



## PATIENT

Brophy Moore

## SPECIES

Canine

## BREED

American Foxhound

## SEX

Neutered male

## AGE

9 years

## WEIGHT

54 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Nikki Kollman RVT

## HOSPITAL NAME

Airpark AH

## REFERRING VET

Dr. Owens

## INVOICE

71140

## DATE

2/2/26

## PRESENTING CLINICAL SIGNS

- Hypothyroid for several years, has done well on levothyroxine. PU/PD for several months. Weight loss over last year, has been intentional in theory with decreased calorie diet but this dog loves to eat and I am suspicious that it is at least in part pathological. Pyoderma over last few months, just finished course of cefpodoxime. Intermittent trembling in hind limbs over last few months. Pot bellied appearance. Cachexic appearance over all
- Stress leukogram 1/16/26 ALKP 503 PLT 575 Lipase 1298 UA- USG 1.012 Protein 30+

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** and trigone presented normal thicknesses and normal tone. The bladder was overdistended at the time of the sonogram. 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. The left kidney revealed slight pyelectasia. The left kidney measured 7.6 cm. The right kidney measured 6.76 cm.

### Adrenal Glands

The left **adrenal gland** was mildly swollen and measured 2.15 x 0.88 cm. The right adrenal gland was uniform and measured 2.0 x 0.51 cm at the caudal pole and 0.64 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 was noted.

### 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 hyperechoic fat. This is consistent with atypical mucocele. The gallbladder may be bilobed or deformed.



## PATIENT

## Gastrointestinal

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The **stomach** revealed a minor amount of luminal shadowing and luminal material with gastric wall thickening. The gastric material measured 3.8 cm. There was loss of mural detail. This appeared to primarily in the gastric fundus and proximal pyloric outflow. Wall thickness measured up to 1.9 cm. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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## 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.

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## ULTRASONOGRAPHIC FINDINGS

Atypical gallbladder mucocele, may be a duplicated. Clinical significance is debatable.

## WEIGHT

54 lbs

Uniformly swollen liver.

Gastric wall thickening. Gastritis, emerging round cell neoplasia possible.

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Shadowing gastric material.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gallbladder motility study would be ideal in this patient. An argument can be made for exploratory surgery with expectations of cholecystectomy, gastrotomy, and gastric wall biopsies for further definition. The gallbladder presentation should be monitored very carefully as well as any rapid liver enzyme elevations. Screening FNA of the liver could be justified as well.

## IMAGING PERFORMED BY

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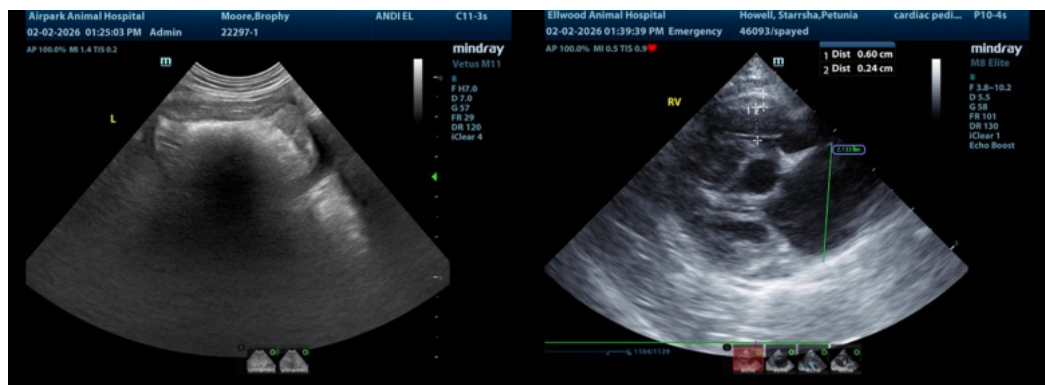
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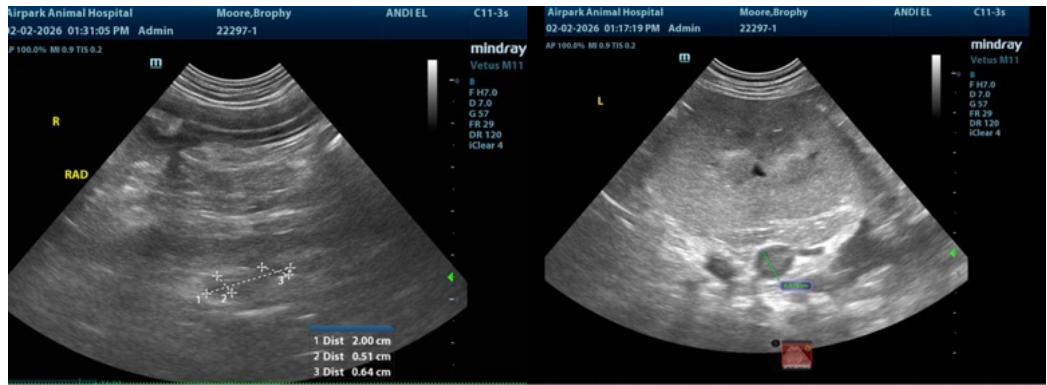
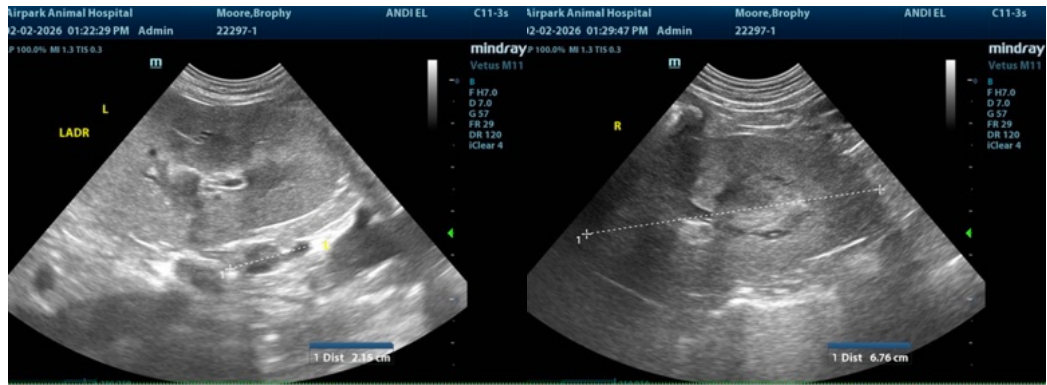
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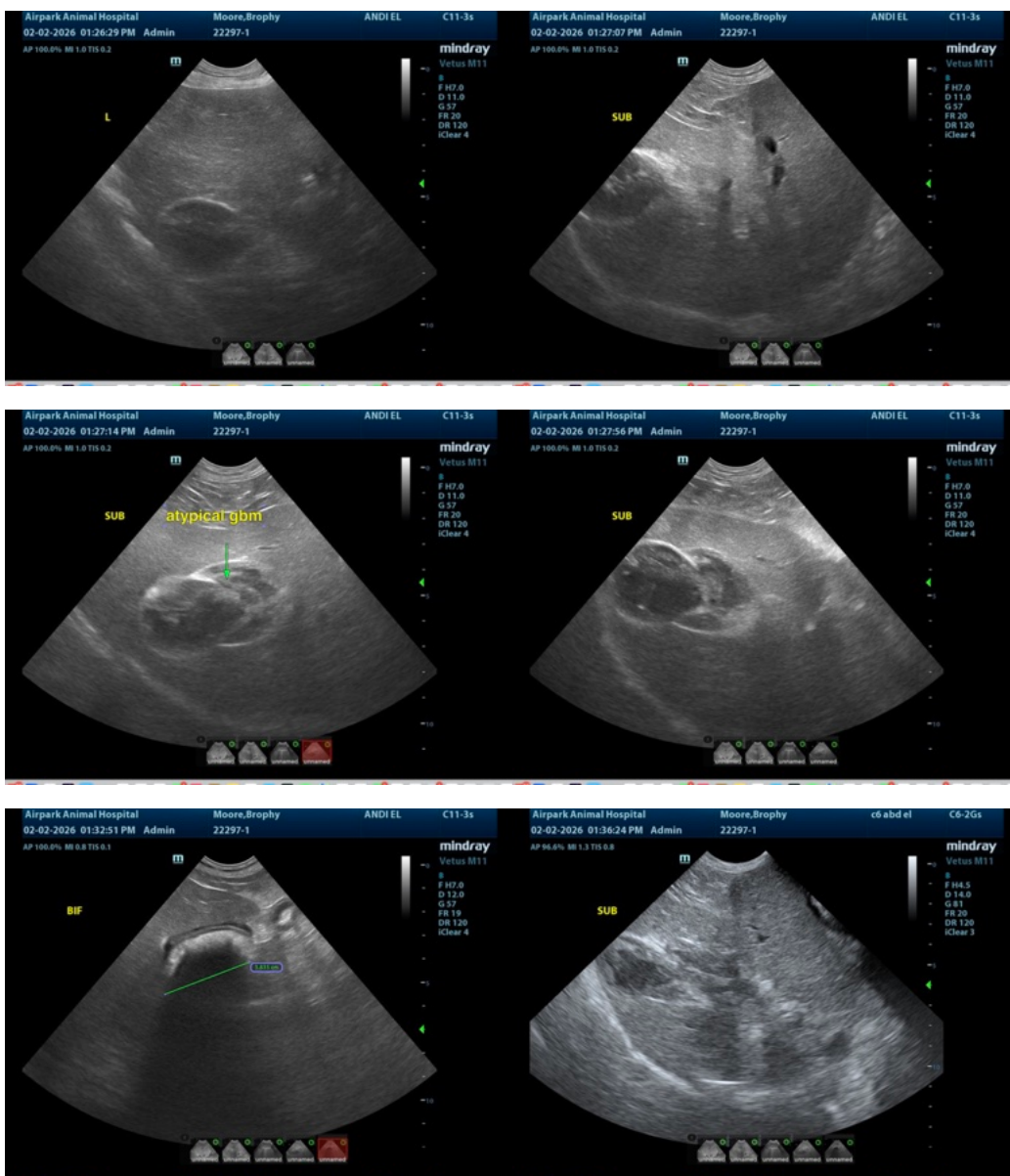
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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