



PATIENT

Ollie Myres

SPECIES

Canine

BREED

Portuguese Water Dog

SEX

Neutered Male

AGE

3 Years

WEIGHT

26.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Dr. Orisha Yacyshyn

INVOICE

16066

DATE

05/11/26

PRESENTING CLINICAL SIGNS

Ongoing gastrointestinal signs and lethargy. AUS recommended to further assess renal architecture, renal pelvis/ureters, adrenal glands, spleen, and evaluate for underlying renal, endocrine, inflammatory/infectious, or neoplastic disease processes contributing to azotemia and hypercalcemia.

CBC: Leukopenia $4.69 \times 10^9/L$ (ref 5.05-16.76) with mild neutropenia and lymphopenia. Mild thrombocytopenia noted; sampling artifact not excluded. • Chemistry: Mild renal azotemia with creatinine 177 $\mu\text{mol/L}$ (ref 44-159), urea 12.1 mmol/L (ref 2.5-9.6). Hypercalcemia present with total calcium 3.35 mmol/L (ref 1.98-3.00). • Urinalysis: USG 1.010 (isosthenuric). No pyuria identified. Possible cocci bacteria observed on sediment examination. • Resting cortisol: 108 nmol/L (>55 nmol/L), hypoadrenocorticism considered unlikely at this time. • Abdominal radiographs: No evidence of obstructive GI pattern, nephrolithiasis, or ureterolithiasis. Mild splenomegaly/prominent spleen noted, positional vs reactive.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.0 cm in length. The right kidney measured 7.26 cm in length. A cortical infarct was present in the dorsal cranial cortex of the left kidney.

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 0.50 cm width.

The **right adrenal gland** was visualized obliquely and measured 0.49 cm width at the caudal pole.

Spleen

The **spleen** presented enlarged and irregular. The spleen was folded upon itself. Multifocal hypoechoic nodular changes were present.

Liver

The **liver** presented mildly swollen. The gallbladder and common bile duct were unremarkable. The hepatic lymph nodes were mildly enlarged and rounded.

Gastrointestinal

The **stomach** was over distended with fluid consistent with stasis and surrounded by regional and enlarged hypoechoic lymph nodes. The small intestine and colon were unremarkable.



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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.

Free Abdomen

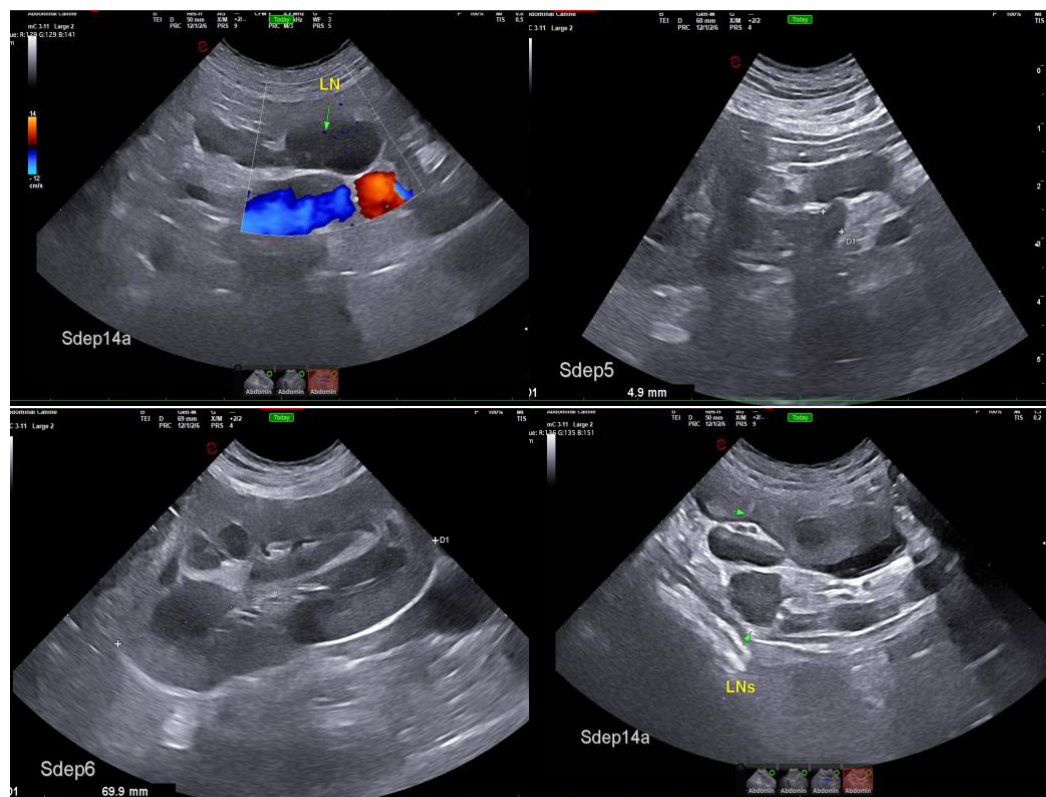
The mesenteric **lymph nodes** presented enlarged, rounded and hypoechoic. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Nodular spleen.
- Multifocal lymphadenopathy- strong concern for emerging round cell neoplasia.
- Gastrointestinal upset.
- Left kidney cortical infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, lymph nodes, and liver are warranted for further definition. Cytology and culture of the lymph nodes is ideal in case an underlying infectious agent is playing a role. Prognosis is guarded depending upon cytology results.





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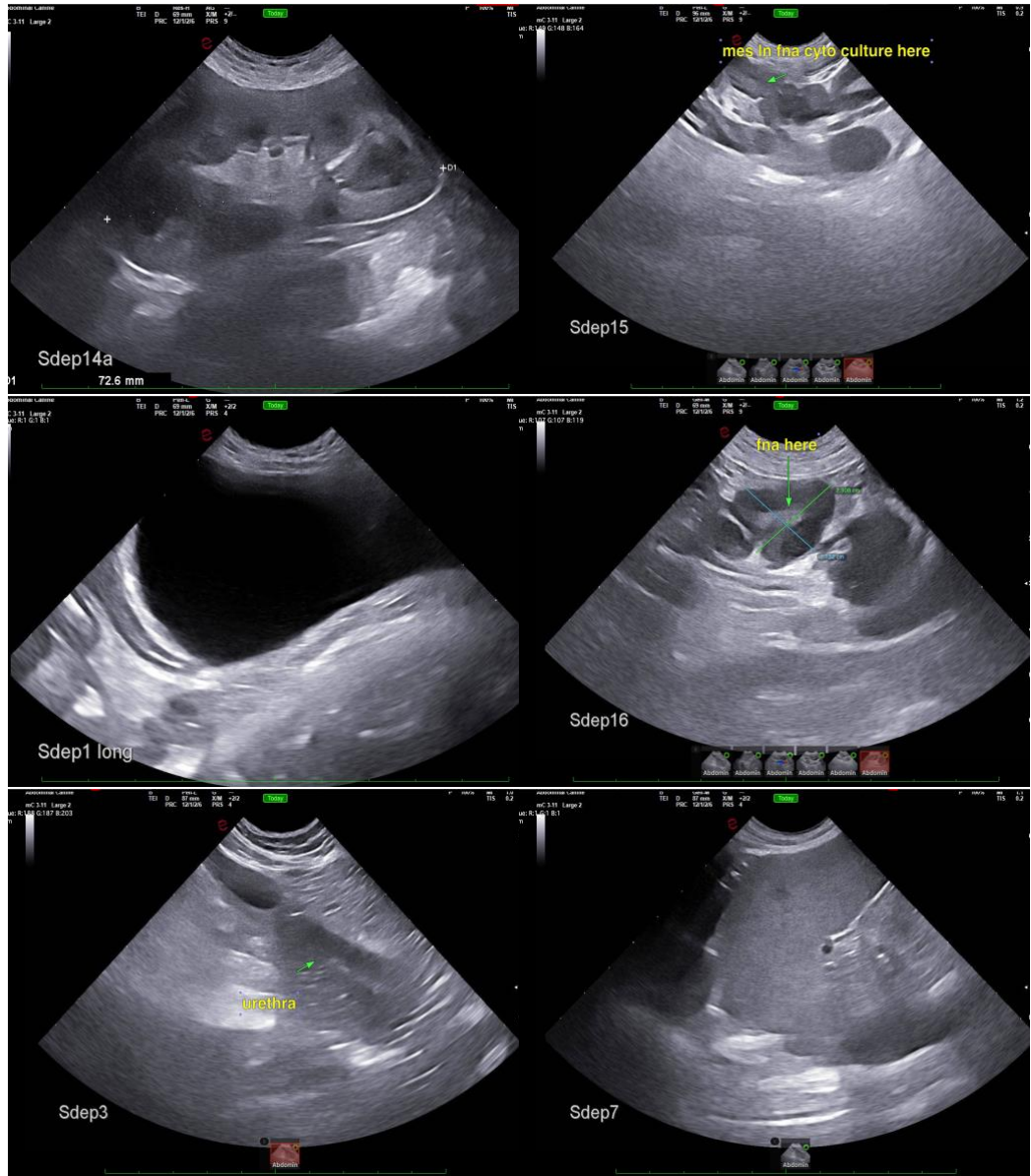
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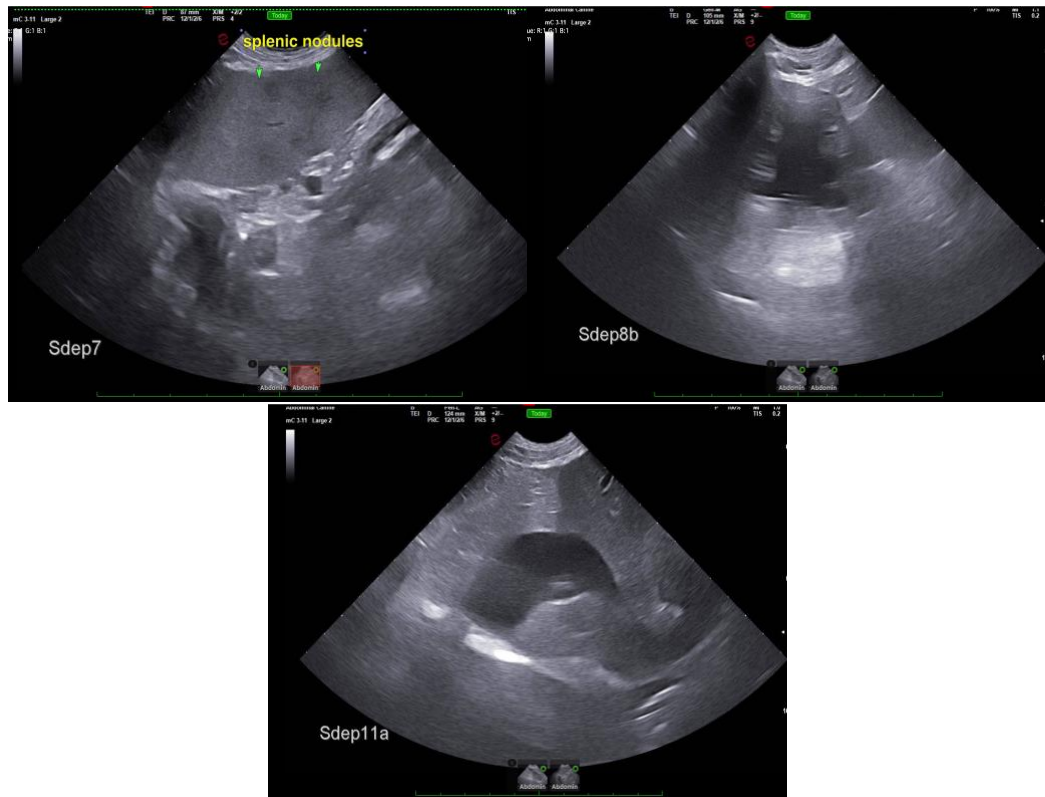
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com