



PATIENT

Michael Brisco

SPECIES

Canine

BREED

Terrier

SEX

Neutered male

AGE

11 years

WEIGHT

15 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency
Veterinarians of Idaho,
LLC

REFERRING VET

Dr. Schacher

INVOICE

74904

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: vomiting, lethargy, low temperature
Baseline cortisol too low to read, Na: K 16:1, azotemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented mild hypertrophy with anechoic urine. A minimal amount of urine was present at the time of sonogram. Some of the hypertrophy may be recoil owing to lack of volume. The bladder wall measured 0.57 cm.

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. Blood flow was minimal. The left kidney measured 3.0 cm in length. The right kidney measured 3.5 cm.

Adrenal Glands

The **left adrenal gland** was subnormal in size and measured 0.2 cm in width. The region of the right adrenal gland was imaged with 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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

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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. Reactive mesentery was noted associated with the small intestine.

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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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ULTRASONOGRAPHIC FINDINGS

Small left adrenal gland.

WEIGHT

15 lbs

Non-visible right adrenal gland.

Reactive mesentery associated with the small intestine.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal gland is likely not visualized due to subnormal size. Structurally unremarkable and the clinical presentation is strongly consistent with Addison's. Management for Addison's is indicated with GI protectant protocol. Full ACTH stimulation is indicated.

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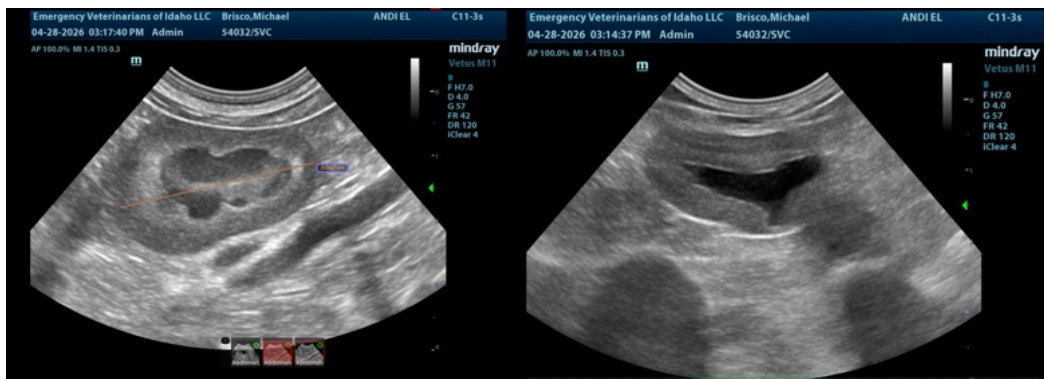
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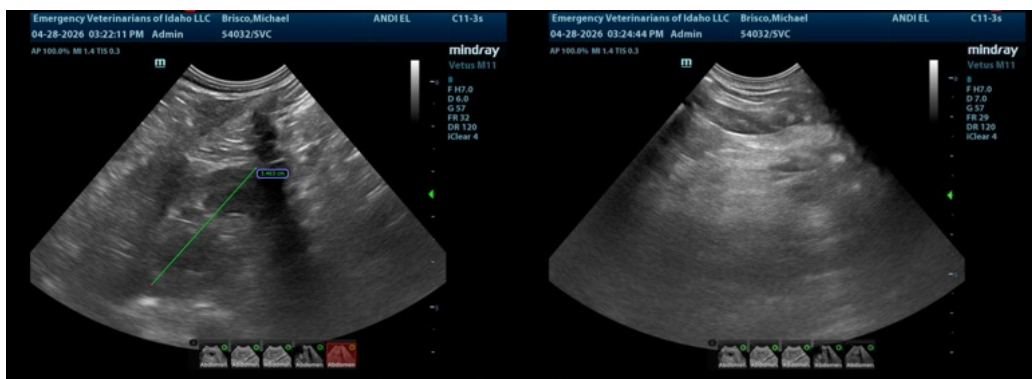
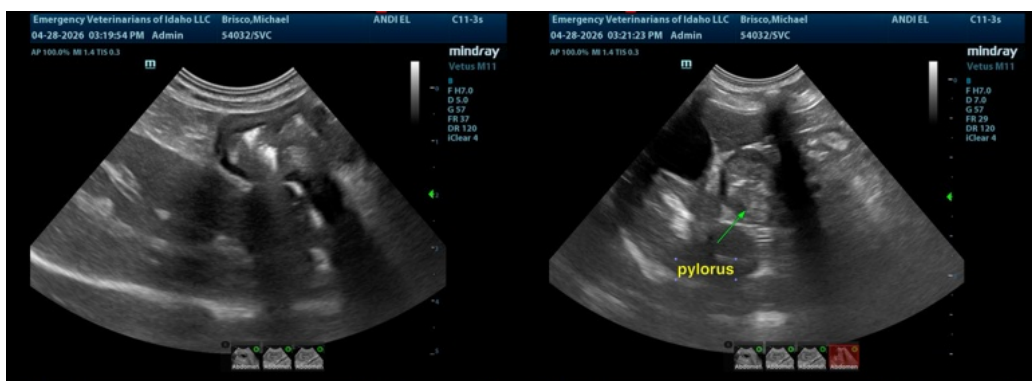
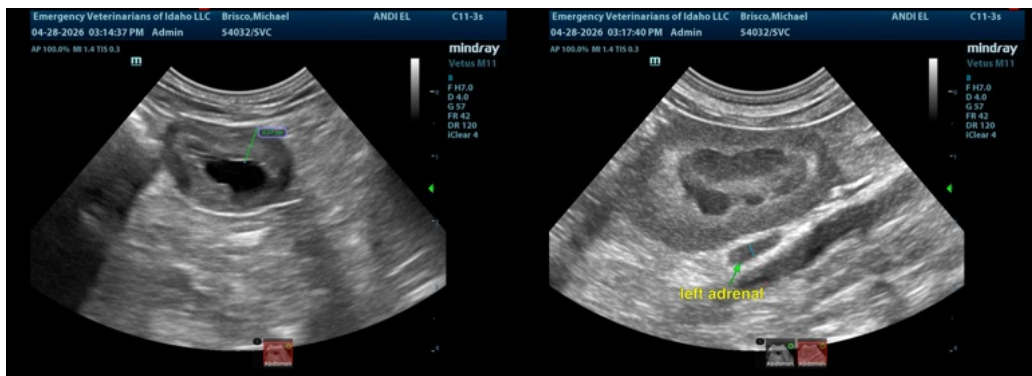
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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