



PATIENT

Pluto York

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Neutered male

AGE

11 years

WEIGHT

61.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carissa Hayden

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Redus

INVOICE

74107

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- cPL came back really high.
- Has been acting fine and eating and drinking normal.
- PE: Looked healthy CBC: Reticulocyte Hemoglobin 21.3pg, WBC 5.0K/uL, Lymphocytes 0.9K/uL. CHEM: Total Protein 7.6g/dL, ALP 487U/L, Lipase 1,323U/L, Spec cPL 1,709ug/L, Cardiopet proBNP (Canine) 1,003pmol/L.

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 3.0 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.3 cm. An anechoic cyst was noted in the dorsal cortex of the left kidney. The right kidney measured 6.3 cm. Blood flow of the kidneys appeared to be adequate.

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. The left adrenal gland measured 2.12 x 0.89 cm at the cranial pole and 0.69 cm at the caudal pole. The right adrenal gland measured 2.55 x 0.95 cm at the caudal pole and 0.94 cm at the cranial pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed coarse architecture with increased portal markings and mild generalized enlargement. The gallbladder and common bile duct were unremarkable.



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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. Shadowing luminal material was noted in the stomach and measured 3.3 cm. This cannot be separated from the gastric wall in the image set provided. The small intestine and colon were unremarkable.

Pancreas

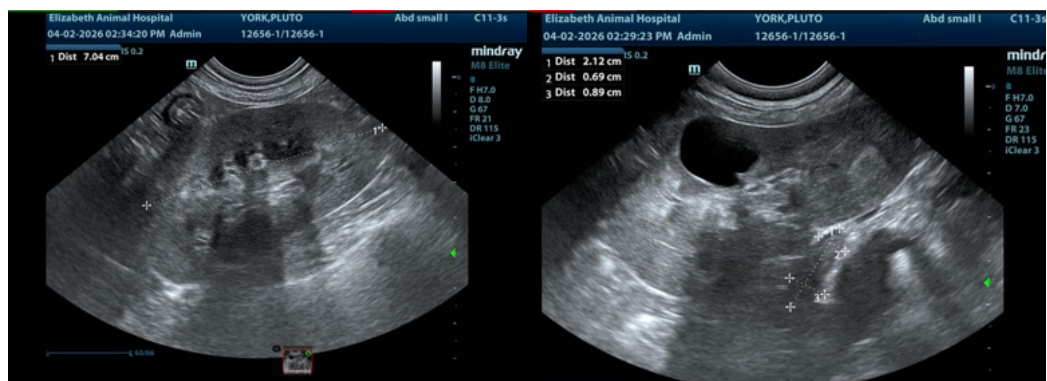
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Shadowing luminal material in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24 hour n.p.o. is recommended with recheck sonogram at n.p.o. status. If the structure is persistently present then gastrotomy is indicated.





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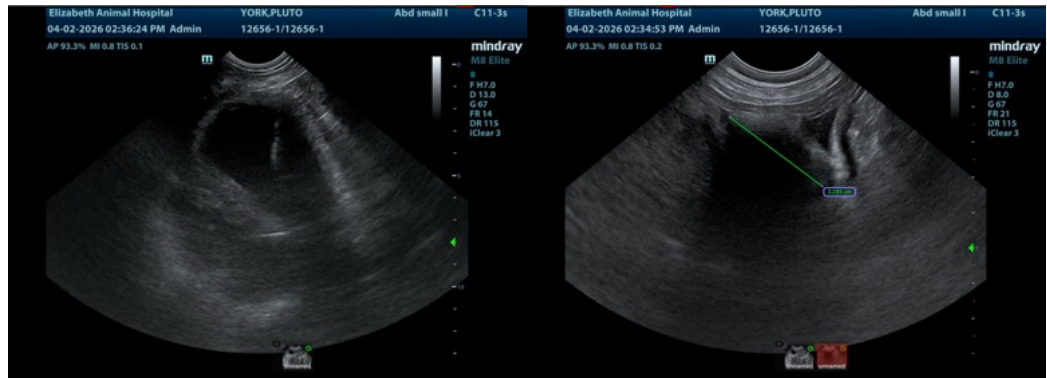
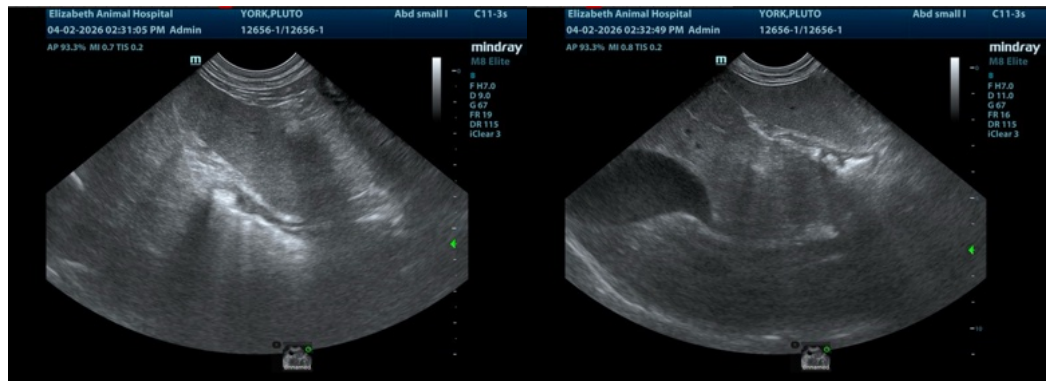
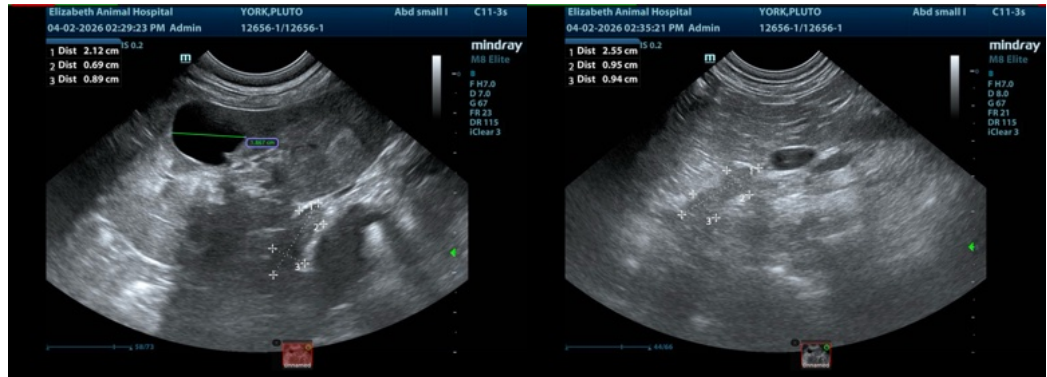
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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