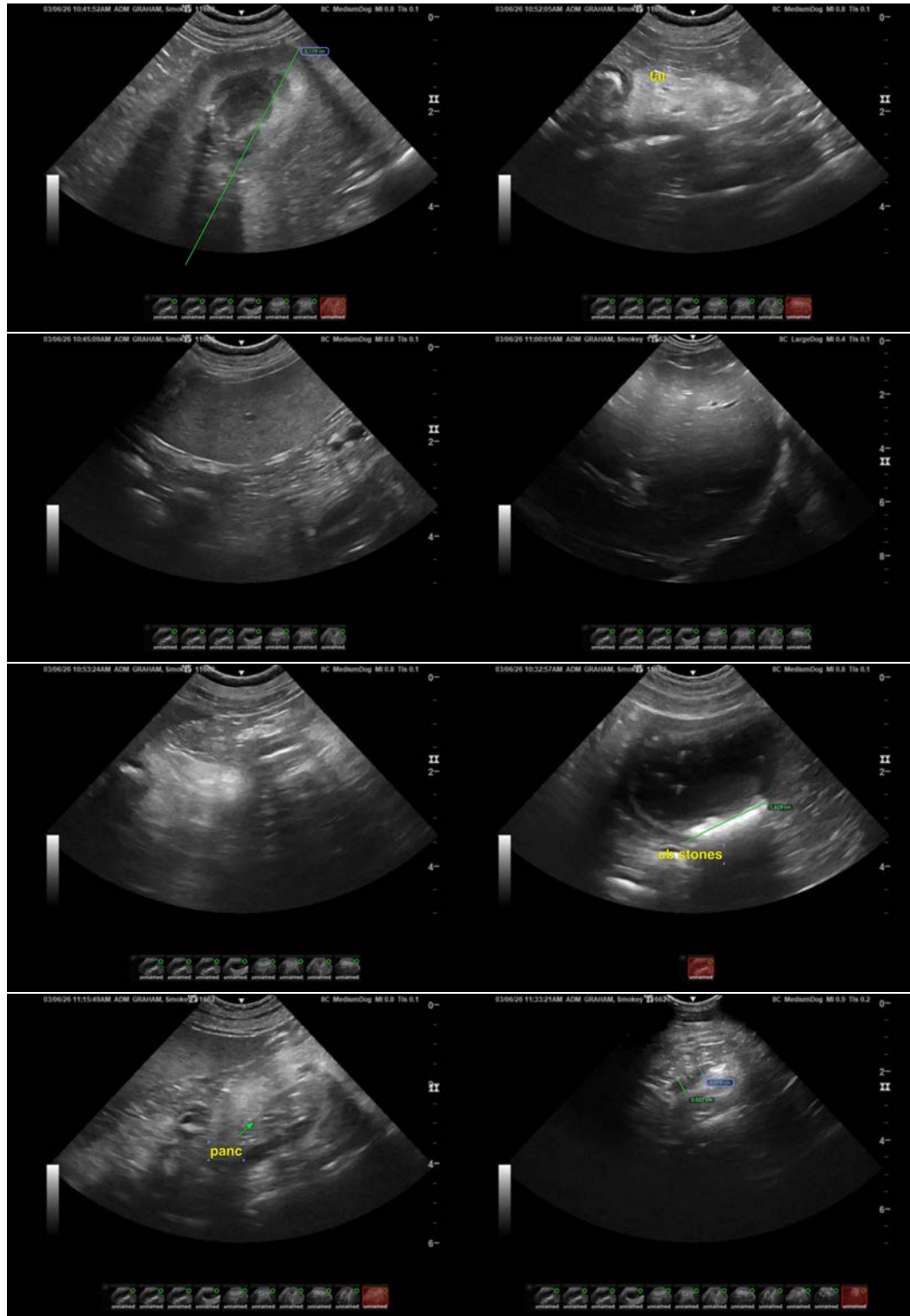
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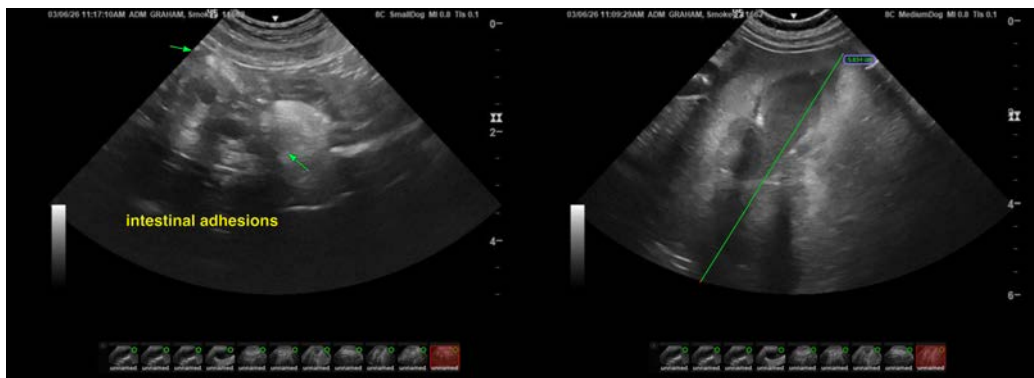
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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