

**PATIENT**

Hamlet Philpot

**SPECIES**

Canine

**BREED**

Hound Cross

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

36 kgs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Edgewood AC

**REFERRING VET**

Dr. Callahan

**DATE**

6/12/23

**Invoice**

47777

**PRESENTING CLINICAL SIGNS**

History: DENTAL CALCULI MULTIPLE DERMAL MASSES ON VENTRUM-PREVIOUS HISTO AGGRESSIVE HEMANGIOSARCOMA  
Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings CBC/ CHEM/T4/UA =WNL ECG-VPC'S-LOW GRADE Heart Rate and Respiratory Rates HR 148, RESP 30 Blood Pressure Measurements 165 Current Medications NONE

**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 residual prostate measured 1.8 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 right kidney measured 7.72 cm. The left kidney measured 7.86 cm.

**Adrenal Glands**

Both **adrenal glands** 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 3.5 x 0.82 cm at the caudal pole and 0.84 cm at the cranial pole. The left adrenal gland measured 3.8 x 0.75 cm at the caudal pole and 0.52 cm at the cranial pole.

**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. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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**Gastrointestinal**

The stomach and upper small intestine was unremarkable. However, the distal small intestine revealed mild, idiopathic, muscularis hypertrophy that may be related to occult inflammatory bowel, yet appears to be stable.

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**Pancreas**

The **pancreas** revealed prominent, hypoechoic parenchyma and was slightly irregular. There was no overt evidence of active inflammation. However, low-grade inflammation cannot be completely ruled out.

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**ULTRASONOGRAPHIC FINDINGS**

Prominent pancreas.

Minor intestinal thickening.

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Otherwise, structurally unremarkable abdomen.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of significant disease.

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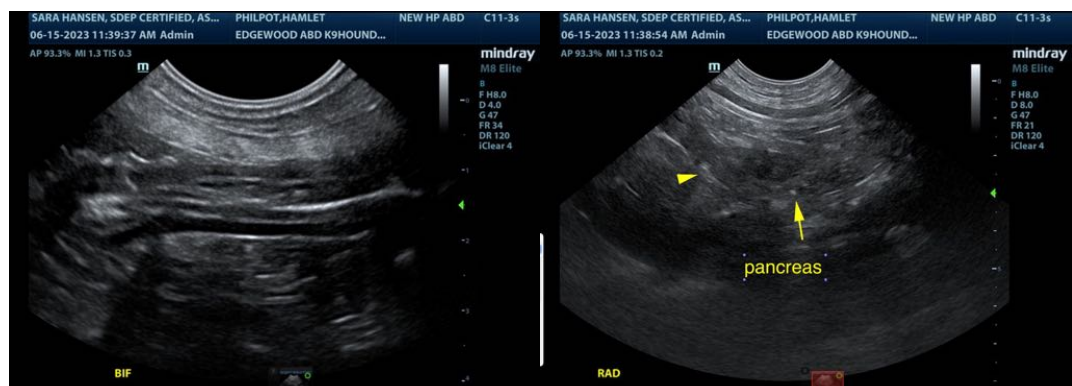
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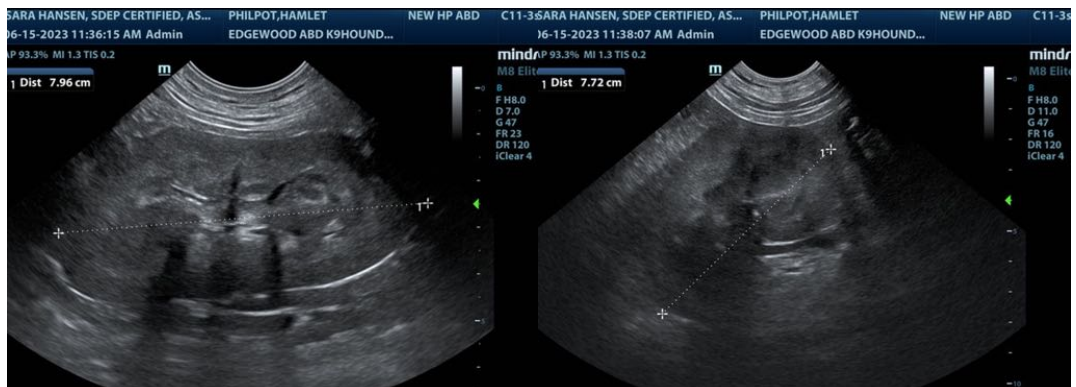
Dr. Callahan

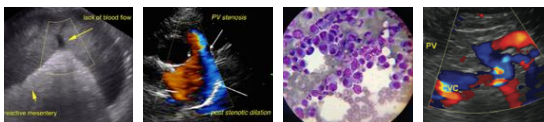
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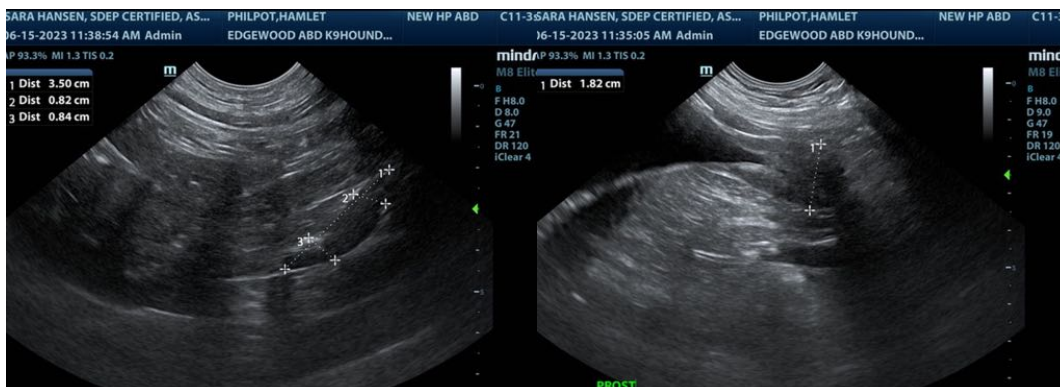
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## Invoice

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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, Cert. IVUSS

CEO of SonoPath.com

Eric.Lindquist@SonoPath.com