

PATIENT PRESENTING CLINICAL SIGNS

Cooper Hartley P presented for US due to abdominal discomfort, vomiting, diarrhea, decreased appetite. Dx with pancreatitis at e clinic, treated supportively, seems to be feeling better, ate yesterday but has been NPO since midnight.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 2 cm. 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.

SEX 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 6.21 cm in length. The right kidney measured 5.52 cm in length.

AGE 3yr The residual prostate was uniform measuring 0.75 cm.

WEIGHT Adrenal Glands

21.2kg 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 2.66 cm x 0.44 cm caudal x 0.39 cm cranial The right adrenal gland measured 2.61 cm x 1.07 cm cranial x 0.54 cm caudal.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Spleen

The spleen was folded upon itself cranially. 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.

IMAGING PERFORMED BY

Kathleen Byrnes

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.

HOSPITAL NAME

Animal Emergency
 Clinic of the High
 Country

REFERRING VET

Dr Oneil

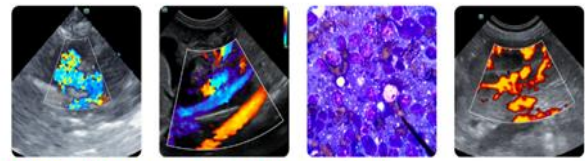
INVOICE Gastrointestinal

24789 The pyloric wall was mildly thickened and empty with no evidence of foreign body obstruction. The stomach revealed a minor amount of anechoic stasis yet without evidence of foreign bodies. The small intestine and colon are remarkable.

DATE

05/11/2026

Pancreas



PATIENT

Cooper Hartley

The pancreas was enlarged and hypoechoic with irregular undulating contour measuring up to 2.4 cm in width on the right base.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Gastritis and pancreatitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protective protocol is warranted with IV fluid support and 24-hour NPO followed by eventual slurry feeding. Endotoxins are a strong potential. Pylorus and upper duodenum were patent, however a minor amount of residual ingesta was present in the stomach as well as gastric fluid accumulation. Recommend treating for gastritis and pancreatitis in this patient over the next 24-48 hours. Recheck sonogram if clinical signs are persistent despite medical management.

BREED

Pittie

SEX

MN

AGE

3yr

WEIGHT

21.2kg

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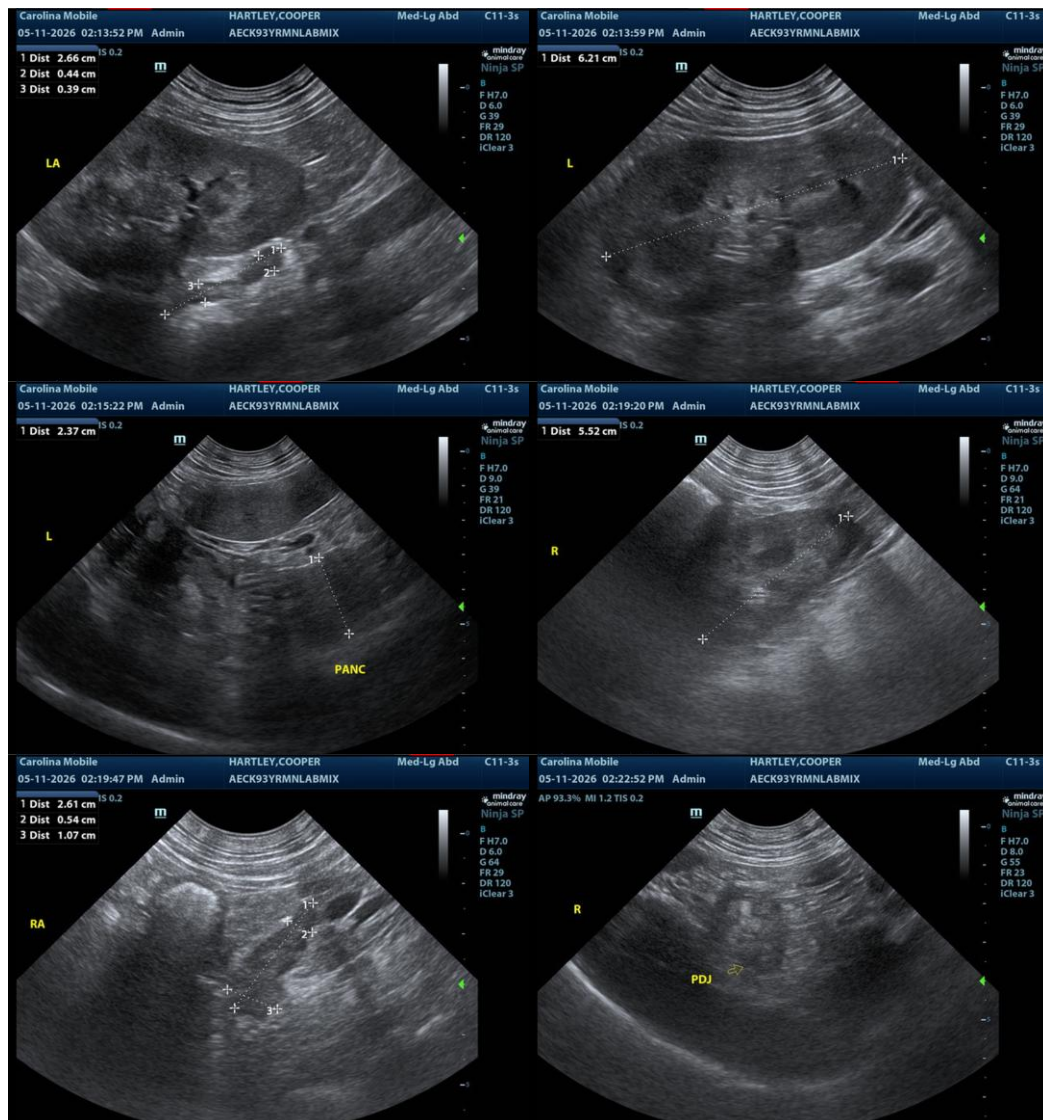
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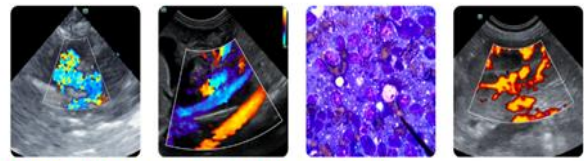
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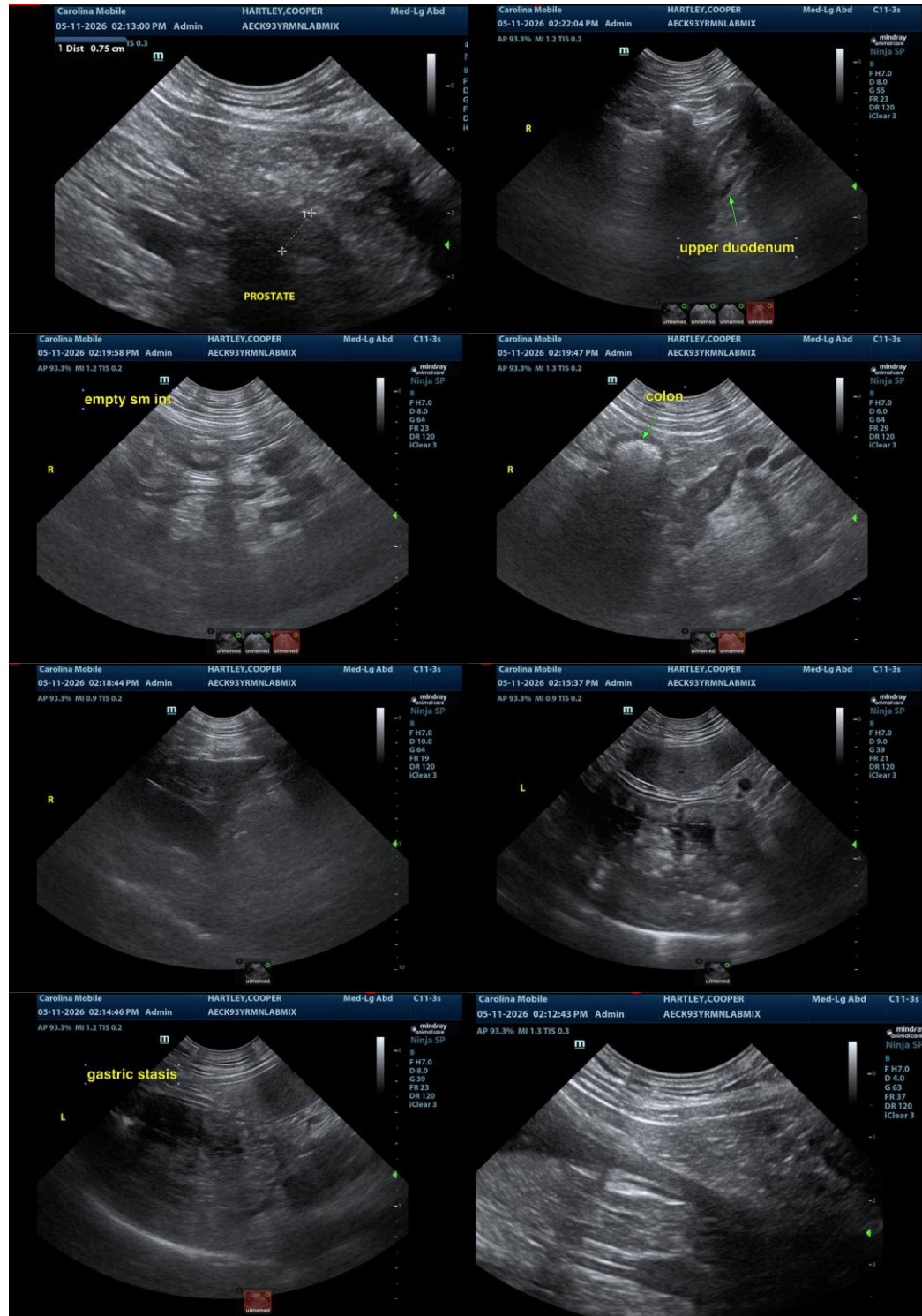
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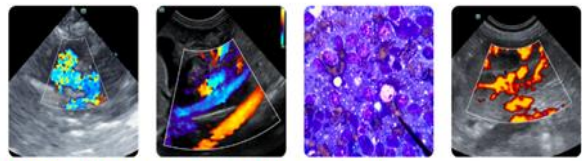
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance please contact me.

Cooper Hartley

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Pittie

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