



## PATIENT

Luke Barham

## SPECIES

Canine

## BREED

Lhasa Apso

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

17.5 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Harold Mike Beard

## HOSPITAL NAME

Animal Care Veterinary  
center

## REFERRING VET

Dr. Greg Hartman

## INVOICE

13969

## DATE

02/25/26

## PRESENTING CLINICAL SIGNS

- Chronic anal sac disease in a patient with Cushing's Disease.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 iliac trifurcation was unremarkable with no evidence of metastatic disease.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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. Slight pinpoint mineralizations were present. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

### Adrenal Glands

Both **adrenal glands** were slightly swollen, most consistent with PDH. The left adrenal gland measured 0.60 cm width. The right adrenal gland measured 0.96 cm width at the cranial pole and 0.65 cm width 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** was uniformly swollen with moderate, 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. There was no overt suspicion of neoplasia.

### Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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



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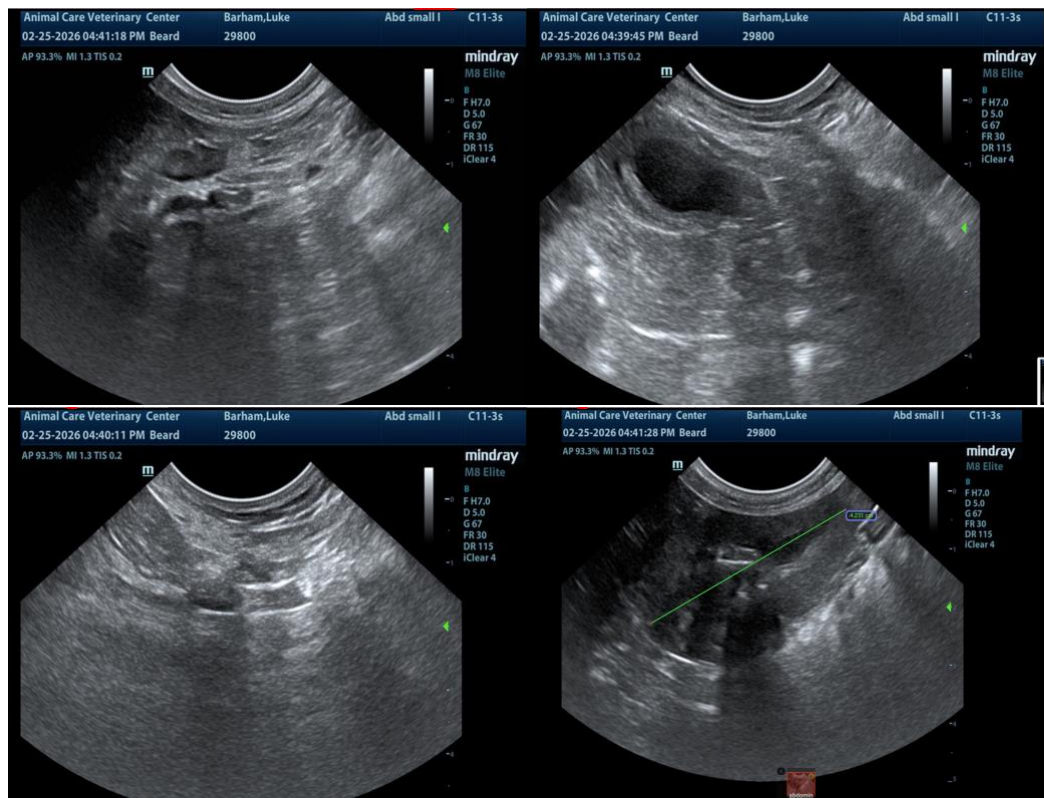
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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

- Geriatric abdomen.
- Mild to moderate degenerative renal changes.
- Pancreatic and hepatic remodeling.
- Swollen bilateral adrenal glands- most consistent with PDH if Cushing's syndrome is confirmed.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely expected changes for a patient this age. No evidence of significant clinical pathology.





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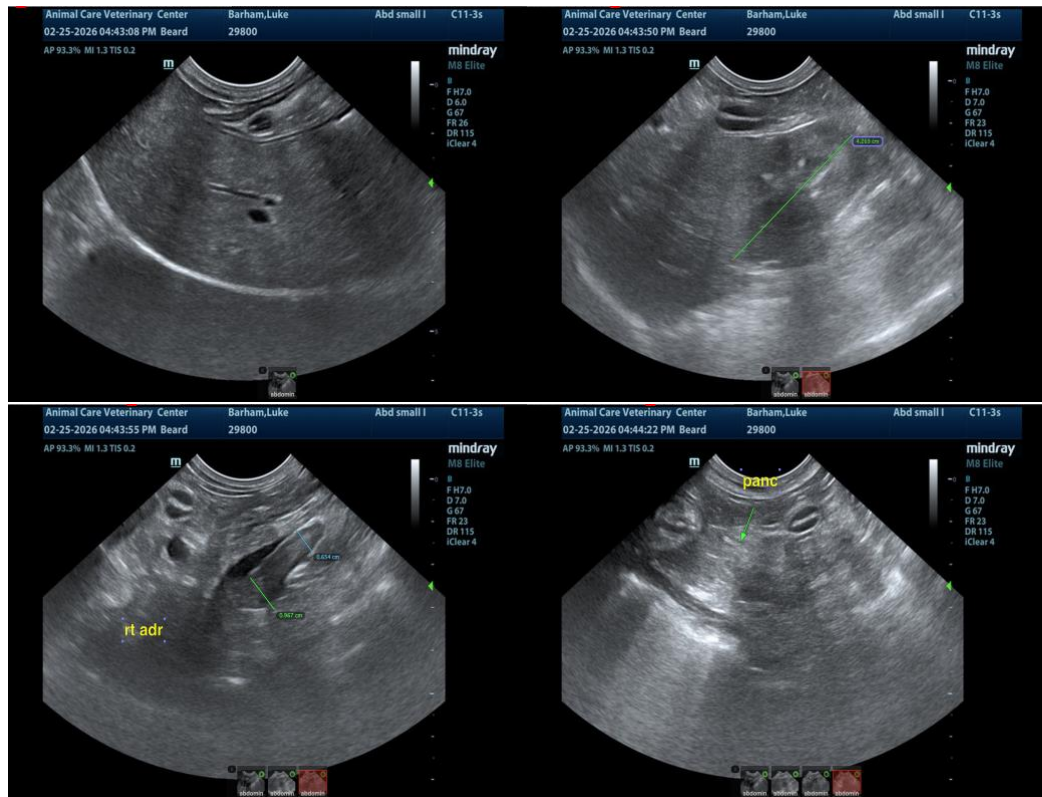
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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