



## PATIENT

Simba Ballagh

## SPECIES

Canine

## BREED

Shepherd

## SEX

Neutered male

## AGE

7 years

## WEIGHT

79 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Brittney Beigel, DVM

## HOSPITAL NAME

Bayside Animal  
Medical Center

## REFERRING VET

Dr. Sims

## INVOICE

71411

## DATE

2/9/26

## PRESENTING CLINICAL SIGNS

- Concern for cranial organomegaly on abdominal palpation, O elects US to screen for abdominal pathology
- Sedated w/ butorphanol (10mg/mL) 0.5mL IV for US scan
- Fasted for US scan

## 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 was noted. Ureteral papillae were normal.

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. Cortical infarcts and remodeling were noted primarily on the right kidney. Corticomedullary calculi were noted and measured up to 0.7 cm. The left kidney measured 7.96 cm. The right kidney measured 6.24 cm.

### Adrenal Glands

The **adrenal glands** were not visualized, yet grossly unremarkable.

### Spleen

The **spleen** was mildly enlarged and folded upon itself. This is essentially normal for this breed. The parenchyma was uniform.

### 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 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

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.

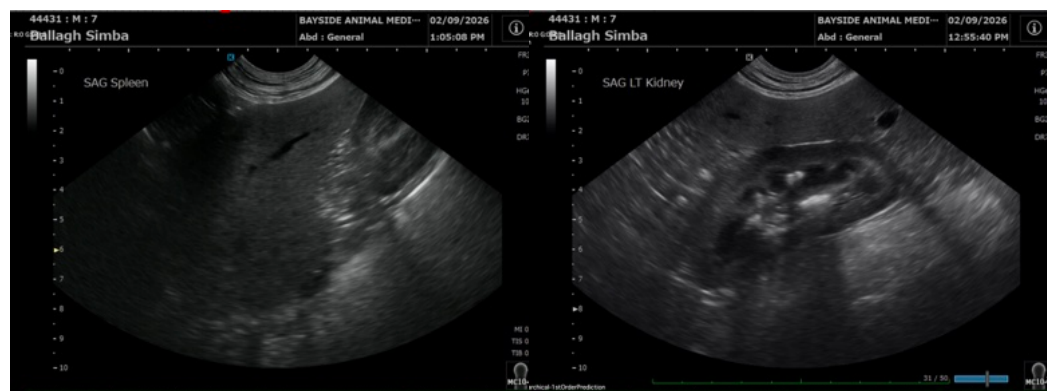
## ULTRASONOGRAPHIC FINDINGS

Minor excessive gallbladder debris, emerging mucocele.

Non-obstructive nephrolithiasis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy is recommended over a 6-8 week period with a recheck sonogram is indicated. Images were somewhat dark in the cranial abdomen owing to acoustic attenuation. Gross evaluation of the adrenal region were unremarkable. However, if adrenal disease is suspected then further imaging under sedation and lower frequency probe would be appropriate for the cranial abdomen as images were somewhat dark.





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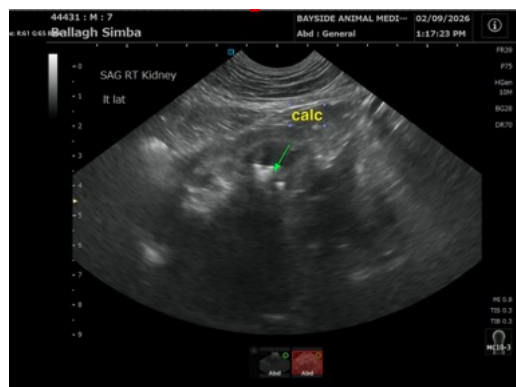
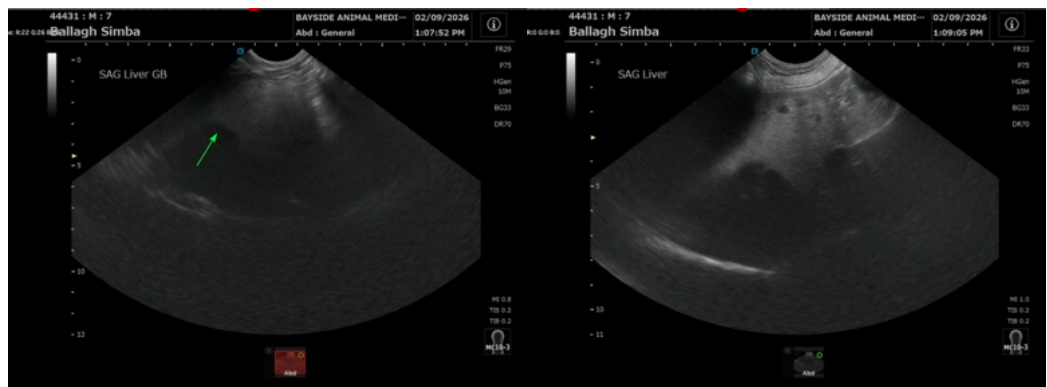
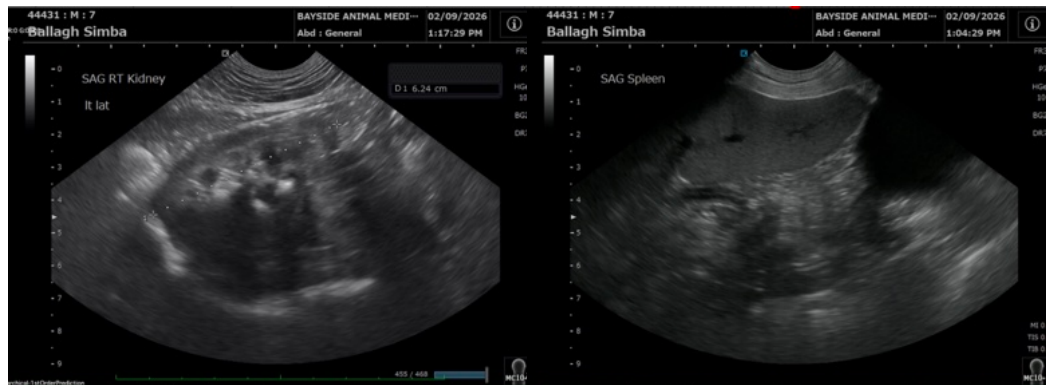
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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