



PATIENT

Nikko Cromley

SPECIES

Canine

BREED

Shiba Inu

SEX

Neutered Male

AGE

13

WEIGHT

27.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Butler VH

REFERRING VET

Dr. Sereda

INVOICE

35135

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Recurrent diarrhea, decreased appetite, weight loss, cranial abdominal pain, grey zone PLI

Abnormal CBC/Chem findings: TT4 0.6, Otherwise NSF, precision PSL 355

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 mild 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 4.4 cm. The right kidney measured 4.24 cm.

Adrenal Glands

The **left adrenal gland** was slightly swollen at the cranial pole, measuring 0.78 cm at the cranial pole, 0.65 cm at the caudal pole, and 2.4 cm in length.

The **right 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 right adrenal gland measured 1.63 cm x 0.86 cm at the cranial pole and 0.5 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 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. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The **gallbladder** was mildly over distended with a moderate amount of suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal



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The **stomach** revealed a 2.9 cm hard shadowing structure with a mild amount of chyme. The gastric wall was unremarkable. This is consistent with luminal foreign body. The distal small intestine revealed a 2.5 cm x 1.7 cm undifferentiated mass that appears to be deriving from the muscularis portion of the small intestine and appears resectable. This appears to be jejunal in origin. The colon was slightly thickened in this patient with a largely empty lumen.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Undifferentiated jejunal mass- suspect leiomyosarcoma or other neoplastic event. This appears resectable.
- Gastric foreign body
- Slightly swollen irregular left adrenal gland, likely hyperplasia
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrotomy and intestinal resection and anastomosis are indicated.



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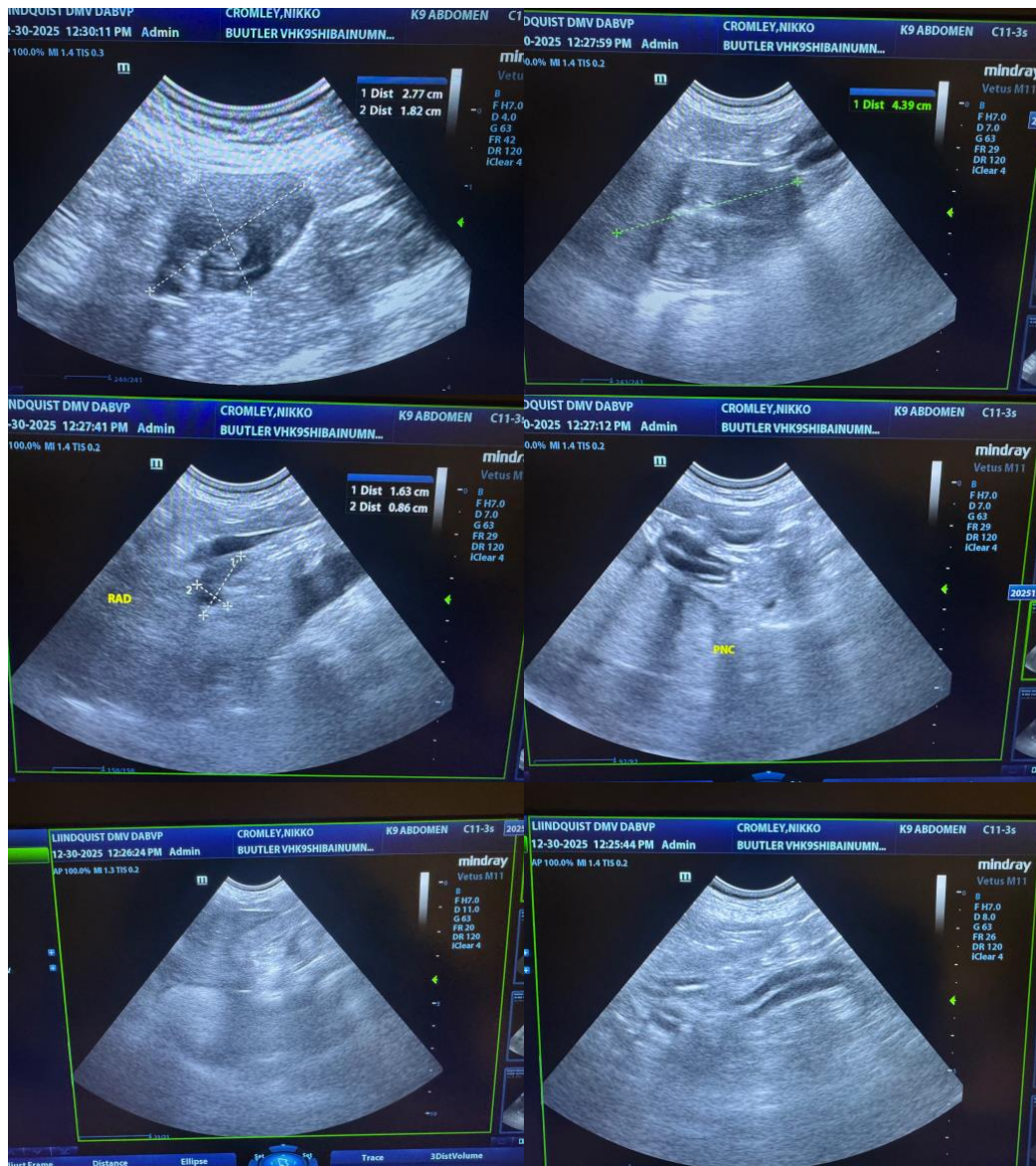
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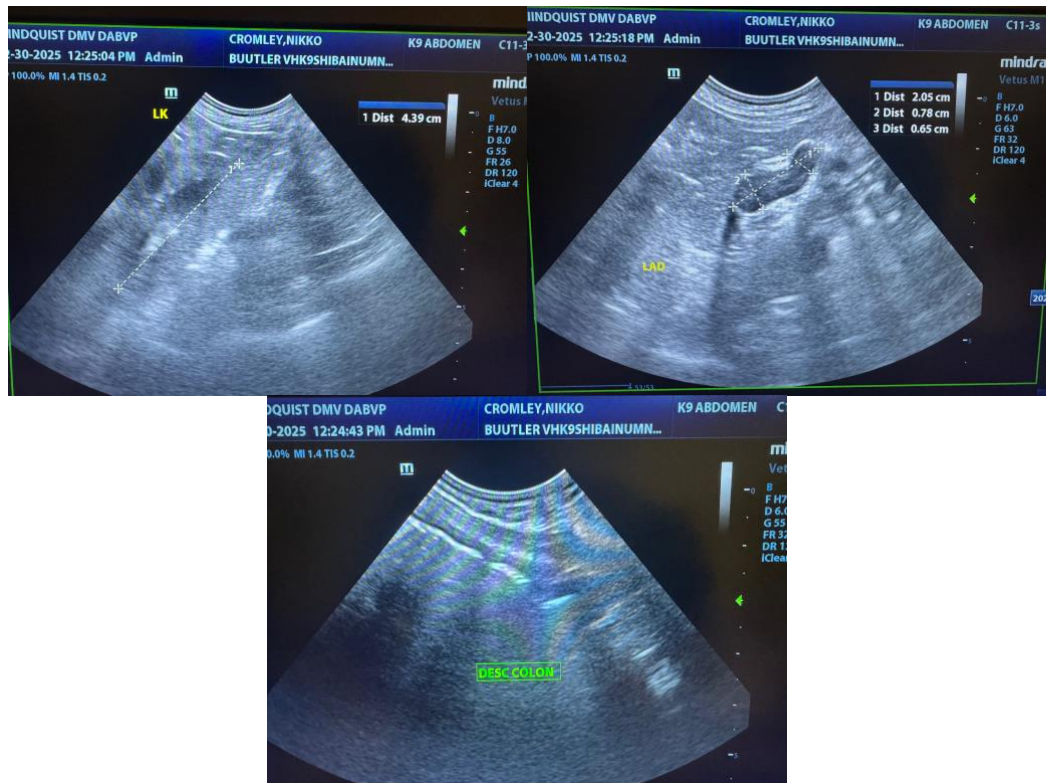
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com