



PATIENT

Quin Faust

SPECIES

Canine

BREED

Whippet

SEX

Neutered Male

AGE

8 Years

WEIGHT

40 Pounds

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg VH

REFERRING VET

Dr. Jamie Vincent

INVOICE

35690

DATE

11/28/25

PRESENTING CLINICAL SIGNS

History: PU/PD - asking to go outside more w/ no blood noticed. Appetite is ravenous & "filling out" more per O. O concerned about diabetes. Activity level still normal per O.

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM: WNL Urinalysis: S.G = 1.010, pH = 6.5, some bld and pro.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was mildly overdistended and rounded in shape. The bladder wall was normal in thickness. The urine was anechoic with a mild amount of echogenic sediment. The trigone and visible urethra were normal in appearance. The pelvic urethra was visualized to a depth of 2.0 cm past the cystourethral junction.

The residual prostate was not visible in these images.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There were variably sized, non-obstructive medullary mineralization present without pelvic dilation. The left kidney measured 6.8 cm. The right kidney measured 7.5 cm.

The iliac trifurcation was visualized and evaluated. There was normal vascular perfusion with no evidence of thrombus formation. There was no visible lymphadenopathy.

Adrenal Glands

Both adrenal glands were normal in size and shape, with a smooth capsule contour. The parenchyma was a normal echogenicity. There were no nodules or masses visible. The left adrenal gland measured 0.57 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 0.59 cm at the caudal pole and 1.1 cm at the cranial pole.

Spleen

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease. The vasculature showed good vascularity with power doppler.

Liver/Gallbladder

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and normal portal markings. The hepatic vasculature was normal in volume and structure. The gall bladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns



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throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering. There were no visible masses or focal lesions in the GI tract.

Pancreas

The pancreas was isoechoic to the surrounding mesentery with normal size, shape and capsule contour. There was no evidence of inflammation or masses within the right and left limbs or body of the pancreas.

Free Abdomen

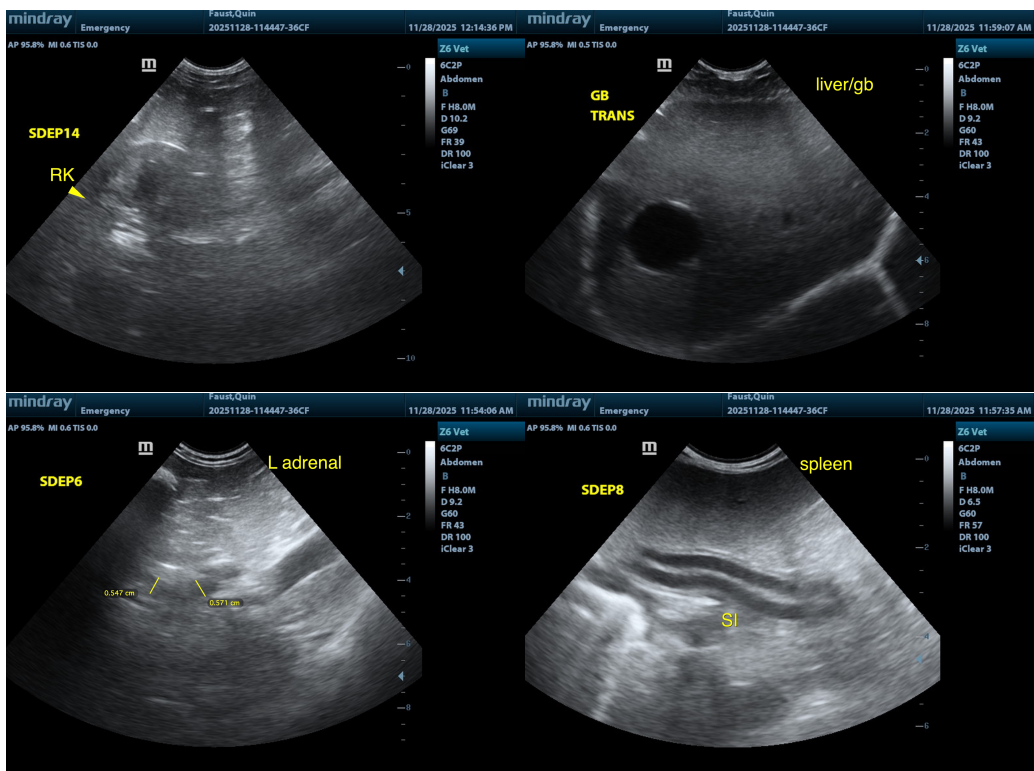
There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment, mild
- Age-related renal changes with mineralization- potential for passing small uroliths intermittently.
- Structurally normal abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity is recommended. If the patient remains isosthenuric, then early chronic renal disease is possible and blood pressure measurement, and UPC would be ideal for IRIS staging.





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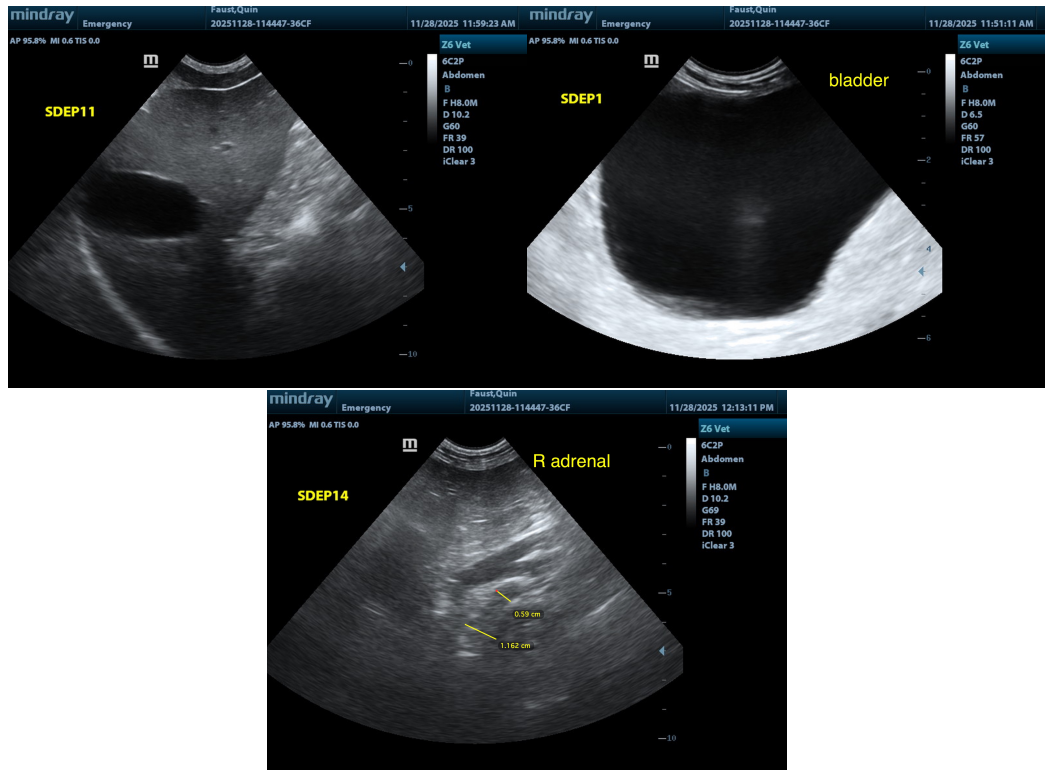
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

info@SonoPath.com