



PATIENT

Norman Komon

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

11 Years

WEIGHT

9.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

72824

DATE

2/9/26

PRESENTING CLINICAL SIGNS

Vomited 12X Sunday. No interest in food or water. Lethargic, quiet. No known toxin/ingestion exposure but there are young kids in the home. BMs have been normal, but urine appears more orange and darker yellow. Hx of HBC 4-6 years ago and historically sensitive with handling especially hind end. Tense on abdominal palpation, flinching, no obvious jaundice. Has been on Gabapentin and Maropitant injection

Abnormal PE/Chem/CBC/UA Results: CBC normal, stress leukogram noted ALT 1800U/L(10-125)sample had to be diluted to read ALP 1220U/L(23-200) GGT 65U/L(0-11) Total Bilirubin 69(0-15) Lepto snap negative

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 2.0 cm beyond the cystourethral junction.

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. Left kidney measured 4.5 cm. Right kidney measured 4.16 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 1.7 cm x 1.24 cm at the cranial pole and 0.71 cm at the caudal pole. Left measures 1.34 cm x 0.48 cm at the caudal pole and 0.41 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** presented slight increased portal markings and slight coarse architecture. The gallbladder and common bile duct were unremarkable.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

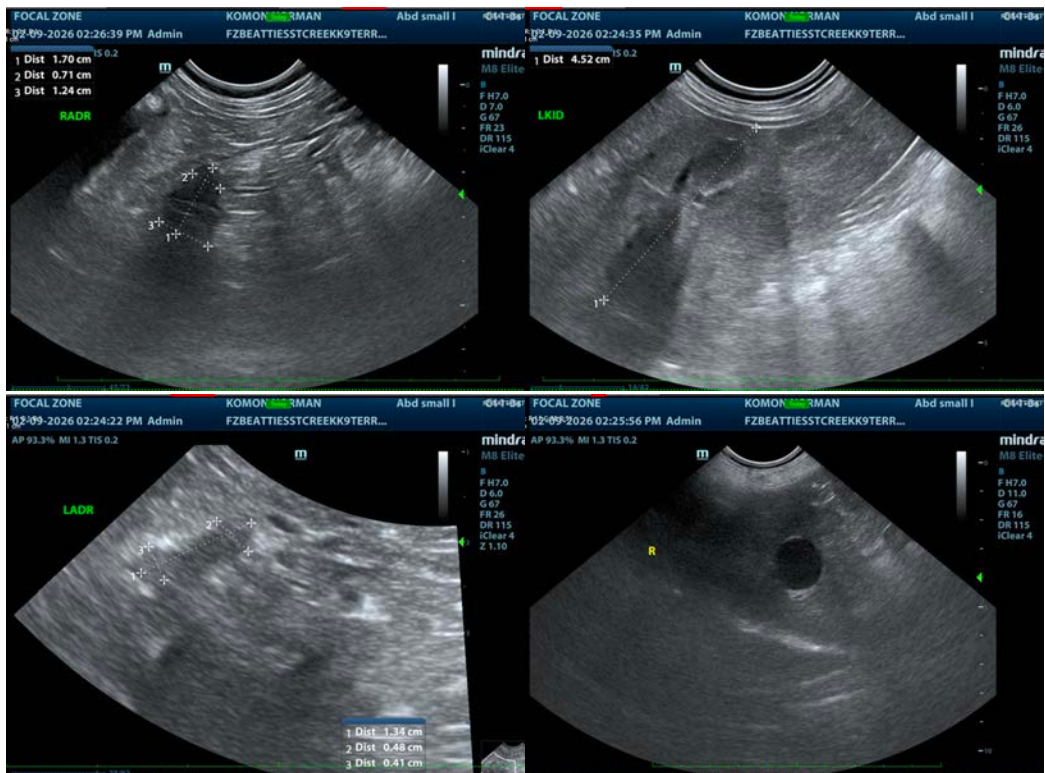
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Age related renal changes, unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally expected changes for this age and breed. No significant abnormalities. Acute hepatic insult, Leptospirosis or toxin exposure should be considered. Structurally normal GI tract. Coagulation panel and ultrasound guided FNA of the liver indicated. Leptospirosis titers indicated. IV fluid support, broad-spectrum antibiotics and nutraceuticals all indicated. Recheck sonogram in 10-14 days to assess for any eventual remodeling.





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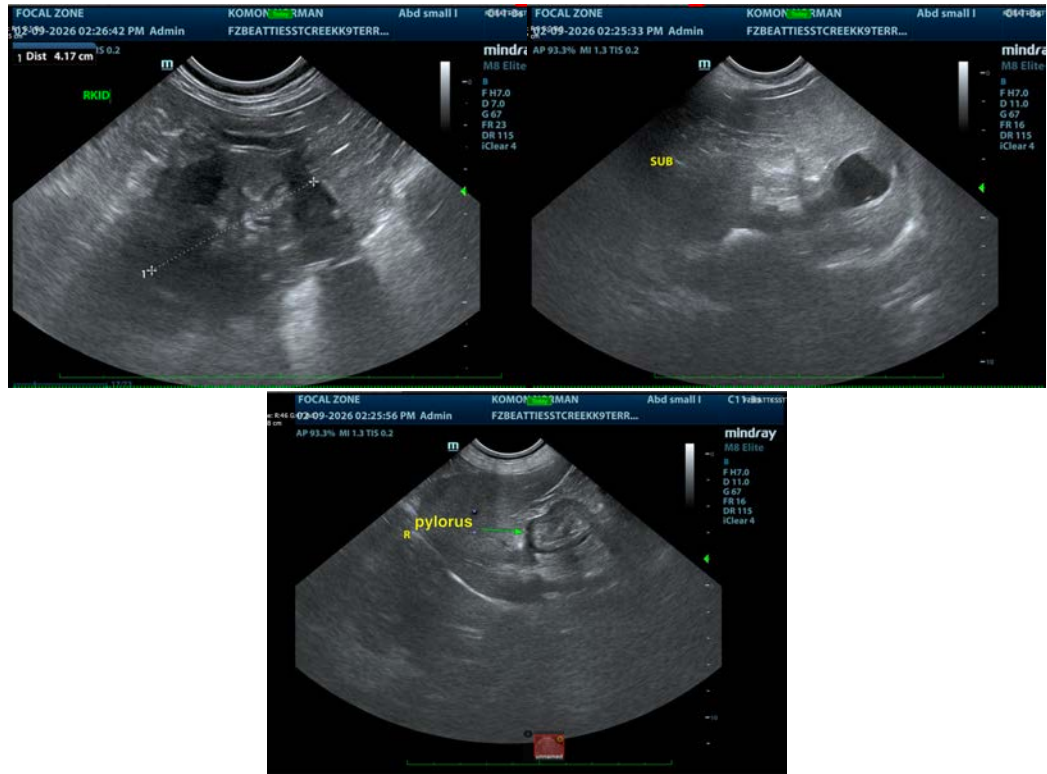
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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