



**PATIENT**

Connor Hollander

**SPECIES**

Canine

**BREED**

Labrador x Poodle

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

27.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
CVT

**HOSPITAL NAME**

Englewood Cliffs  
Veterinary Hospital

**REFERRING VET**

Dr. Park

**INVOICE**

72092

**DATE**

1/8/26

**PRESENTING CLINICAL SIGNS**

Recheck liver- values going up while on Denamarin Current meds: Carprofen 25mg BID, Gabapentin 100mg BID, Denamarin 225mg SID

Abnormal PE/Chem/CBC/UA Results: ALT 266, ALP 691, Chol 394

**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 iliac trifurcation was unremarkable.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 4.85 cm. Right kidney measured 4.76 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. Right measured 2.3 cm x 1.0 cm at the cranial pole and 0.54 cm at the caudal pole. Left measured 2.37 cm x 0.54 cm at the cranial pole and 0.55 cm at the caudal pole.

**Spleen**

The **spleen** presented a subtle, non-distinct, hypoechoic nodule noted, non-disruptive and largely isoechoic to surrounding parenchyma. These types of nodules may come and go depending upon splenic volume and reactive state of the spleen in my experience, most consistent with hyperplasia. The nodule measured 0.38 cm.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Occasional hyperechoic lipid plaque noted up to 1.0 cm. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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**

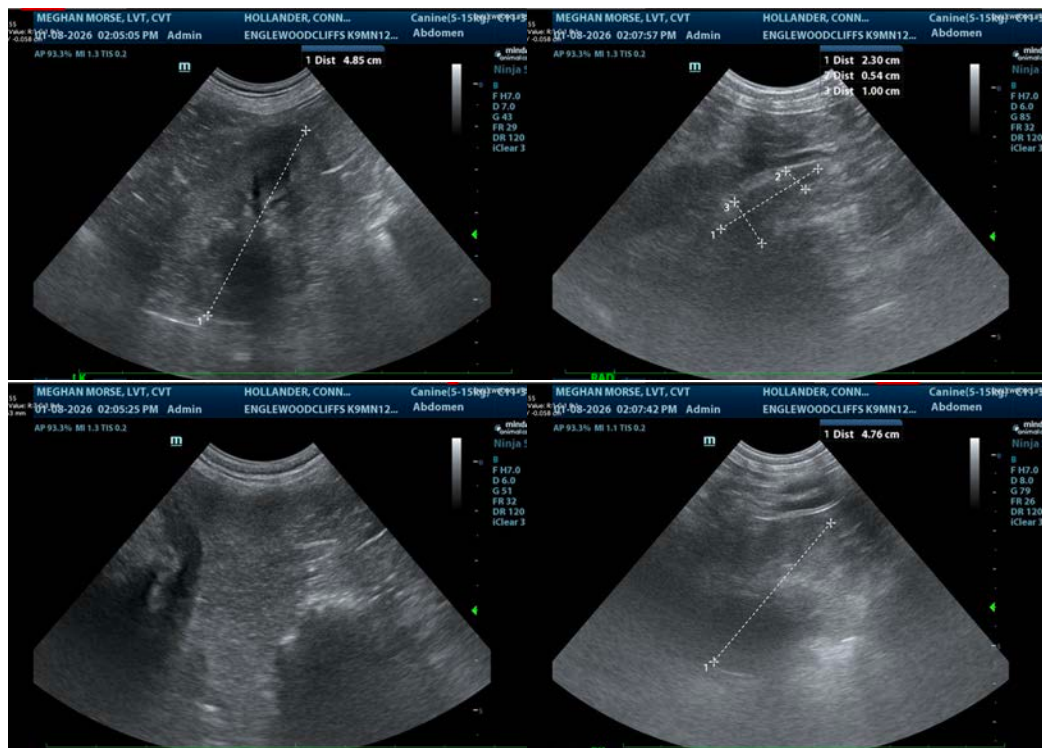
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Subtle splenic nodule – likely hyperplasia, minor potential for emerging round cell neoplasia or hemangiosarcoma.
- Non-specific low-grade inflammatory hepatopathy with age related hepatic changes.
- Age related renal and hepatic changes.
- Partially full stomach.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of pathology. Expected changes for this age and breed. Recheck splenic nodule in 4-6 weeks to assess for any growth. FNA of the spleen and liver could be considered for further definition, yet subjectively the changes appear benign.





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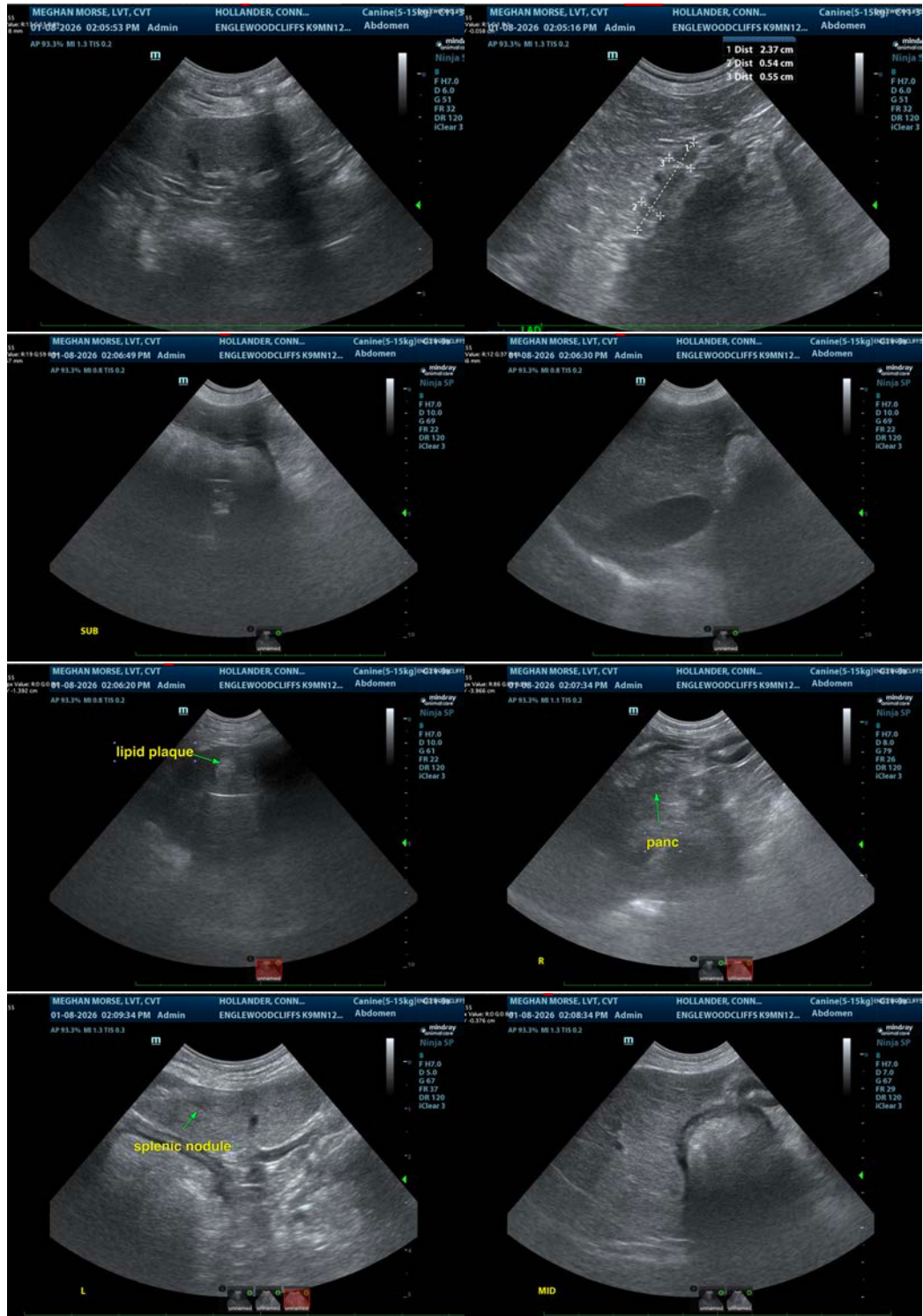
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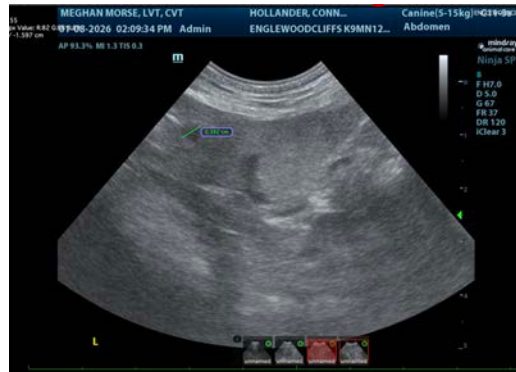
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
CEO, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)