



## PATIENT

Skippy Perkins

## SPECIES

Canine

## BREED

Jack Russell Mix

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

38.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Ian Anderson

## HOSPITAL NAME

Chester Animal Clinic

## REFERRING VET

Dr. Ian Anderson

## INVOICE

15865

## DATE

05/06/26

## PRESENTING CLINICAL SIGNS

Complaint of chronic panting, unresponsive to NSAID trial. Previously an insatiable appetite had been noted. Patient has a history of cholelithiasis, early CKD

Abnormal PE/Chem/CBC/UA Results: Unremarkable exam LDDST previously performed was normal. Other lab work attached

## 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 were 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 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 5.0 cm in length. The right kidney measured 5.0 cm in length.

### *Adrenal Glands*

The regions of the **adrenal glands** were imaged with no evident pathology.

### *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 were noted.

### *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 revealed calculi measuring up to 5.0 mm. 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*

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.

## *Free Abdomen*

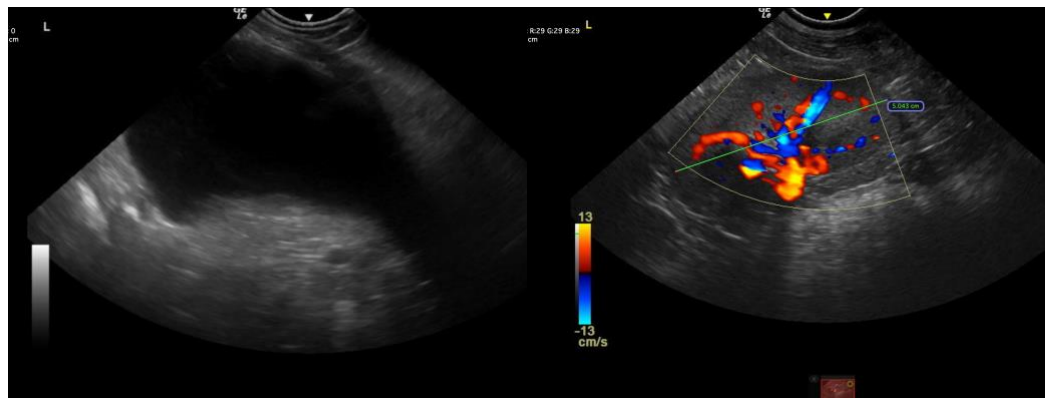
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 1.5 cm.

## ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with minor gallbladder calculi- nonobstructive.
- Age-related renal changes.
- Minor mesenteric lymphadenopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the panting is unclear in this patient. Thoracic or pain-related disease should be considered. Ursodiol therapy is warranted. Periodic panting may be owing to passage of biliary calculi, yet no obstructive disease was noted at the time of the sonogram as the calculi were passively present within the gallbladder. Serial blood pressures and CNS exam are also valid.





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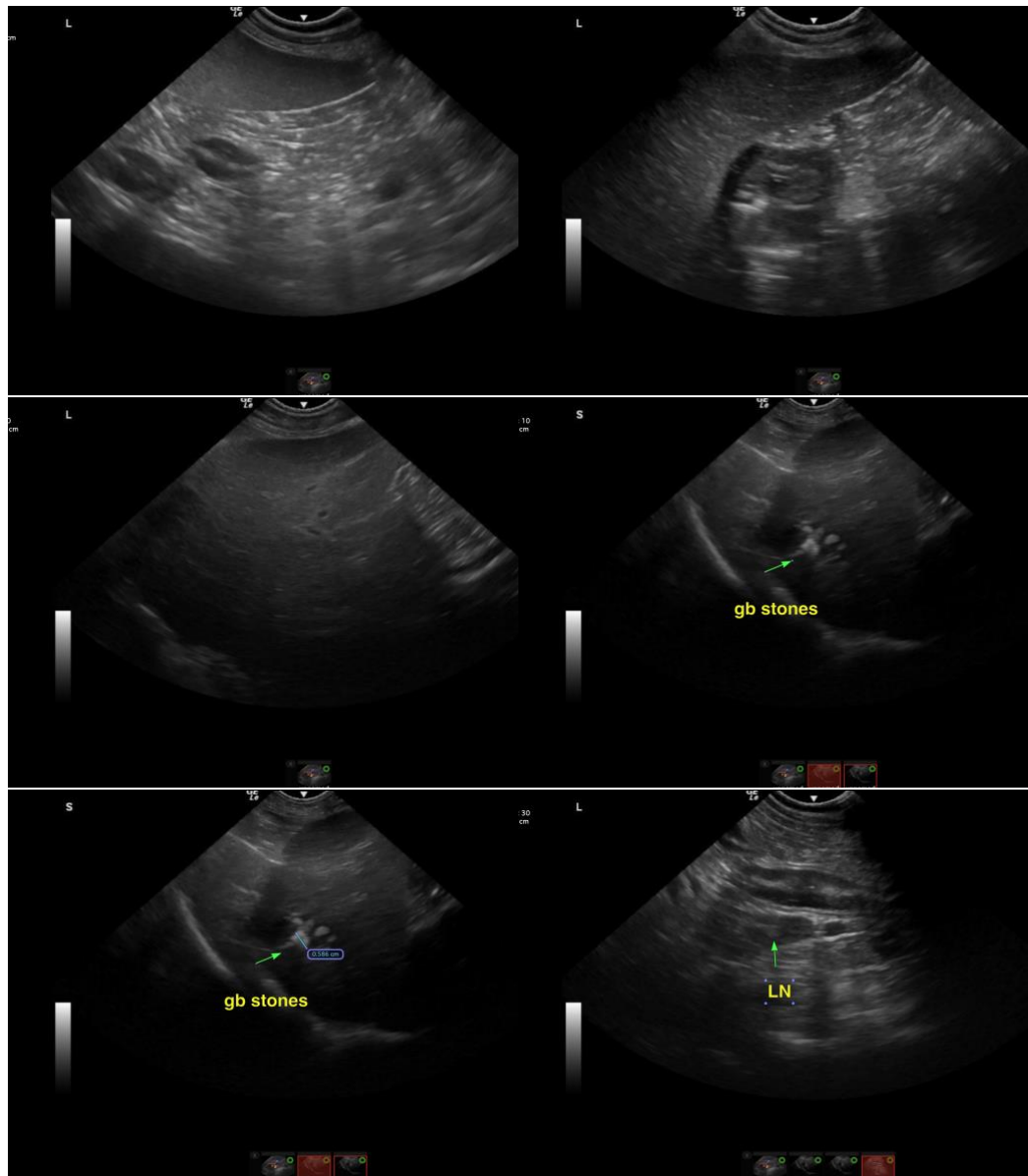
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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