



## PATIENT

Waylon Driver

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

99.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Agnes E. Rupley, DVM

## HOSPITAL NAME

All Pets Medical  
Center

## REFERRING VET

Agnes E. Rupley, DVM

## INVOICE

16384

## DATE

05/20/26

## PRESENTING CLINICAL SIGNS

Presented for annual. History of Cushing's, neuropathy (lacks rear limb proprioception / chronic), hip dysplasia, hypothyroidism. Expiratory stridor. Left laryngeal paralysis. Abdominal ultrasound performed to evaluate the cranial abdominal pain (new). Thoracic rads performed to evaluate expiratory stridor. Urinalysis results reveal protein 300, pH 6.0, and Specific Gravity: 1.042. Urine protein : creatinine submitted. ProBNP is normal <500. Chemistry 17 revealed elevated alk phos st 236 (303 last visit), with normal other results. CBC and manual slide evaluation results were normal. Fecal float neg. 4DX neg.

Spleen was coarse and ultrasound guided aspirate and cytology performed. Cytology pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** and trigone 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 urethra was not visualized.

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 7.3 cm in length. The right kidney measured 7.2 cm in length.

### Adrenal Glands

The **left adrenal gland** was slightly enlarged measuring 1.18 cm width.

The **right adrenal gland** was not visualized.

### Spleen

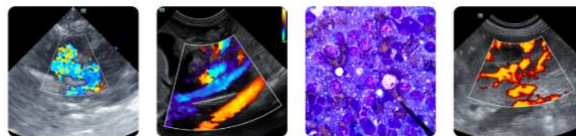
The **spleen** revealed subtle micronodular changes, slightly swollen and mild irregular contour.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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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

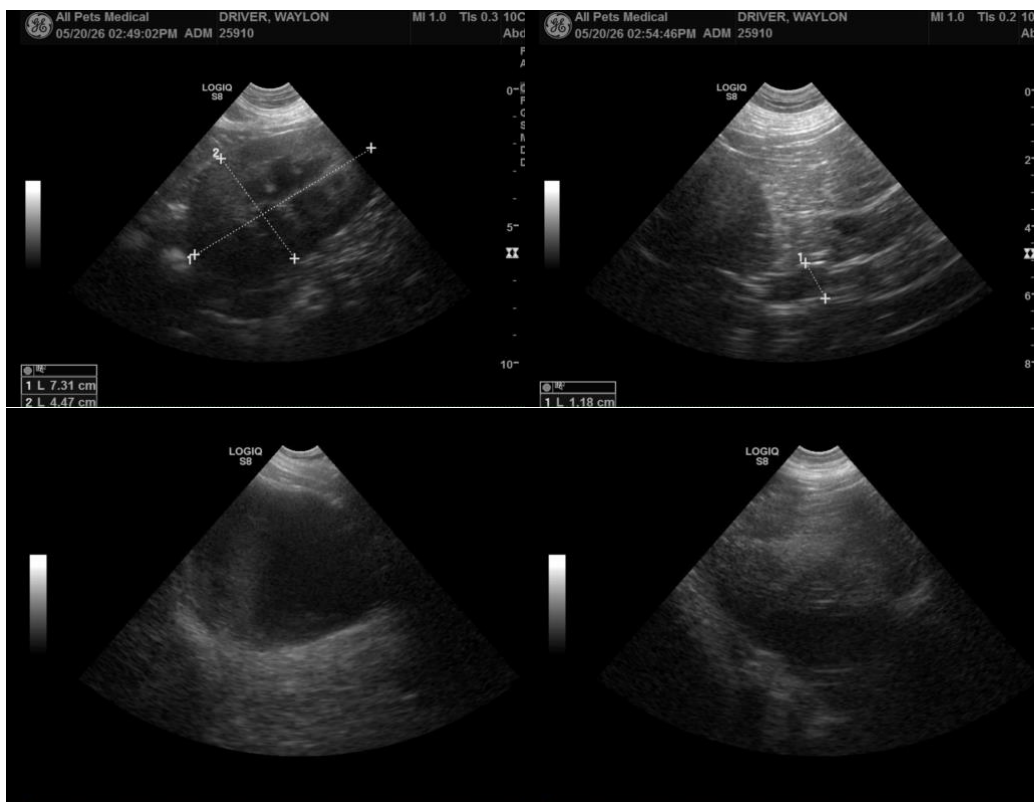
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling.
- Micronodular spleen- emerging round cell neoplasia, micronodular hyperplasia, splenitis/reactive spleen.
- Mild pancreatic remodeling.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA is indicated. No evidence of significant pathology.





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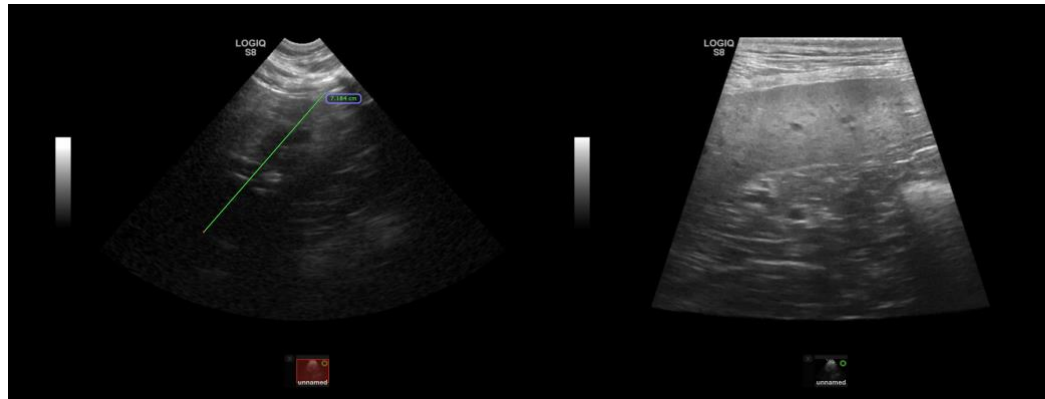
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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