



## PATIENT

Milo Rendon

## SPECIES

Canine

## BREED

Jag Terrier

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

40

## INTERPRETED BY

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

## IMAGING PERFORMED BY

JK

## HOSPITAL NAME

Hamburg Veterinary  
Clinic

## REFERRING VET

Dr. Branning

## INVOICE

12586

## DATE

12/05/25

## PRESENTING CLINICAL SIGNS

Poor appetite for few days, lethargic, vomiting

Abnormal PE/Chem/CBC/UA Results: Radiograph shows possible abdominal mass

## 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 **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 his age patient. Medullary structure differed distinctly from that of the cortex. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 7.7 cm in length. The right kidney measured 6.5 cm in length.

### 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 left adrenal gland measured 0.65 cm width at the cranial pole and 0.60 cm width at the caudal pole. The right adrenal gland measured 0.80 cm width at the cranial pole and approximately 1.0 cm in width.

### 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. The spleen was folded upon itself caudally.

### Liver

The **liver** was uniformly swollen. 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. There was no overt suspicion of neoplasia.

The gallbladder was mildly over distended with 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

The **stomach** was filled with chyme and slight round shadowing luminal material consistent with kibble. Portions of thickened intestine was noted in this patient. The colon was unremarkable.



**PATIENT**

**Pancreas**

Milo Rendon

Heterogenous parenchymal changes were noted around the **pancreas**.

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**ULTRASONOGRAPHIC FINDINGS**

- Age-related renal changes with mineralization.
- Folded spleen.
- Gallbladder sludge.
- Gastric shadowing material.
- Generalized hepatomegaly.
- Heterogenous pancreas.
- Enteritis pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt masses were noted. 24-hour NPO, GI protectants and recheck sonogram are recommended to ensure adequate resolution.





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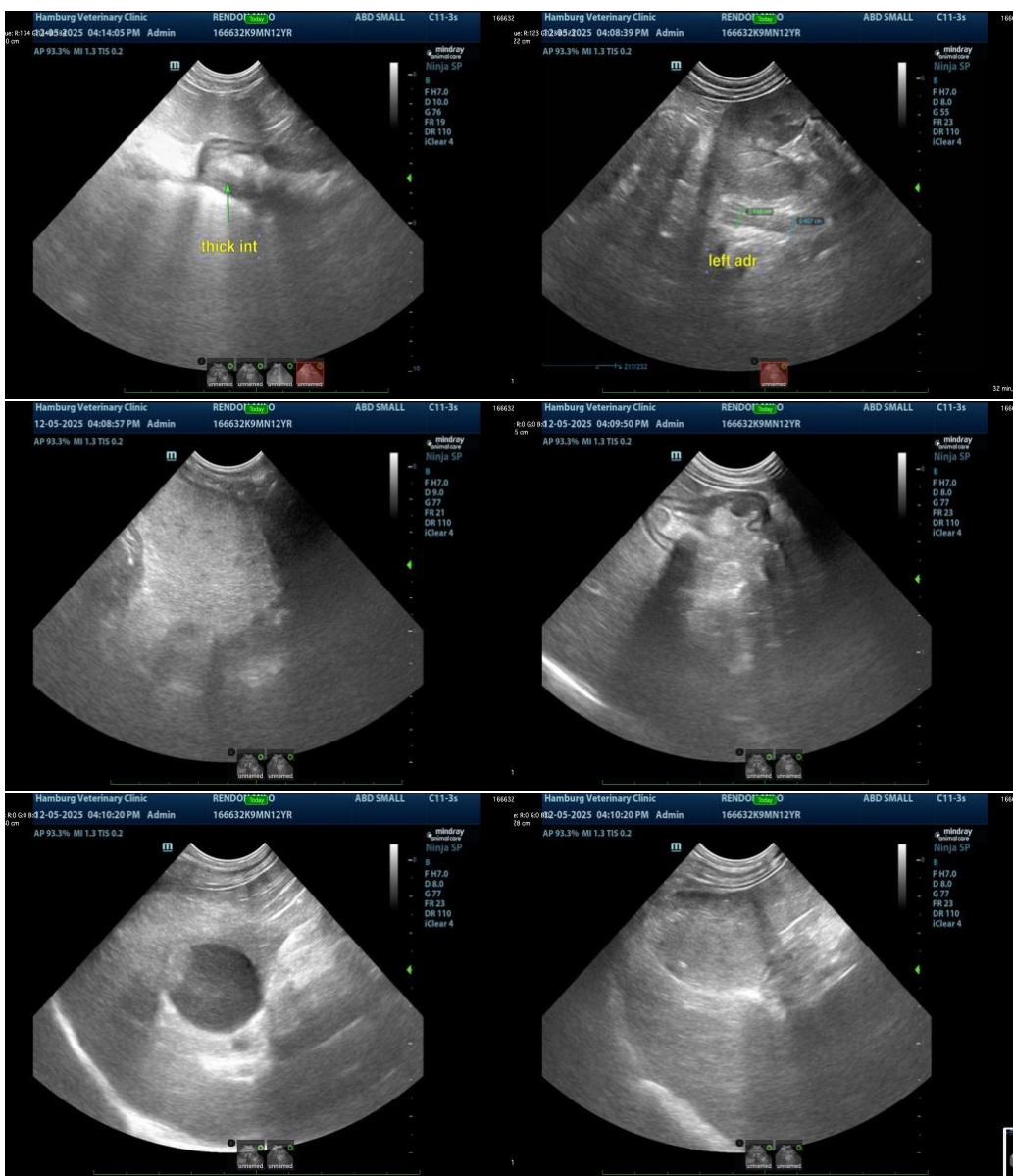
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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