



## PATIENT

Connor McKnight

## SPECIES

Canine

## BREED

Lhasa Apso x

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

24 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Scott

## HOSPITAL NAME

Wyckoff Veterinary  
Hospital

## REFERRING VET

Dr. Eisenberg

## INVOICE

72880

## DATE

12/31/25

## PRESENTING CLINICAL SIGNS

Acute lethargy, bloated abdomen this morning only, diarrhea ate last night- no food given this morning  
Abnormal PE/Chem/CBC/UA Results: bw normal gained 1.5lbs since 10/1

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed a ventral wall thickening with anechoic urine. Bladder wall measured 0.67 cm. Wall thickening extended throughout the ventral wall, measuring 4.2 cm in length. Some loss of mural detail noted.

The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The residual prostate measured 6.0 mm.

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. Slight areas of mineralization noted. Left kidney measured 4.8 cm. Right kidney measured 5.0 cm.

### Adrenal Glands

The **right adrenal gland** was mildly enlarged at 0.90 cm, visualized obliquely.

The **left adrenal gland** was slightly enlarged at the caudal pole, measuring 0.98 cm at the caudal pole and 0.60 cm at the cranial 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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. Occasional hyperechoic lipid plaque noted, not pathological. The caudal aspect of the medial liver revealed an isoechoic 2.9 cm swelling/mass, most consistent with hepatoma. It does not look particularly aggressive. However, FNA and monitoring indicated.

### 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.



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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

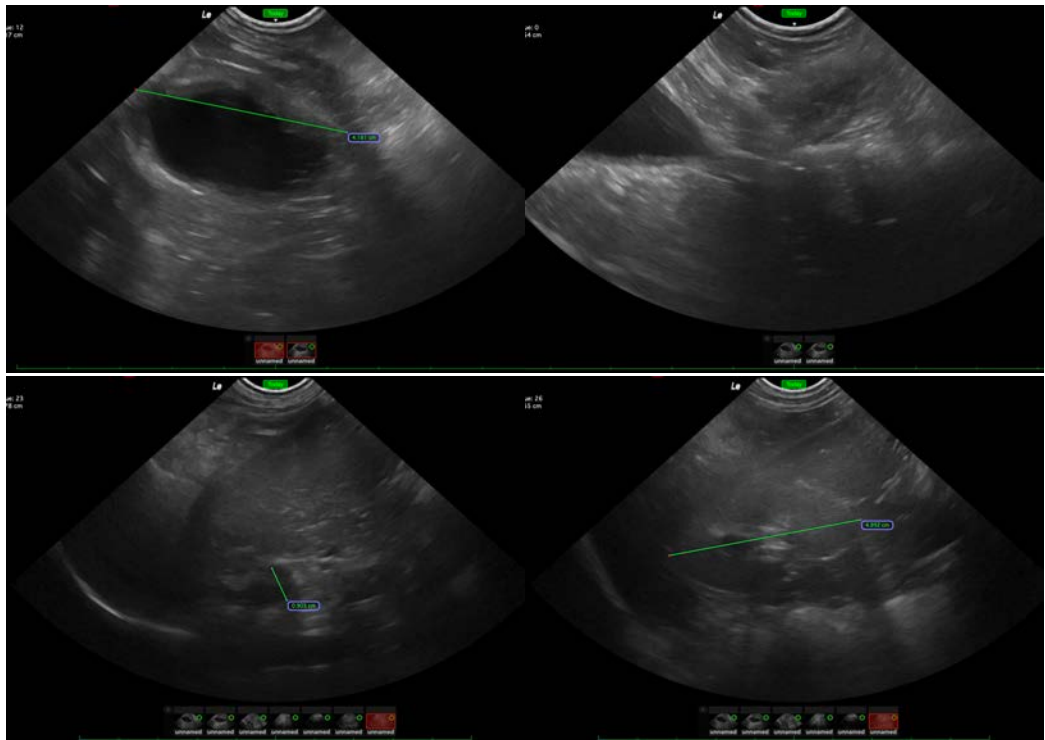
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Undefined bladder thickening – cystitis versus emerging carcinoma.
- Mild bilateral adrenal hypertrophy.
- Vacuolar hepatopathy liver pattern.
- Age related renal changes.
- Partially full stomach.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient appears cushingoid and USG is <1.020, then workup for PDH indicated. FNA of the general liver and liver swelling both indicated. Full urinary workup warranted as well as BRAF testing and urine culture and sensitivity if BRAF testing is negative. Free catch urine sample warranted as well with cytospin to assess for any evidence of transitional cells. This should be performed prior to any cystocentesis.





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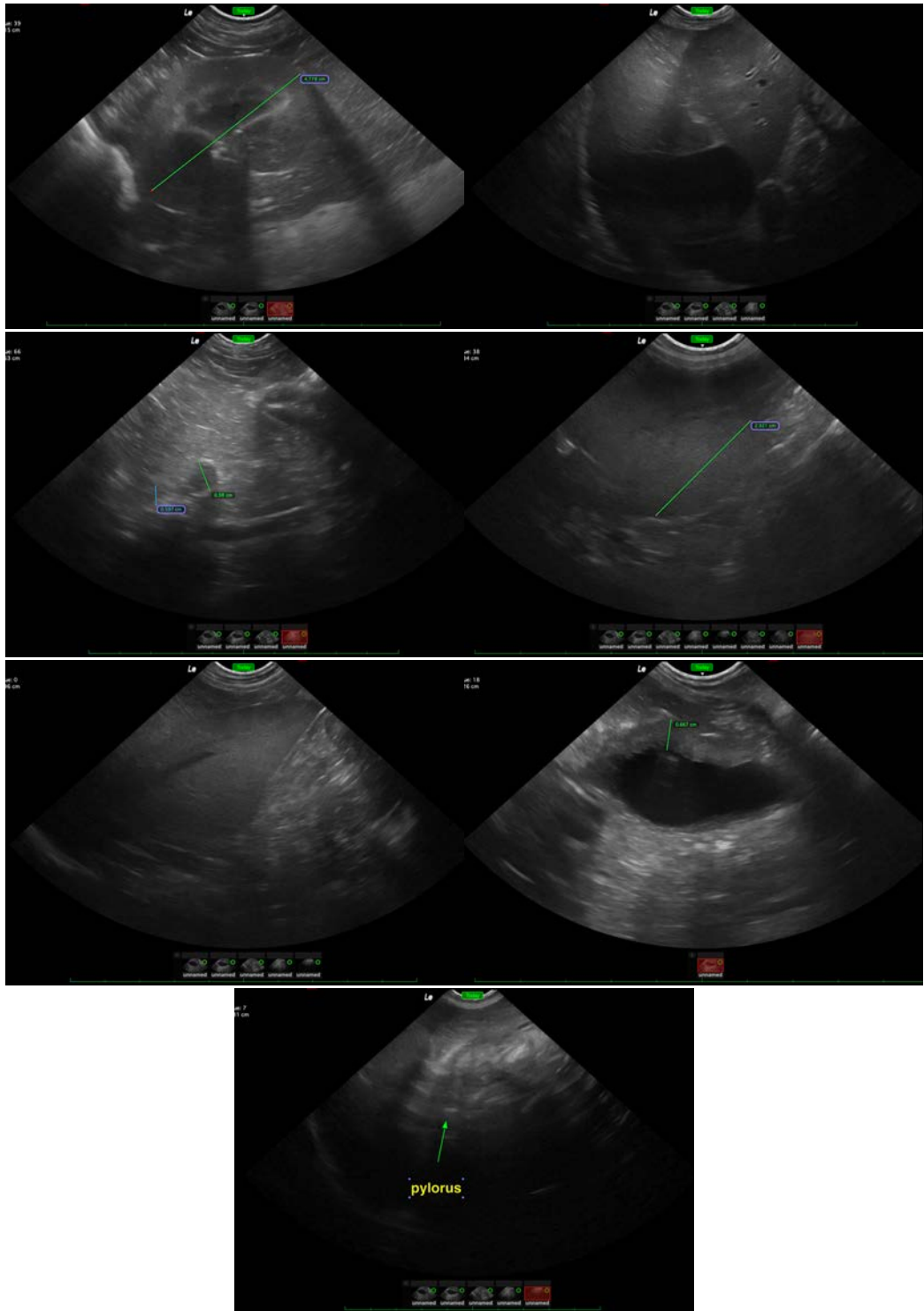
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)