



**PATIENT**

Zeus Honczarenko

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

91 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Whippany Veterinary  
Hospital

**REFERRING VET**

Dr. Cordero

**INVOICE**

72984

**DATE**

2/13/26

**PRESENTING CLINICAL SIGNS**

Vomiting/ intermittent. See abd. Xrays. Concern for poss. FB vs. mass. vs other

**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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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. Left kidney measured 7.4 cm. Right kidney measured 6.2 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. Right measured 2.3 cm x 1.01 cm at the cranial pole and 0.49 cm at the caudal pole. Left measured 2.54 cm x 0.64 cm at the cranial pole and 0.75 cm at the caudal pole.

**Spleen**

The **spleen** was folded upon itself cranially. It 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**

The **stomach** was filled with gas and fluid. Some pyloric mucosal irregularities noted with echogenic foci, suggestive for potential microulcerative disease. The mid to distal small intestines were empty. The duodenum was mildly spastic. The colon revealed normal stool.

**Pancreas**

**Pancreatic** remodeling noted in the right limb.



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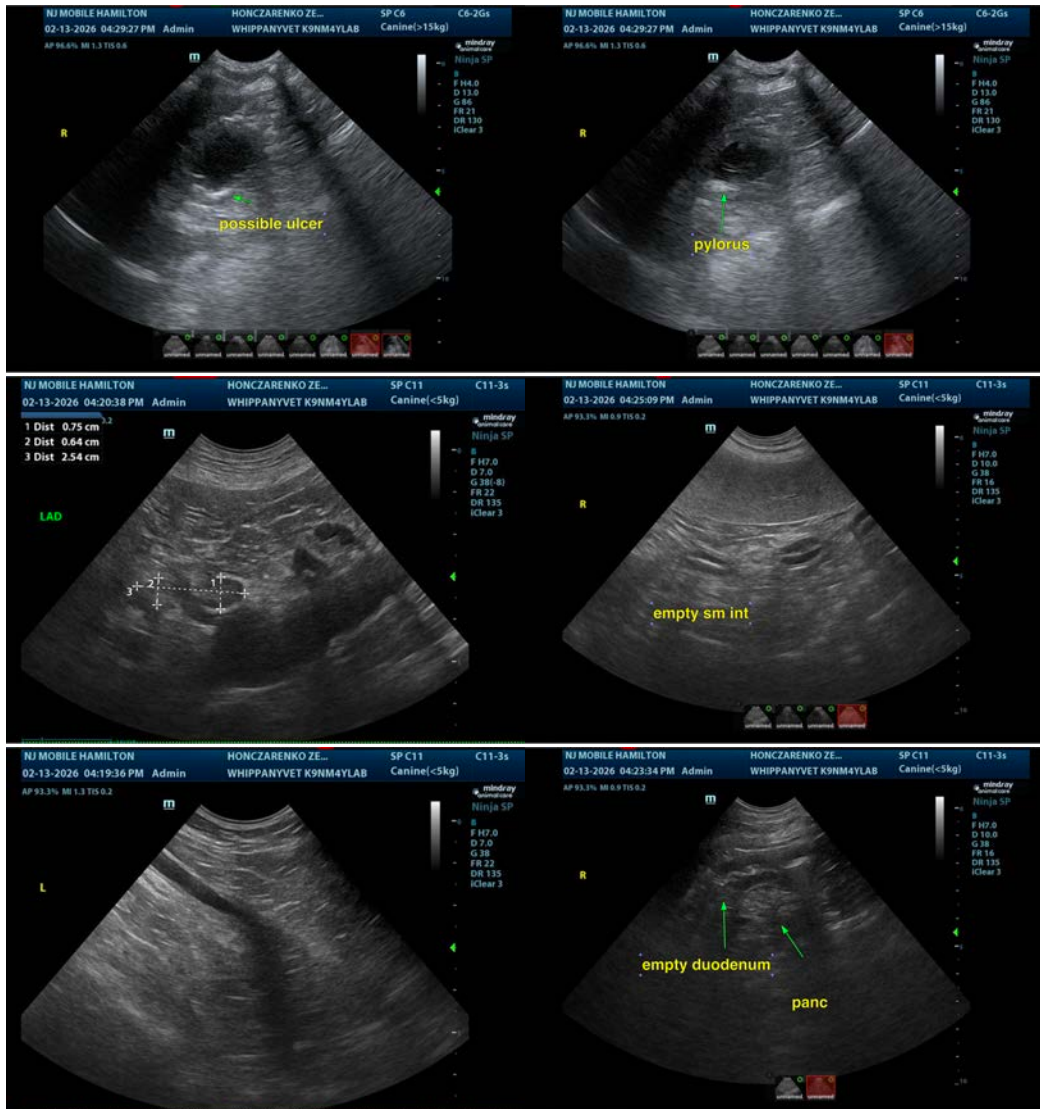
2/13/26

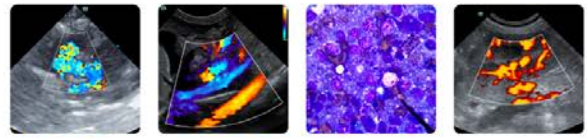
**ULTRASONOGRAPHIC FINDINGS**

- Non-specific gastroenteritis – Enterotoxin, parasitic disease, dietary indiscretion all potentials.
- Pancreatic remodeling.
- Folded spleen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of foreign body. Medical management indicated and recheck sonogram if clinical signs persist. GI protectant protocol indicated. Slurry feeding or hydrolyzed canned diet recommended. I do not recommend any bulk feeding in this patient in the near future.





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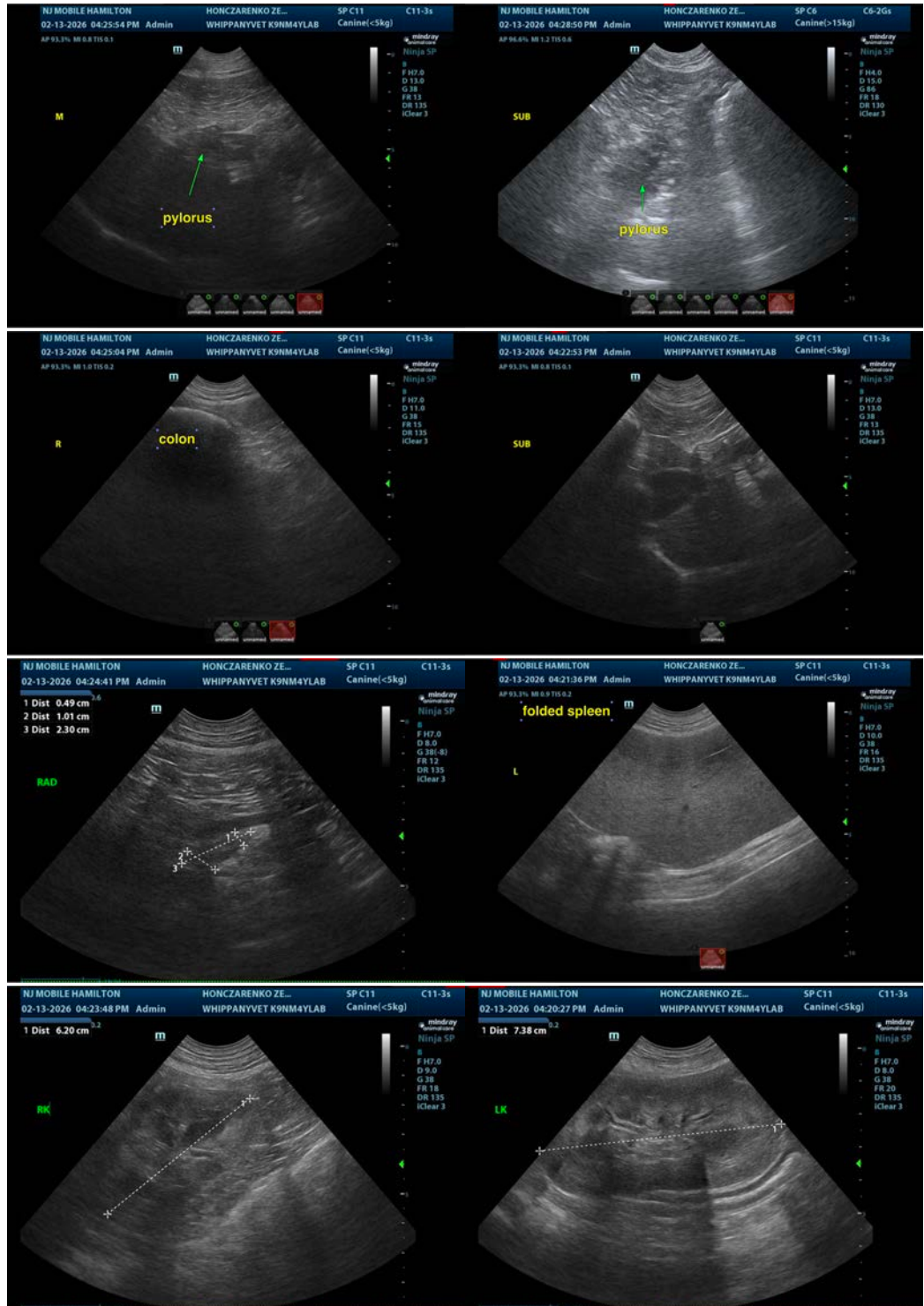
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)