



PATIENT

Clark Bear

SPECIES

Canine

BREED

Old English Sheepdog

SEX

Intact Male

AGE

5 Years

WEIGHT

26 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander
LVT

HOSPITAL NAME

NorthStar Veterinary
Sonography PLLC

REFERRING VET

Dr. Phillips

INVOICE

15943

DATE

05/08/26

PRESENTING CLINICAL SIGNS

v/d - ddx: diet indiscretion infection FB cancer pancreatitis open

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 right testicle revealed a hypoechoic nodule measuring 0.80 cm at the caudal pole. The left testicle revealed a mixed hyperechoic 1.5 cm mass. The prostate was uniform and measured 3.5 cm.

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 7.0 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The **left adrenal gland** was 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 0.64 cm width at the caudal pole and 0.53 cm width at the cranial pole.

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

Spleen

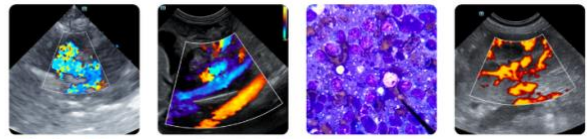
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were 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. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** was empty. A mild amount of hyperperistalsis was noted in the duodenum. No evidence of mural disease. The gastric wall was mildly thickened measuring up to 1.4 cm. No evidence of obstruction.



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Pancreas

Clark Bear

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

- Right testicular nodule and left testicular mass.
- Gastroenteritis pattern.

Old English Sheepdog

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutering should be considered. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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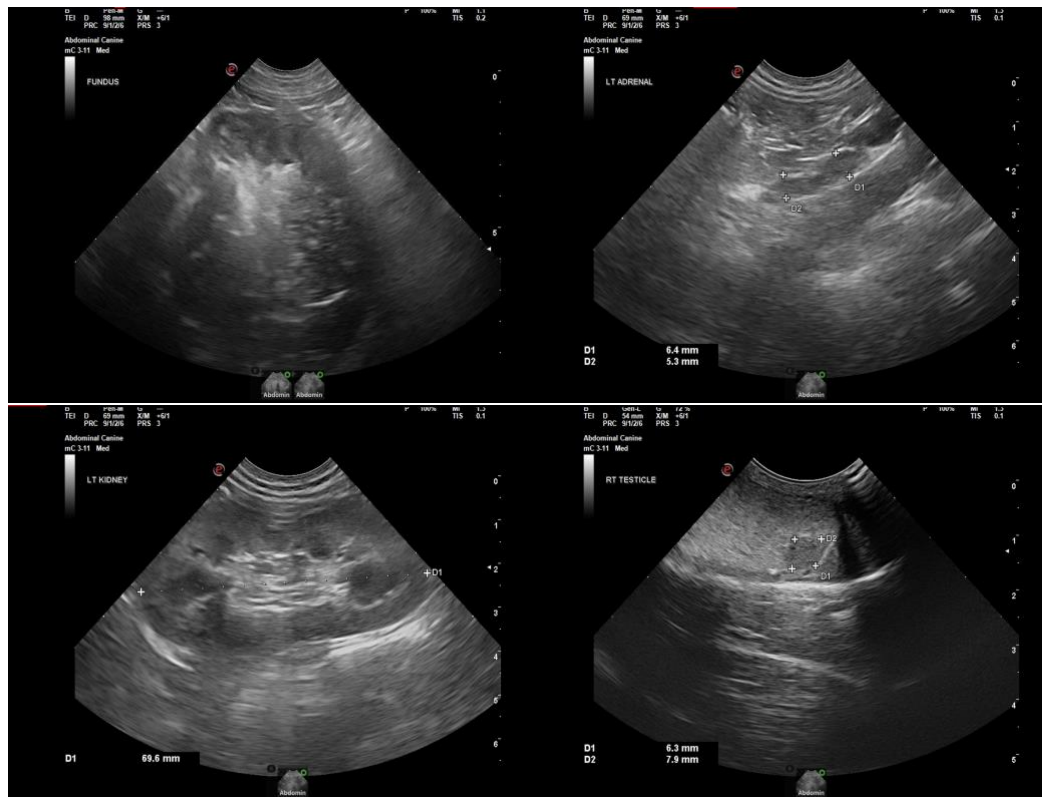
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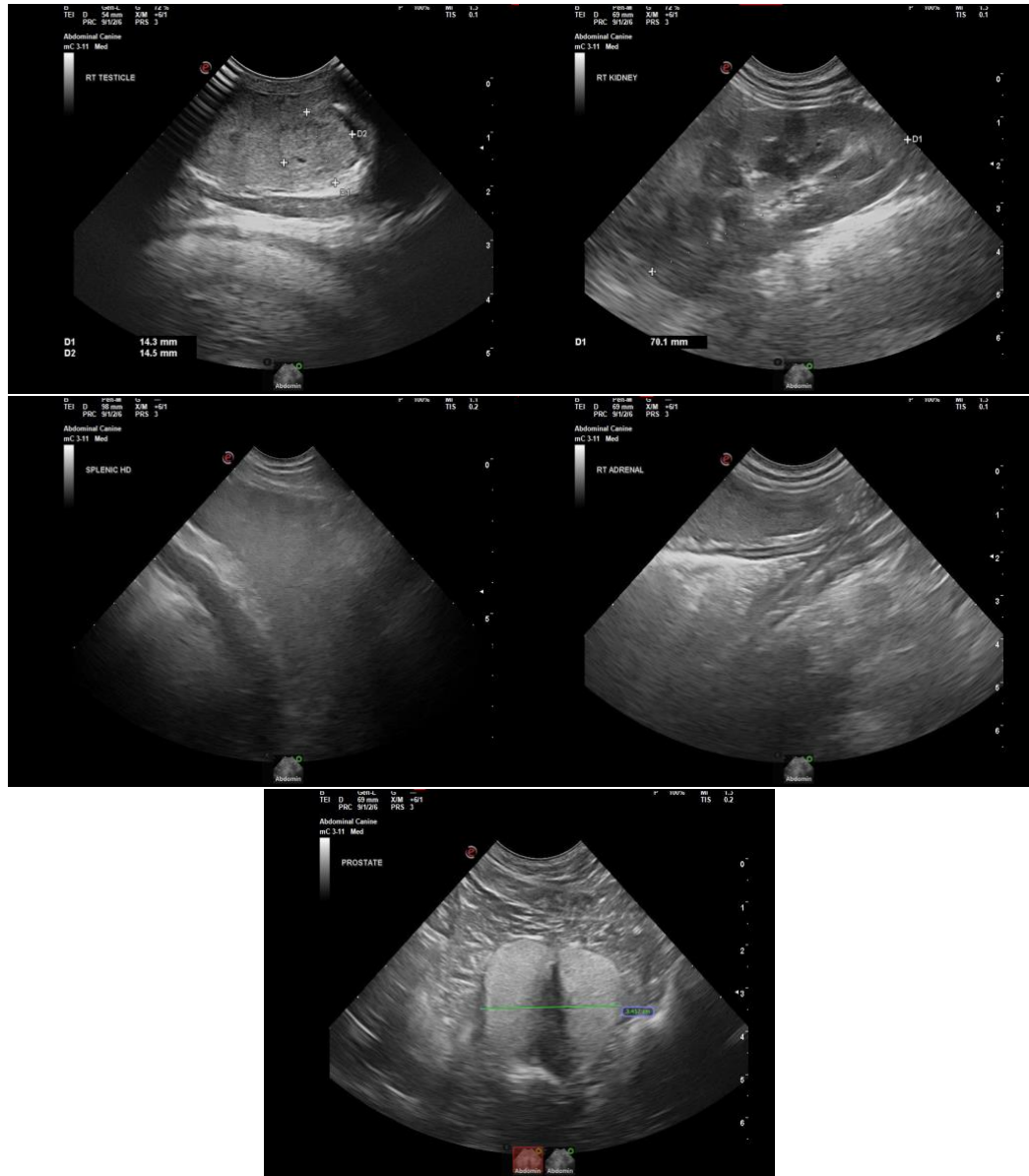
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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