



PATIENT

Scrooby Sweell

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

Neutered male

AGE

11 years

WEIGHT

13.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach Pet
Hospital

REFERRING VET

Dr. Singh

INVOICE

75170

DATE

5/4/26

PRESENTING CLINICAL SIGNS

History of lethargy, fever, vomiting, diarrhea.

Abnormal PE/Chem/CBC/UA Results: CBC shows nonregenerative anemia, left shift, marked elevation in liver enzymes, pancreatitis, abnormal electrolytes.

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.

Adrenal Glands

The **adrenal glands** were not visualized.

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.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. What appeared to be hepatic lymph node appeared mildly enlarged and measured 2.0 x 1.5 cm.



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Gastrointestinal

The **gastric** wall was mildly hypertrophied. The lumen was empty. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas

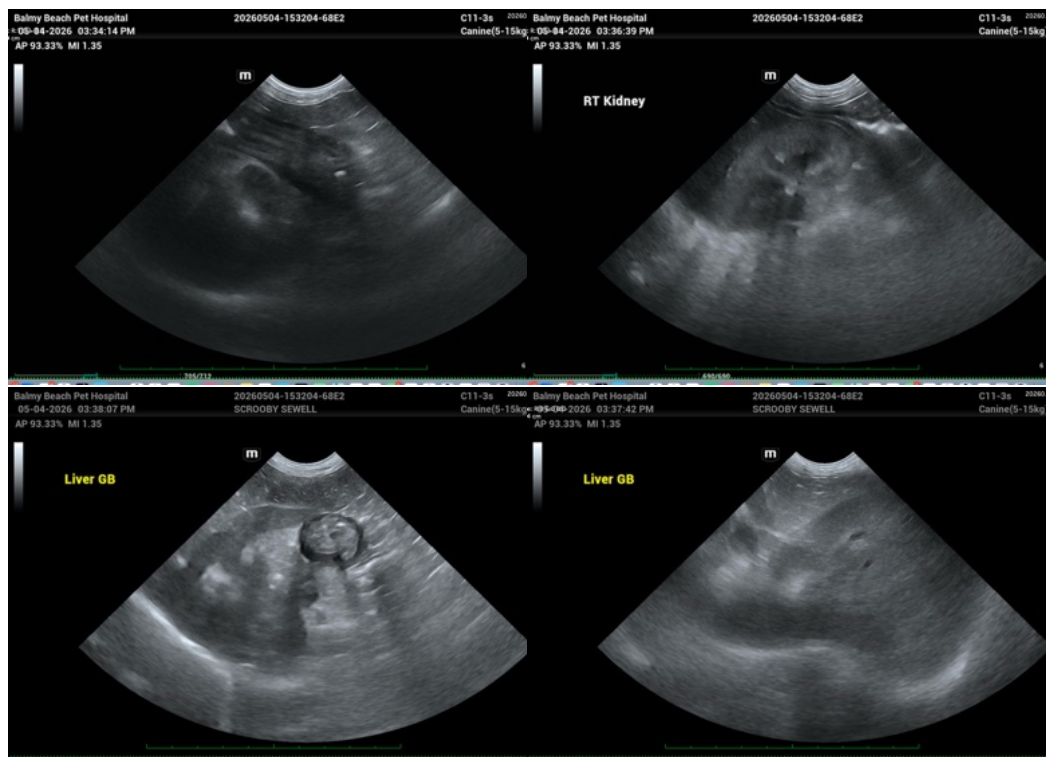
The right **pancreatic** base revealed heterogenous, mixed hypoechoic parenchymal changes.

ULTRASONOGRAPHIC FINDINGS

Right limb pancreatitis with potential lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for pancreatitis, GI protectants, broad spectrum antibiotics and IV fluid support are all indicated. Recheck sonogram is recommended in 72 hours to ensure adequate resolution. 24-hour n.p.o. is recommended followed by slurry feeding would be appropriate.





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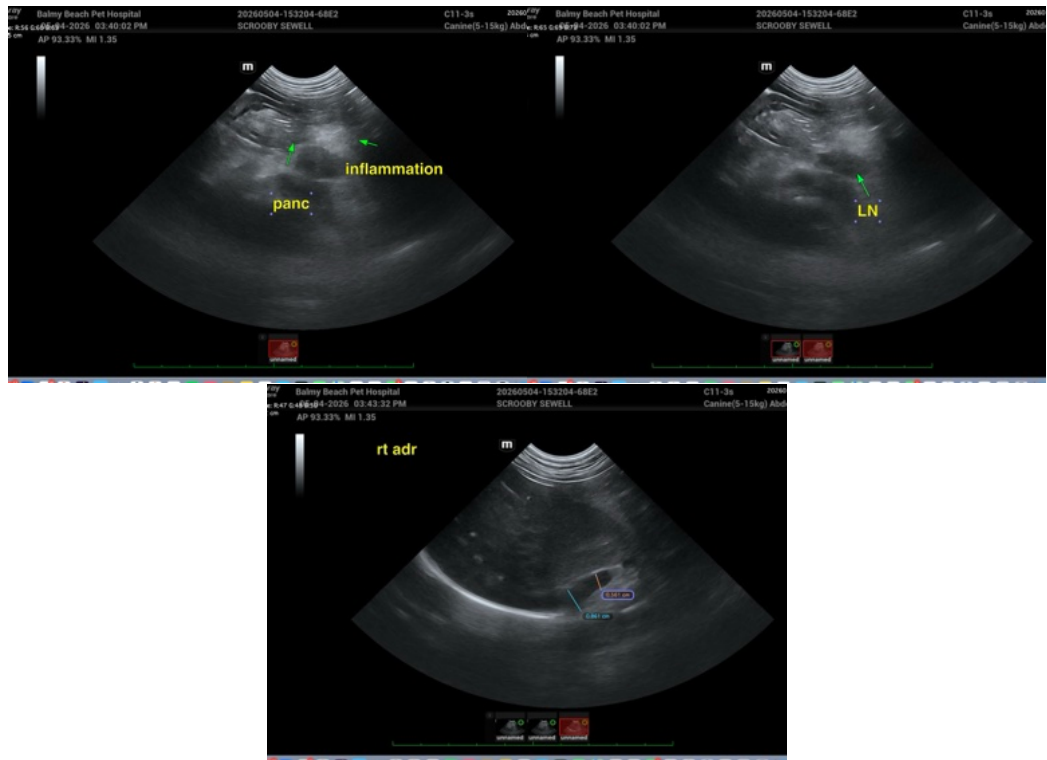
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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