



PATIENT

Joey Callahan

SPECIES

Canine

BREED

Maltipoo

SEX

Neutered male

AGE

9 ½ years

WEIGHT

17 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anthony Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Szpicek

INVOICE

75475

DATE

5/13/26

PRESENTING CLINICAL SIGNS

History: p has been intermittent vomiting since October
Bloodwork WNL other than ALKP 547 mild elevation, u/a shows urine pH of 6.5 . struvite crystals and ca ox crystals seen. Appetite is normal for him, he is a grazer. He doesn't eat at "mealtime". He hasn't been taking his treats consistently. Eats grass and vomit last episode of vomiting was 7 d ago. His episodes of vomiting / decreased appetite occur q 7-10 d. Last bout of diarrhea was ~2 mths ago. Owner hasn't tried hypoallergenic diet o is feeding blue buffalo diet w/ canned pumpkin r/o IBD vs Endocrine (Cushing) vs other
Abnormal PE/Chem/CBC/UA Results: ALP - 547 BW wnl Cpli (pancreatic test) Neg

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 mineralization was noted in the kidneys. The right kidney measured 4.4 cm. The left kidney measured 4.5 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. The left adrenal gland measured 1.86 x 0.57 cm at the cranial and 0.44 cm at the caudal pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.4 cm at the caudal pole.

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 was noted.



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Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

The **gastrointestinal tract** revealed gas filled stomach with normal wall thickness. Variable portions of the gastrointestinal tract revealed increased submucosal echogenicity and thickening.

Pancreas

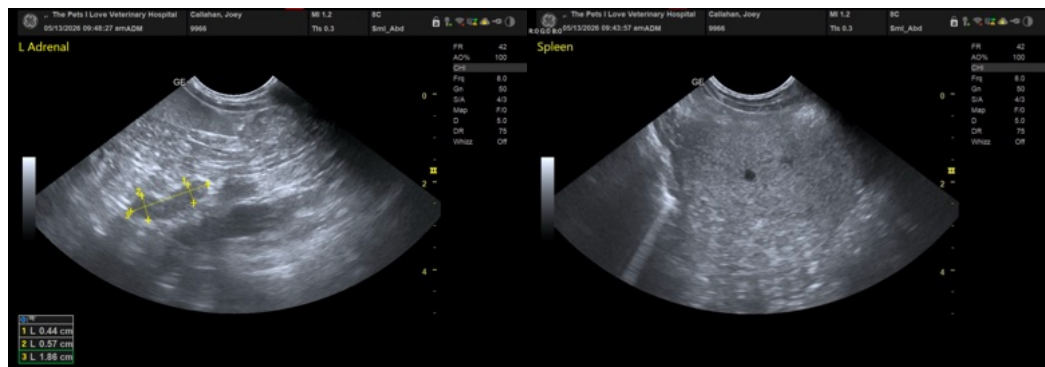
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

This is consistent with chronic inflammatory bowel.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Parasite management is warranted. Full thickness intestinal biopsy would be necessary for a definitive diagnosis. Hydrolyzed diet would be likely in this patient's best interest. There was no evidence of neoplasia or foreign bodies.





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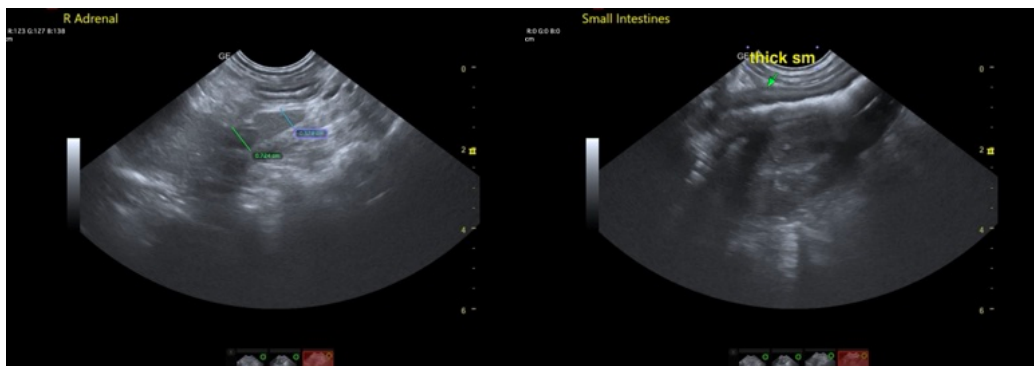
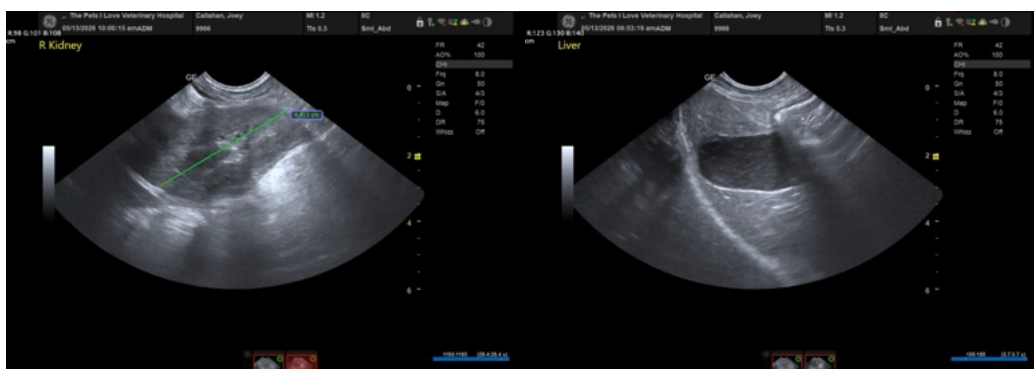
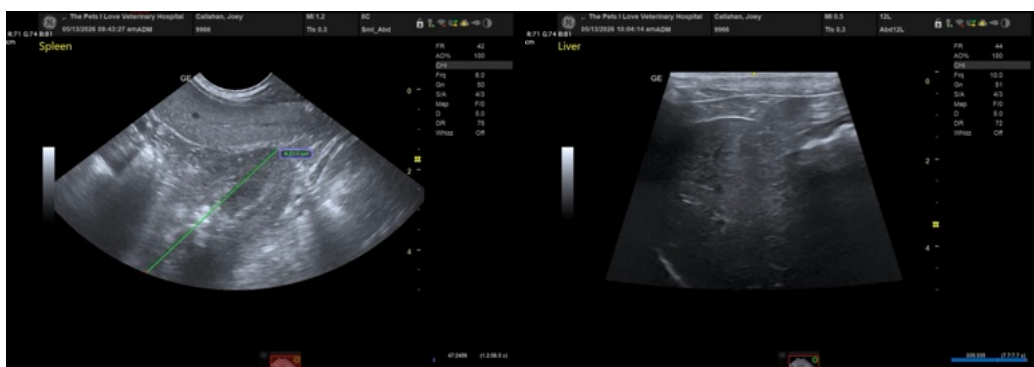
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com