



## PATIENT

Wally Parker

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

57 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Catherine Alexander  
LVT

## HOSPITAL NAME

NorthStar Veterinary  
Sonography PLLC

## REFERRING VET

Dr. Phillips

## INVOICE

16061

## DATE

05/11/26

## PRESENTING CLINICAL SIGNS

Went to urgent vet on Saturday due to vomiting and bloody diarrhea, today he is not eating, still having bloody stools, very lethargic, very dehydrated, on Apoquel and Dasaquin, can add more information as we get it

Abnormal PE/Chem/CBC/UA Results: elevated kidney values and x-rays note nodules on the spleen from urgent vet

## 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 residual **prostate** measured 7.0 mm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.67 cm in length. The right kidney measured 6.67 cm in length. A slight hyperechoic medullary rim sign was noted. Blood flow to the kidneys appeared to be adequate. Occasional cortical cyst and dorsal cortical infarct were noted. The cyst measured 0.64 cm.

### Adrenal Glands

The right **adrenal gland** was at the upper limits of normal. The right adrenal gland measured 1.0 cm width at the cranial pole and 0.99 cm width at the caudal pole.

The **left adrenal gland** was uniformly enlarged at 0.90 cm width at the caudal pole and 0.93 cm width at the cranial pole.

### Spleen

The **spleen** presented mildly enlarged and mildly heterogenous. The spleen was folded upon itself caudally.

### Liver

The **liver** revealed minor heterogenous hepatic changes expected for a patient of this age. The gallbladder was slightly over distended. The common bile duct was normal.

### 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.



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## Pancreas

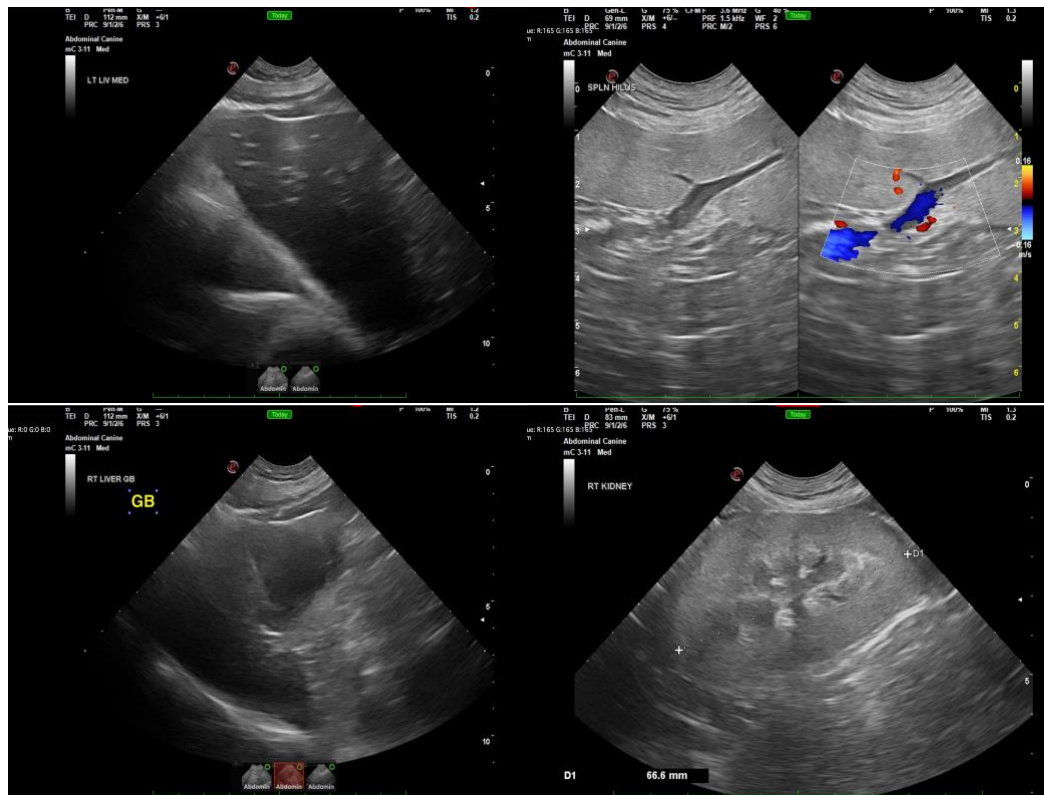
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with infarct and minor cyst.
- Prominent left adrenal gland- normal variant versus PDH.
- Slight heterogenous splenic changes.
- Minor heterogenous hepatic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. Acute insult is suspected. FNA of the spleen would be ideal. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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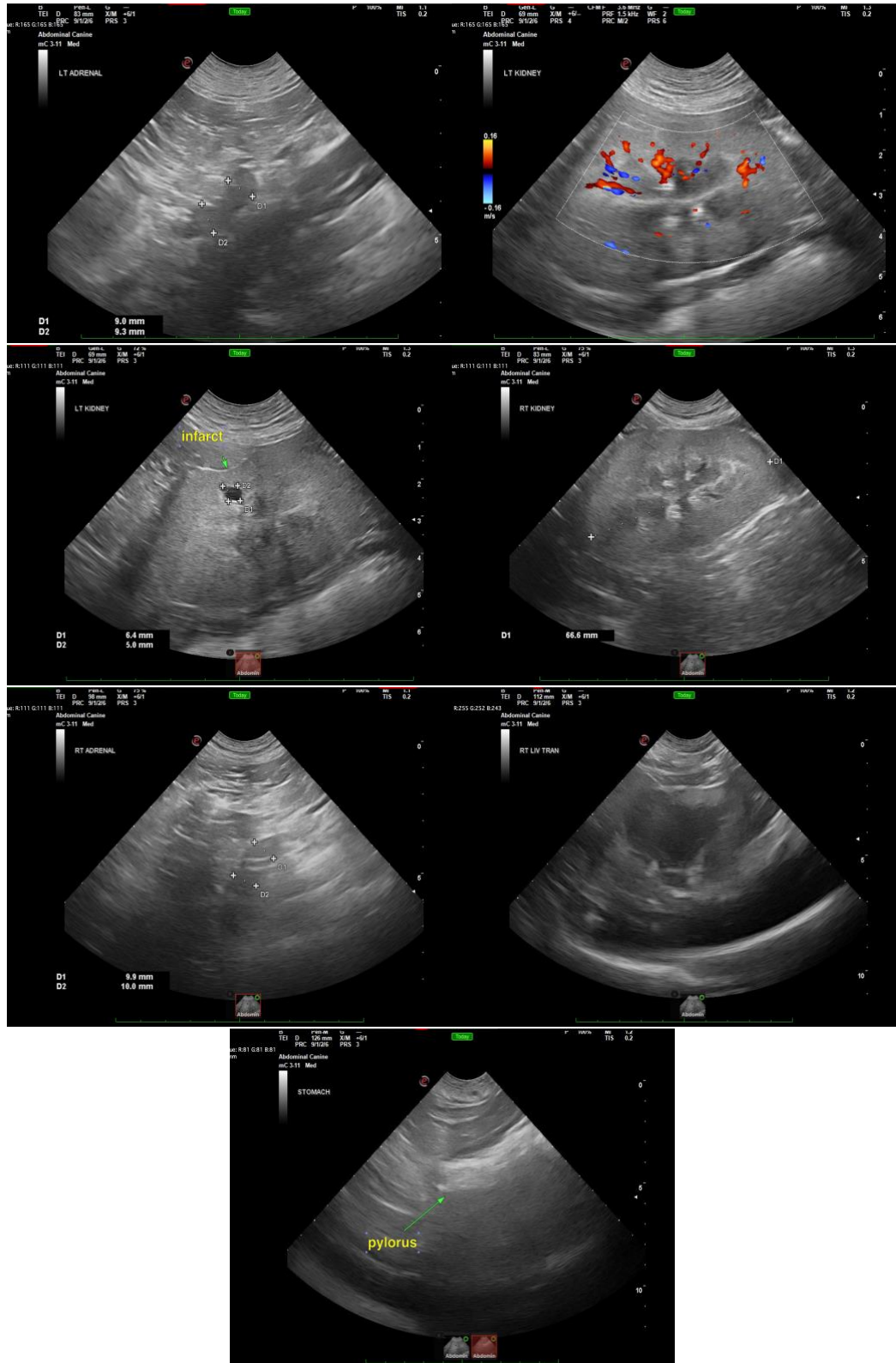
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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