



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Ezio Tincher	WBC 29000 with neutrophilia and monocytosis, glucose 65
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The <b>urinary bladder</b> , trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. The bladder revealed sand accumulation. Urethral sand was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.
Terrier Mix	
<b>SEX</b>	
Neutered male	The <b>kidneys</b> 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.
<b>AGE</b>	
10 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
14.4 lbs	Both <b>adrenal glands</b> 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 right adrenal gland measured 0.8 cm at maximum width. The left adrenal gland measured 0.5 cm.
<b>INTERPRETED BY</b>	
Eric Lindquist, DMV DABVP, Cert. IVUSS	
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Gallick	The <b>spleen</b> was normal in size and contour. The spleen was folded upon itself caudally. Minor, heterogenous parenchymal changes were noted.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Magnolia Springs VC	The <b>liver</b> revealed increased portal markings with minor gallbladder debris, yet not to the level of mucocele formation. . 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.
<b>REFERRING VET</b>	
Dr. Gallick	
<b>INVOICE</b>	<b>Gastrointestinal</b>
30756	A minor amount of non-shadowing, non-obstructive ingesta was noted in the <b>stomach</b> . Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.
<b>DATE</b>	
5/27/22	



**PATIENT**

**Pancreas**

Ezio Tincher

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Terrier Mix

Non-specific, cholangitis pattern with minor gallbladder debris, yet not to the level of mucocele formation.

**SEX**

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

10 years

Leptospirosis, mushroom toxicity or other insult should be considered. I recommend stabilizing the hepatic presentation followed by cystotomy, normal and retrograde flushing of the lower urinary tract, sand analysis and culture are recommended. However, Leptospirosis titers are warranted. Ultrasound-guided FNA or core liver biopsy is indicated. Ampicillin, Metronidazole and nutraceuticals as well as IV fluid support is all indicated. There was no evidence or suspicion of neoplasia.

**WEIGHT**

14.4 lbs

**INTERPRETED BY**

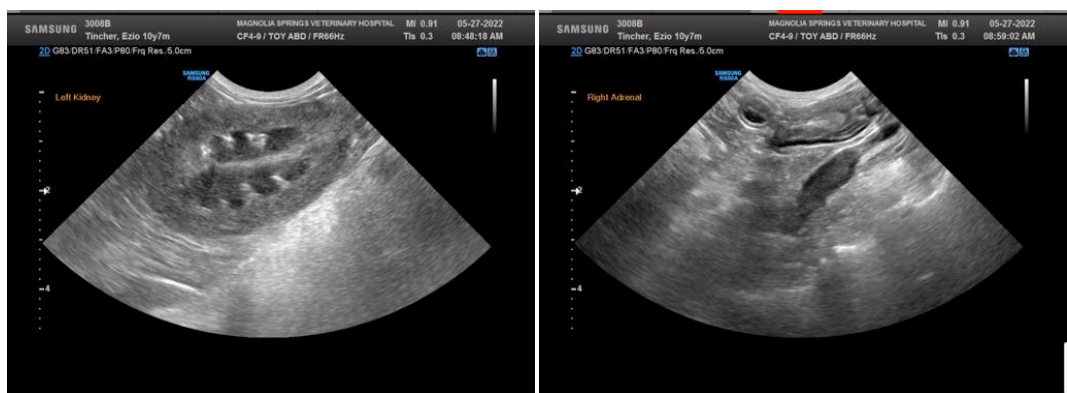
Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Gallick

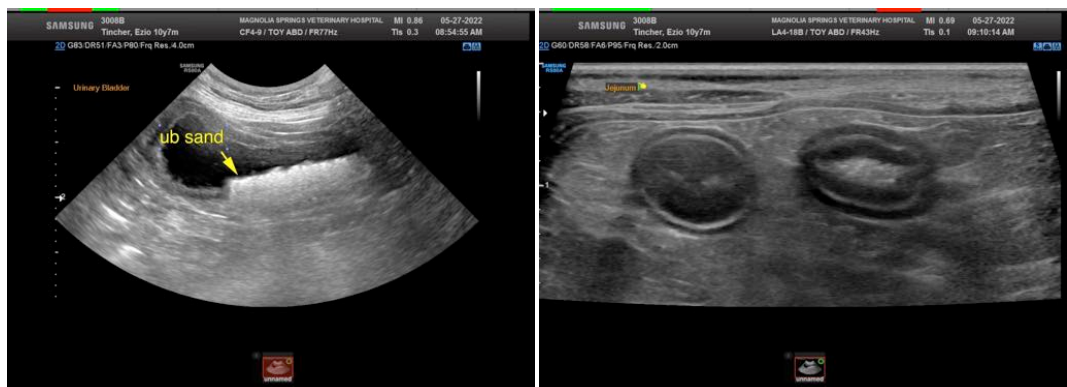
**HOSPITAL NAME**

Magnolia Springs VC



**REFERRING VET**

Dr. Gallick



**INVOICE**

30756

**DATE**

5/27/22



**PATIENT**

Ezio Tincher

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

14.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Gallick

**HOSPITAL NAME**

Magnolia Springs VC

**REFERRING VET**

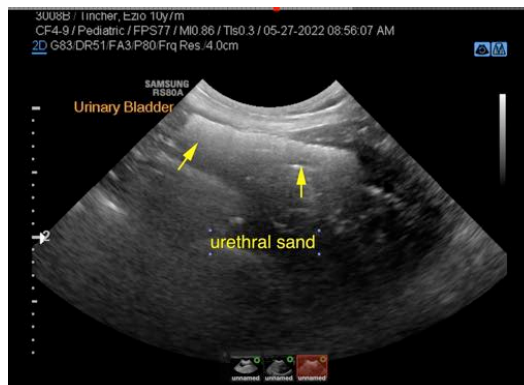
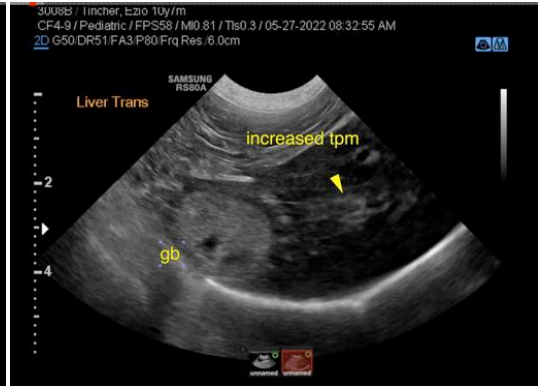
Dr. Gallick

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**DATE**

5/27/22





**PATIENT**

Ezio Tincher

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.

**SPECIES**

Canine

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.

**BREED**

Terrier Mix

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

14.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Gallick

**HOSPITAL NAME**

Magnolia Springs VC

**REFERRING VET**

Dr. Gallick

**INVOICE**

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**DATE**

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