



## PATIENT

Pharrell Taddeo

## SPECIES

Canine

## BREED

Sheltie

## SEX

Intact male

## AGE

12 years

## WEIGHT

26.5 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

SK

## HOSPITAL NAME

Hamburg VC

## REFERRING VET

Dr. DenHeyer

## INVOICE

73469

## DATE

3/16/26

## PRESENTING CLINICAL SIGNS

- Protein in urine, sporadic hematuria
- 3+ protein UPC 5.3 BUN 32

## 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 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 and no evidence of pelvic dilation was present. Mineralization was noted in the kidneys. The left kidney measured 5.5 cm. The right kidney measured 5.0 cm.

The prostate was enlarged, irregular and nodular measuring 3.5 cm. There were cystic changes as well.

### Adrenal Glands

The **left adrenal gland** was 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. The left adrenal gland measured 0.5 cm.

The region of the **right adrenal gland** revealed no evidence of pathology.

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. 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. There was some striating bile noted in the gallbladder. No adjunctive inflammation was noted. The gallbladder in long axis measured 7.0 x 3.0 cm.



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## 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

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

Emerging gallbladder mucocele formation.

BPH prostate.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy or gallbladder motility study is indicated. Neutering should prove effective for the BPH pattern; however, FNA of the prostate would be ideal to rule out underlying occult neoplasia. Recheck sonogram of the gallbladder is recommended in 6-8 weeks and if the patient is neutered then a recheck of the prostate sonographically at the time of the recheck gallbladder would be ideal. Further imaging of the adrenal glands would be ideal as the left adrenal was visualized obliquely and the right was not overtly visible.

## Gall Bladder Motility Study

Preparation:

- Fast the dog for 12 hours before the test to ensure gallbladder is full.
- Obtain baseline ultrasonographic long axis measurements of gallbladder size in SDEP 11 & SDEP 12 positions. Long axis apex to neck, short axis at widest point.



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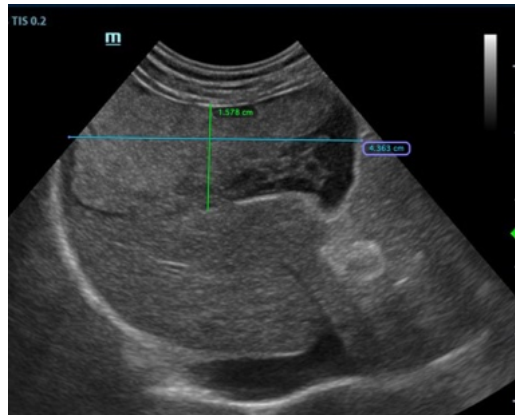
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EXAMPLE IMAGE ONLY.

### Meal Administration

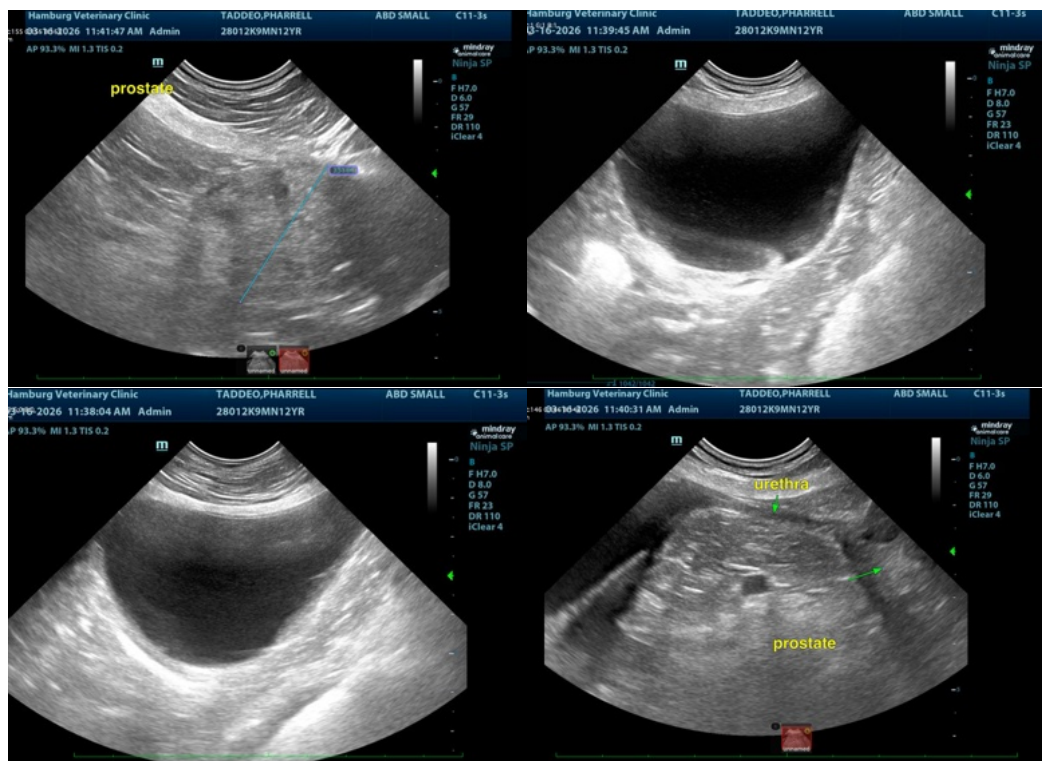
- Feed a high-fat test meal A/D diet (Hills) (High Fat/ High Protein)

### Post-Prandial Imaging

- Perform repeat ultrasound prior to feeding (Time 0) and then at 15 & 30 minutes post-meal.
- Re-measure gallbladder volume and assess for contraction.

No change or enlargement: Possible stasis, dyskinesia, mucocele risk, or obstruction.

SonoPath is currently conducting a study for publication on this subject and contributions of image sets following this protocol are appreciated. [Info@sonopath.com](mailto:info@sonopath.com) for more information.





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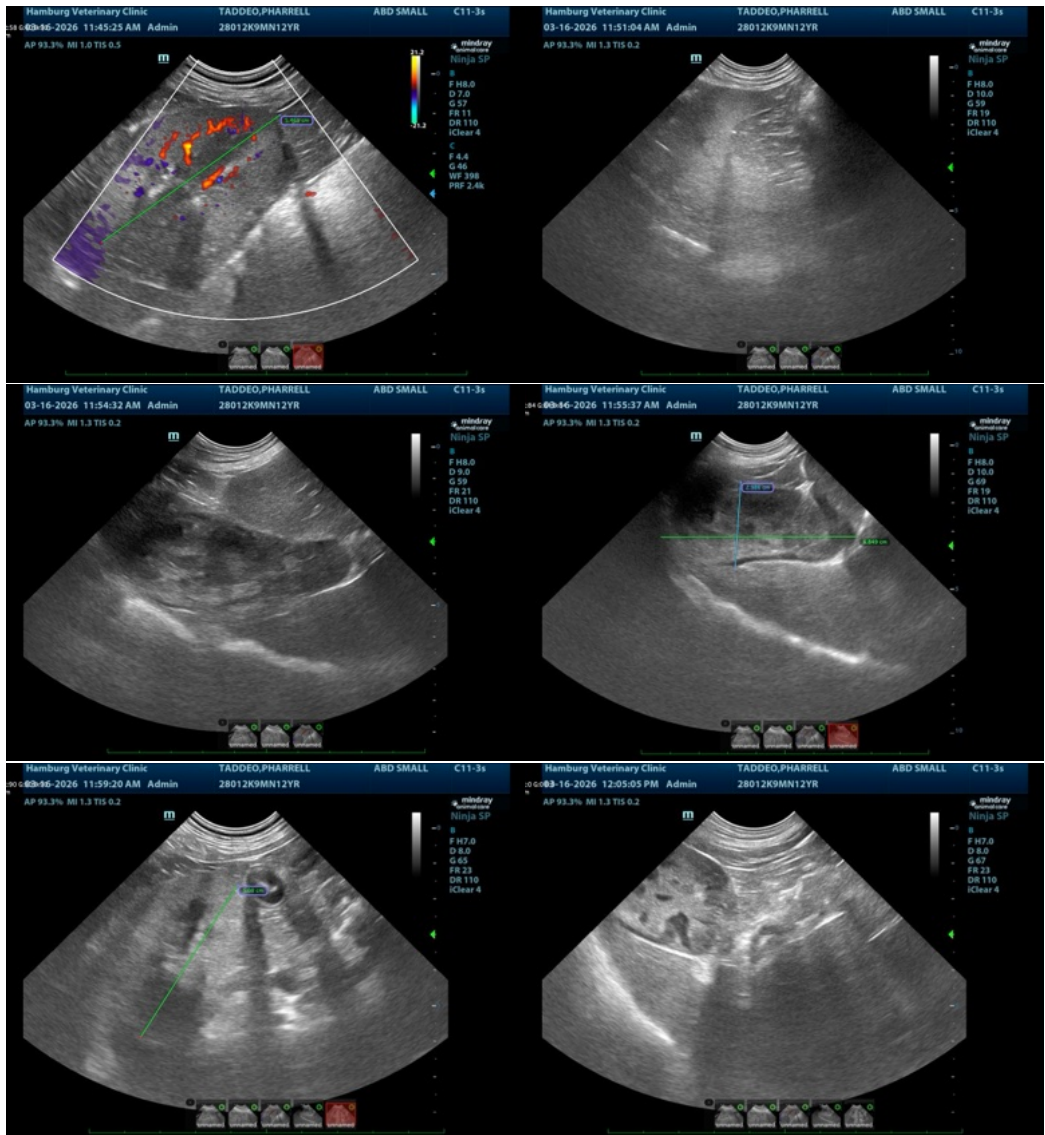
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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