



PATIENT

Cooper Kohl

SPECIES

Canine

BREED

Border Collie Mix

SEX

Male

AGE

7 Years 5 Months

WEIGHT

43.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

15576

DATE

04/29/26

PRESENTING CLINICAL SIGNS

Presents for decreased appetite, anorexia, and straining to defecate without observed bowel movement. Previous severe pancreatitis: prior abscess drained. Treated with Panoquel (3-day course) for inflammation during last episode. Diet: tilapia, cod, chicken breast, hamburger at noon; no treats. Appetite: decreased, not eating well, will not eat until older (per client). No vomiting reported. Defecation: straining 2-3x at night, no observed bowel movement, no mucus or liquid

Abnormal PE/Chem/CBC/UA Results: HGB 18.8, MCH 25.9, PLT 517, ALP 260, Glucose 116 4/7/26
ULTRASONOGRAPHIC FINDINGS: Extensive pancreatitis and likely pancreatic abscessation. Potential for carcinoma; Portion of duodenum suggestive for necrosis, potential neoplastic event.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 were 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 in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The **left adrenal gland** was 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 0.64 cm width at the cranial pole and 0.60 cm width at the caudal pole.

The **right 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 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.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end 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. Duodenal spasming was noted.

Pancreas

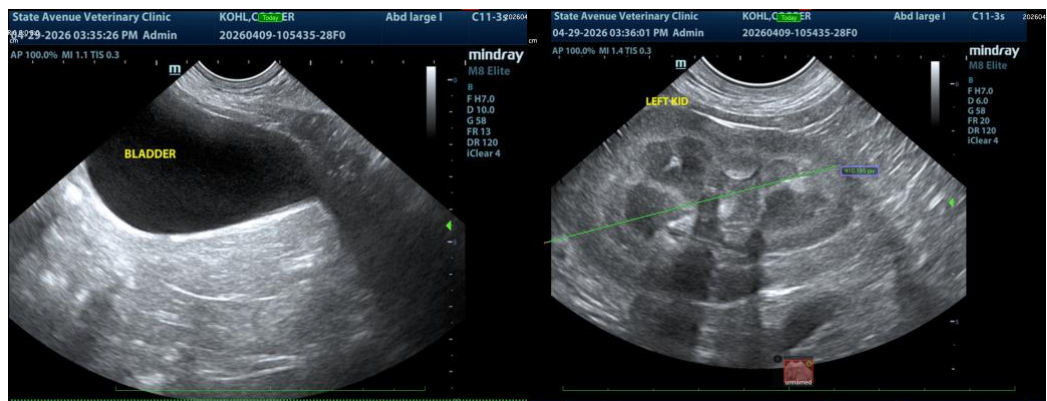
In the region of the **pancreas**, a mixed hypoechoic abscess was present with hypoechoic irregular parenchyma consistent with necrosis and regional inflammation. A significant amount of inflammation was noted in the cranial abdomen. The pancreatic pathology enveloped the upper duodenum. Undulating parenchymal contour was noted throughout the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic necrosis and abscessation- potential underlying carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the hypoechoic parenchymal portion of the pancreas and drainage of the fluid filled portion is recommended. Management for pancreatitis is warranted in the meantime. I strongly recommend sampling with recheck sonogram in 48 hours to ensure adequate resolution.





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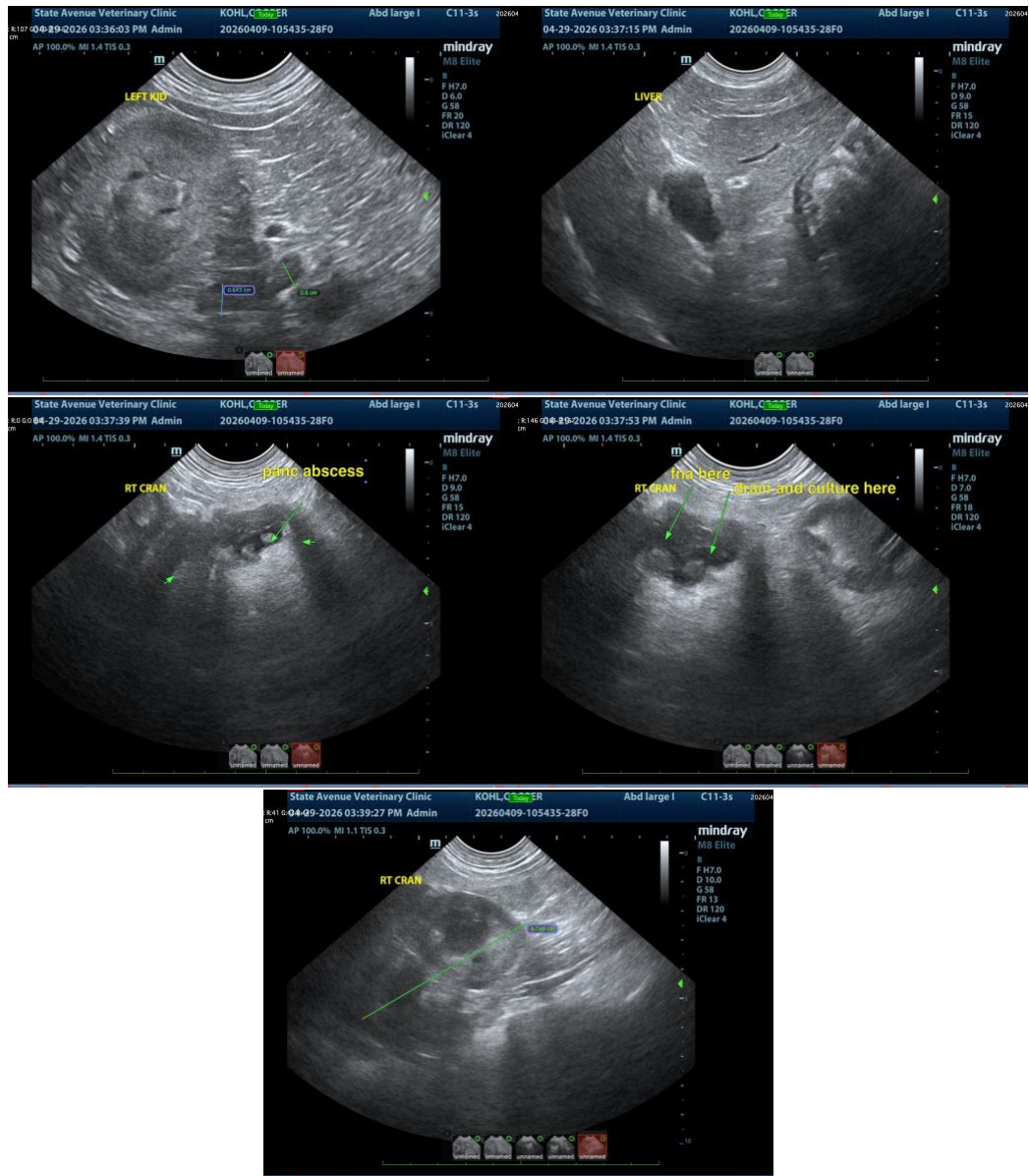
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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