

PATIENT

Flynn Homa

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

11

WEIGHT

72

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

35520

DATE

1/20/26

PRESENTING CLINICAL SIGNS

History: Recheck prev u/s 1/14 Dog doing well, checking on status of gallbladder.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 6.4 cm. The right kidney measured 5.13 cm.

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 2.01 cm x 0.57 cm at the caudal pole and 0.59 cm at the cranial pole.

The region of the **right adrenal gland** was imaged, no evident pathology.

Spleen

The **spleen** revealed multifocal hyperechoic lipid plaques, stable.

Liver

The **liver** revealed uniform vacuolar hepatopathy pattern with a mild amount of remodeling. The gallbladder was not overdistended, however, persistent echogenic debris and thickened gallbladder wall was noted, measuring up to 1.0 cm, with mural mineralization, as well as sand and calculi. There is subjectively mild improvement compared to the prior sonogram.

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.

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.

ULTRASONOGRAPHIC FINDINGS



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- Persistent gallbladder overdistention, sand and calculi/cholelithiasis
- Multifocal hyperechoic lipid plaques in the spleen, stable
- Vacuolar hepatopathy pattern and mild remodeling
- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend continuation of medical therapy over an 8-week period and recheck of the gallbladder at that time, as long as the patient is clinically stable.

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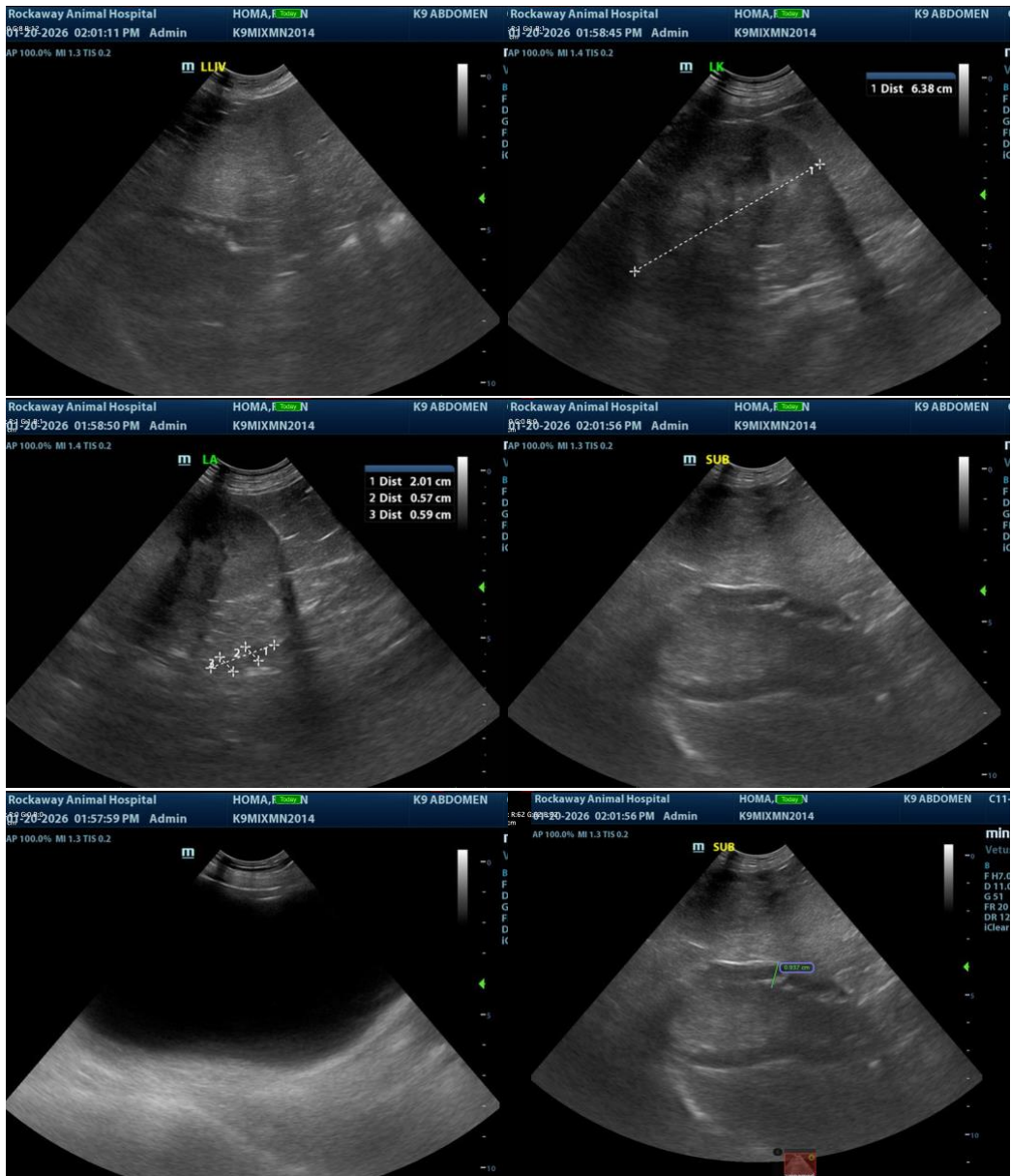
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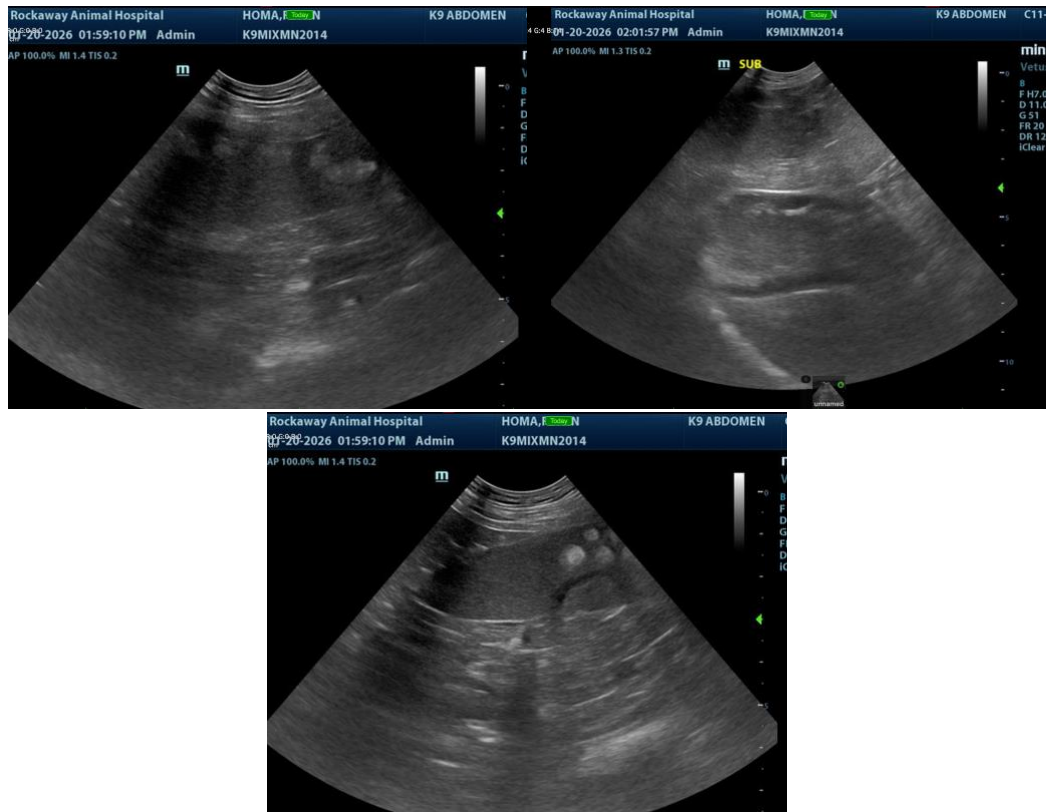
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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