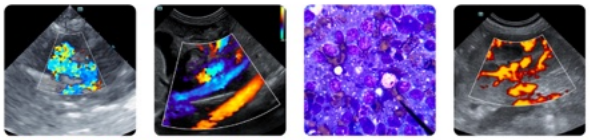

PATIENT

Bosco Kelley

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered male

AGE

10 years

WEIGHT

58 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gallick

HOSPITAL NAME

Magnolia Springs VC

REFERRING VET

Dr. Gallick

INVOICE

75064

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: Patient presented on 4/24/26 for ADR, lethargic, discomfort, decreased appetite and soft, sticky stool. Labwork performed that day (Chem/CBC/Diarrhea PCR), which indicated Pancreatitis. Patient not doing well today, returned for Hospitalization and IV fluids, AUS
Abnormal PE/Chem/CBC/UA Results: 4/24/26: Spec cPL: 1328 markedly elevated Lipase: greater than 1800 elevated Amylase: 2256 elevated Borderline Anemia with active regeneration- Retics elevated. Diarrhea PCR shows positive for Clostridium.

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 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. Slight pinpoint mineralization was noted. The left kidney measured 6.8 cm. The right kidney measured 5.9 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.

Spleen

The **spleen** revealed subtle, hypoechoic micronodular changes and irregular contour.

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was 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 left cranial abdomen revealed a cystic complex, 10+ cm mass. The origin is not able to be identified.

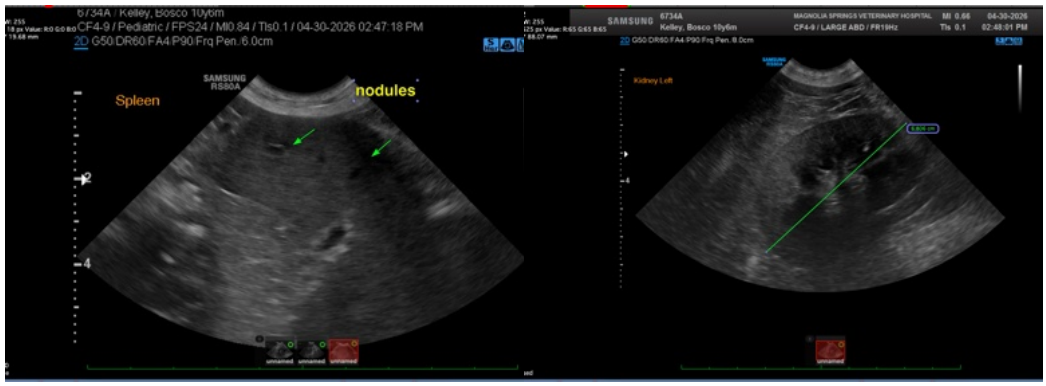
A pelvic mass was noted and measured 7.0 cm with similar echotexture and cystic/hypoechoic parenchymal structure that is similar to that of the cranial abdominal mass.

ULTRASONOGRAPHIC FINDINGS

Pelvic and cranial abdominal masses of unknown origin. Suspect lymph node in origin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided 25-gauge FNA of the splenic nodules and the parenchymal portions of the mass is recommended. Power Doppler assessment of those masses are warranted to assess fluid versus proliferative hypoechoic tissue. Chest radiographs and echocardiogram are warranted to assess for metastatic disease.



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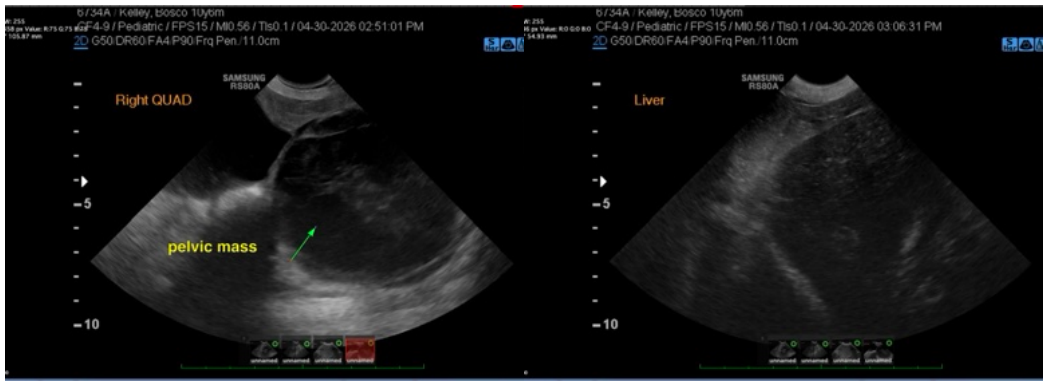

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com