



PATIENT

Takashi Nickell

SPECIES

Canine

BREED

Akita

SEX

Intact Male

AGE

7 Months

WEIGHT

79 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Forest Valley VC

REFERRING VET

Dr. Shaw

INVOICE

35547

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: - R testicle present, L cryptorchid. - Cannot feel anything beside prepuce in L inguinal area - Hoping to locate L testicle before proceeding with cryptorchid/neuter surgery ABNORMAL Labwork Values N/A Current Medications Nexgard Plus monthly Radiographic Findings N/A Notes to Specialist (if any) Hoping to locate L testicle before proceeding with cryptorchid/neuter surgery.

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 **prostate** was uniform, measuring 3.4 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 7.16 cm. The left kidney measured 7.04 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 3.25 cm x 1.67 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measured 3.29 cm x 0.49 cm at the cranial pole and 0.59 cm at the caudal pole.

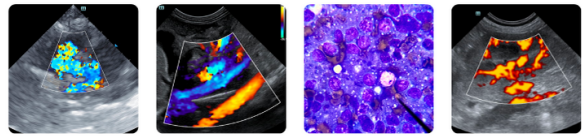
Spleen

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

Gastrointestinal



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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

The mesenteric **lymph nodes** revealed juvenile enlargement (2.0 cm x 1.0 cm), not pathological.

Other

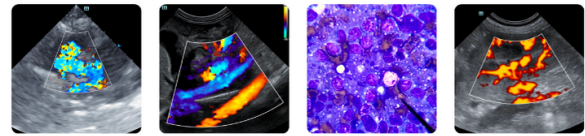
The retained **testicle** in this patient was intraabdominal, positioned at the level of the body wall/peritoneum, measuring 2.85 cm just cranial to the urinary bladder at the inguinal canal. This appears to be slightly to the right side, however, even though this is likely left testicle in abnormal position.

ULTRASONOGRAPHIC FINDINGS

- Intraabdominal cryptorchid, just cranial to the urinary bladder, adjacent to the peritoneum in the mid caudal abdomen.
- Juvenile mesenteric lymph node enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical removal is recommended.



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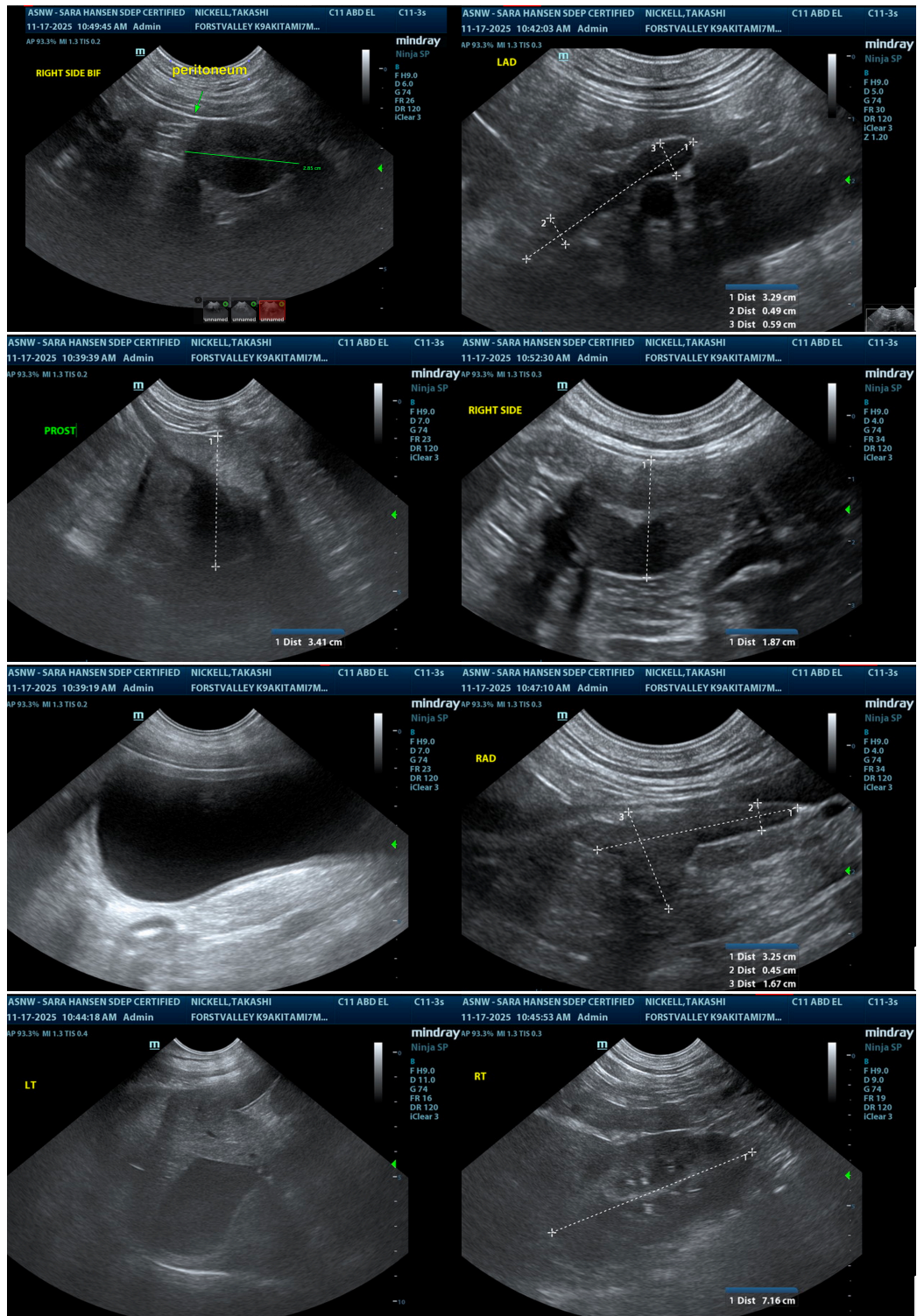
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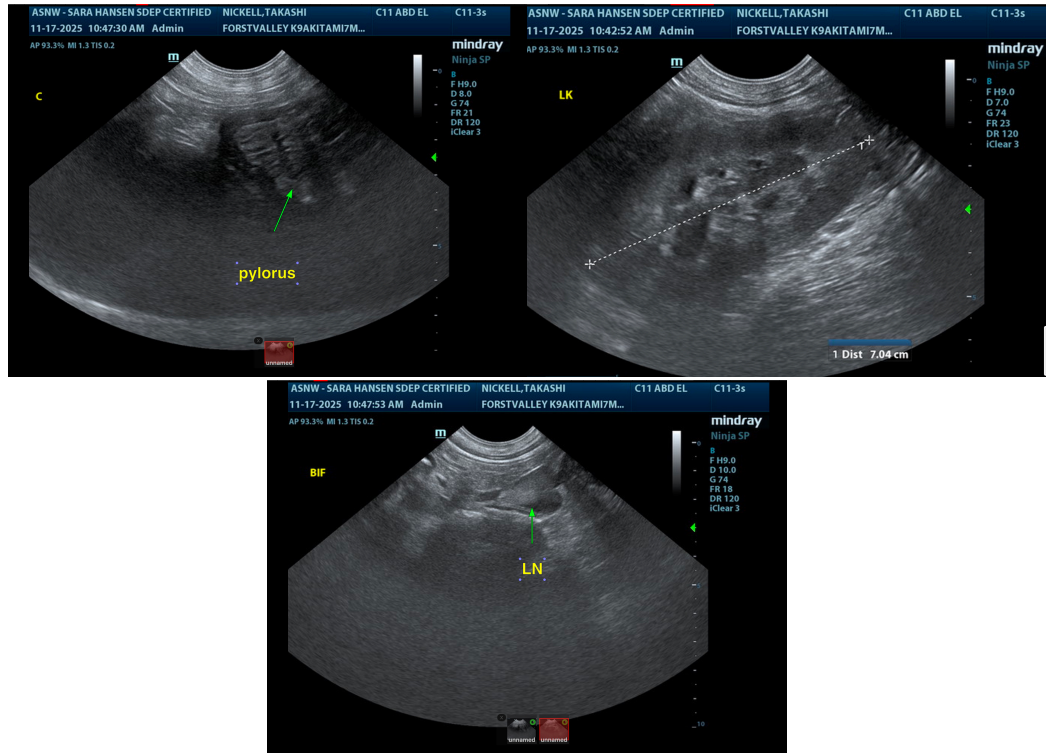
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com