



PATIENT

Buddy Sorrow

SPECIES

Canine

BREED

Beagle Mix

SEX

Male

AGE

10 years

WEIGHT

25 lbs

PRESENTING CLINICAL SIGNS

History: Icteric. Not eating for days. When he does eat he vomits. Drinking little
Abnormal PE/Chem/CBC/UA Results: AST 218, ALT 1256, Alk Phos 684, Bilirubin 12.6, SDMA 6.6, Phosphorus 2.1

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. The left kidney measured 5.46 cm. The right kidney measured 6.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 measured 0.72 cm at the cranial pole and 0.44 cm at the caudal pole. The left adrenal gland measured 0.5 cm at the caudal pole and 0.38 cm at the cranial pole.

IMAGING PERFORMED BY

Dr. Whitesell

HOSPITAL NAME

Dickson AC

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.

REFERRING VET

Dr. Hovis

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Liver

The **liver** was significantly subnormal in size with isoechoic nodular changes and increased portal markings. The liver had irregular contour. Macronodular changes were noted as well. The gallbladder and common bile duct were unremarkable.

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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

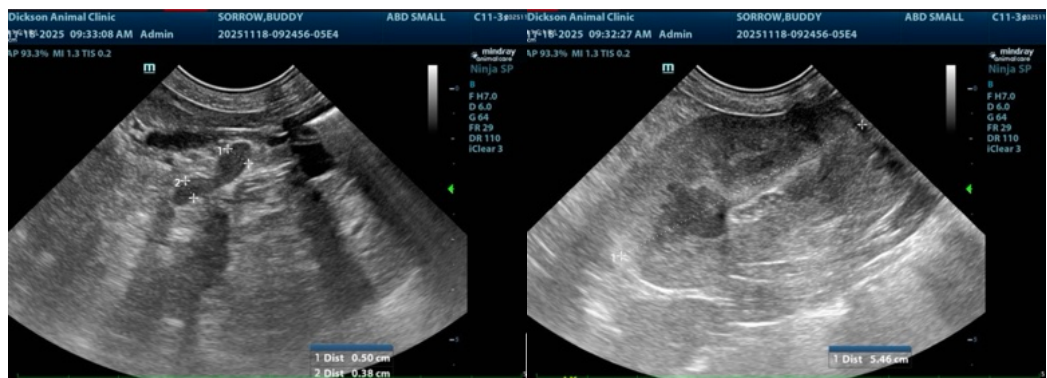
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Diffuse liver disease, consistent with cirrhosis, end stage degenerative presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver biopsy is necessary for further definition. Supportive care for hepatic failure is indicated. Leptospirosis titers are recommended. However, the amount of hepatic parenchyma is minimal. Prognosis is poor. Neoplasia is not suspected, yet cannot be ruled out without sampling.





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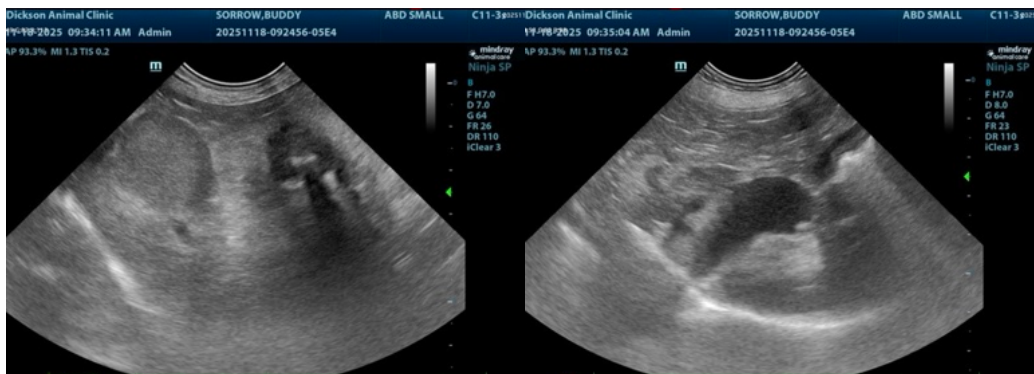
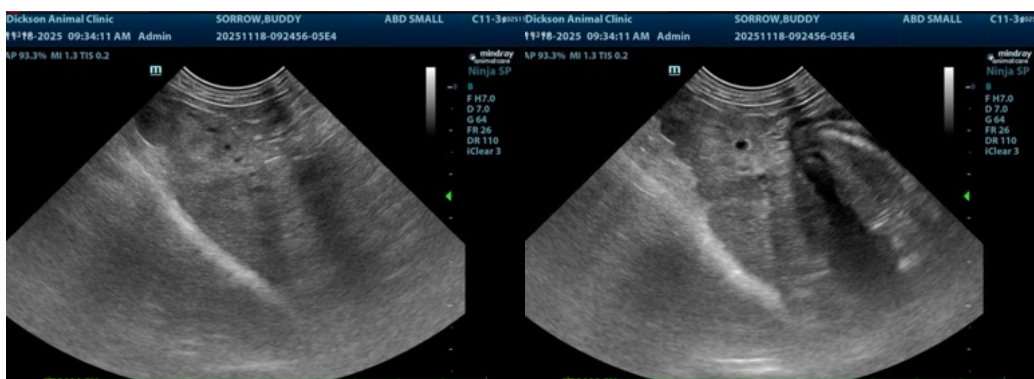
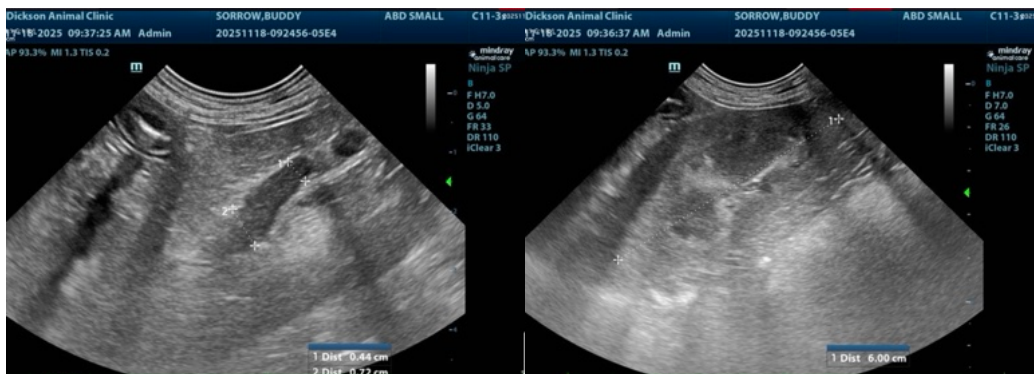
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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