



PATIENT

Brady Fox

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

16.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Varujan
Belekdanian

HOSPITAL NAME

Overpeck Creek AH

REFERRING VET

Dr. Belekdanian

INVOICE

69943

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: Brady is a 12 year old Yorkshire Terrier who presents for acute abdominal pain and possible collapse last night. The owner witnessed the patient jump off the couch, after which his front end moved up and down before he landed on his abdomen. He then stared into space and appeared disoriented. This was a single event, and he has not had any further episodes. Since the event, he has seemed abnormal and is moving gingerly. Patient has no interest in eating. Upon presentation, Brady's conjunctival mucous membranes were pale and slightly tacky. Patient currently has a grade 3/6 left sided heart murmur. Patient has not been exposed to any toxins in the past. Patient has had a history of having a moderate non-regenerative anemia (HCT 22% as of last night), with some elevated liver enzymes (ALT 489), and elevated kidney enzymes (Creatinine 1.9, BUN 43). Patient's anemia first popped up on 10/21/2025 (HCT 29%)

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Pinpoint mineralization was noted in both kidneys. The left kidney measured 4.4 cm. The right kidney measured 4.5 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.

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.



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Liver

The **liver** revealed multi-focal cystic changes, generalized hepatomegaly. Coalescing, cystic hepatic changes were noted and created a mass type effect measuring up to 2.0 cm including the cystic component and hepatomatous type swelling. 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

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.

Free Abdomen

Free fluid was noted between the liver and diaphragm in the midabdomen.

ULTRASONOGRAPHIC FINDINGS

Cystic liver mass with nodular changes and free fluid, suspect hemorrhage. Hepatic neoplasia such as carcinoma is possible as well as benign granulomatous lesions.

Age related renal changes with mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for potential surgical planning of the primary mass as well as 25-gauge FNA of the nodular changes is noted. An abdominocentesis is warranted to assess for presumed hemoabdomen. The renal changes are mild with calculi that may be in movement periodically. Prognosis is guarded.



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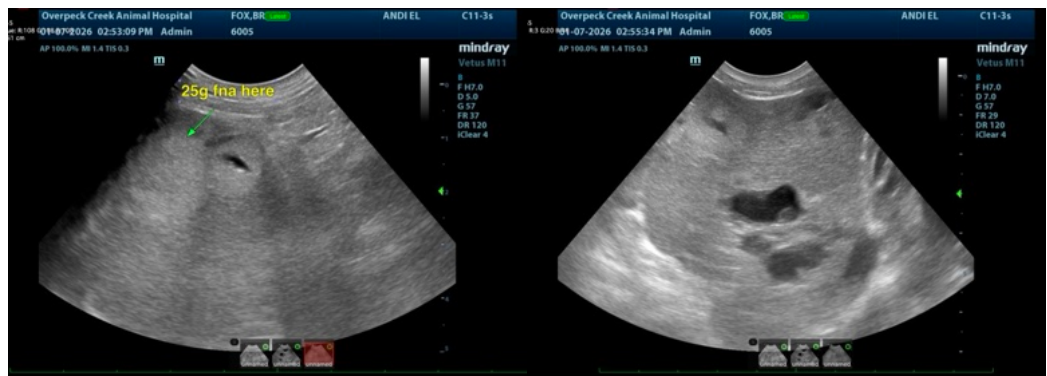
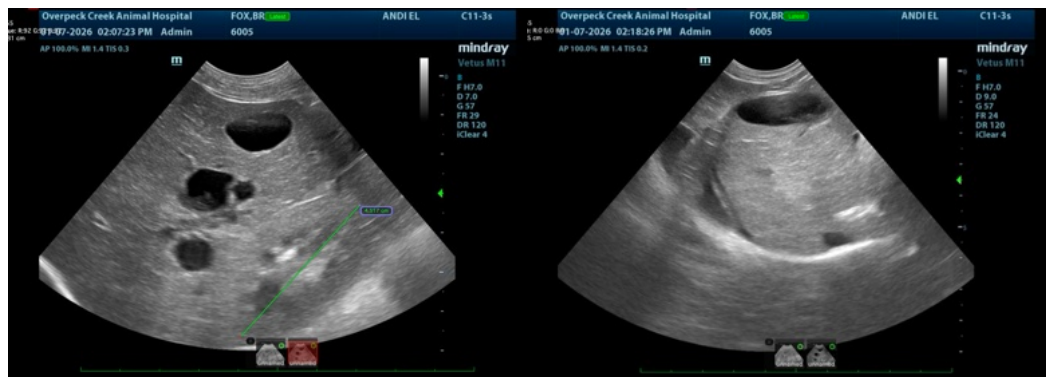
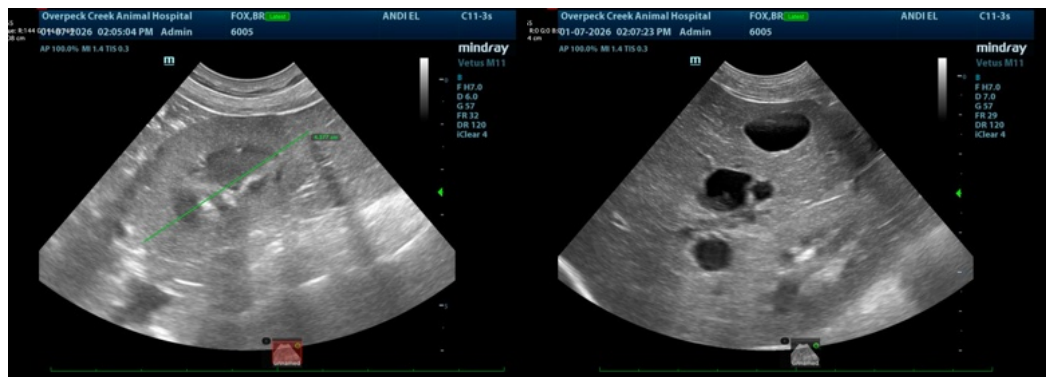
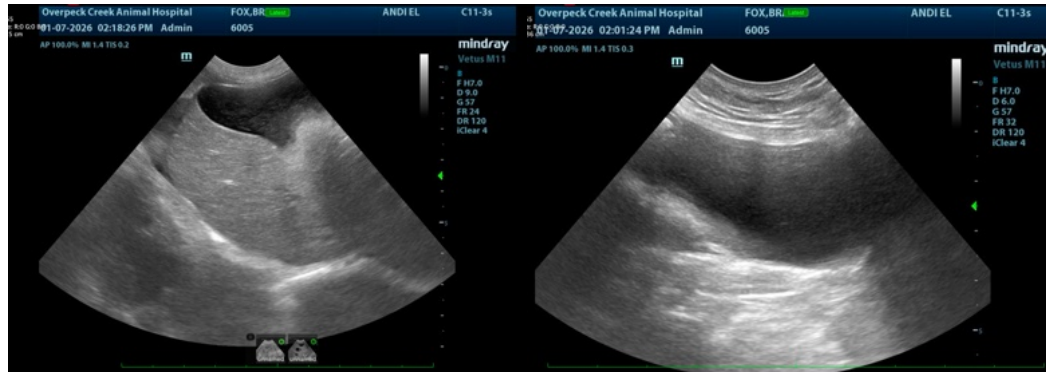
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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