



PATIENT

Rusty Kauffman

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

11 Years

WEIGHT

23.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alyssa Huntington

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Alyssa Huntington

INVOICE

14550

DATE

03/24/26

PRESENTING CLINICAL SIGNS

- Before yesterday, pt has been slowing down eating and eating slower and then Yesterday morning pt did not want breakfast and then V it up and then last night pt only ate a teeny bit and then V+. Pt has not wanted any water, no broth, ice cubes, nothing. Pt is lethargic.

PE: Hydration: Slightly dehydrated Abdomen: Painful upon palpation of cranial abdomen Integument: Abnormal: 2cm SQ adhered mass R lateral flank, remainder of coat clean with no signs of disease CBC/Chem10: Lymphopenia 0.83 K/uL, ALT H 131 U/L, ALKP H 384 U/L

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 6.0 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

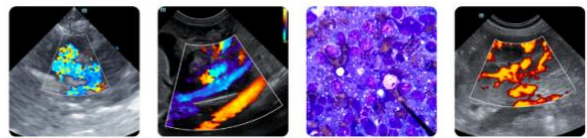
The **spleen** presented mildly enlarged with subtle heterogenous parenchymal changes and folded upon itself cranially most consistent with hyperplasia.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. Hyperechoic nodules were present measuring 2.1 cm and 0.80 cm and appear nondisruptive, likely lipogranulomas or hyperplastic nodules. The nodules do not appear particularly aggressive.

Gastrointestinal

The **gastrointestinal tract** revealed a fluid-filled stomach with minor variable intestinal thickening. Variable reactive mesentery was noted associated with the small intestine and stomach obscuring



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portions of the pancreas. This is most consistent with a steatitis pattern, however, cannot rule out an emerging dysplastic event. Areas of loss of mural detail were noted in the portions of small intestine.

Pancreas

See 'Gastrointestinal'.

Free Abdomen

Mildly enlarged mesenteric lymph nodes were present measuring up to 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Hepatic nodules.
- Gastroenteritis/steatitis pattern.
- Mesenteric lymphadenopathy.
- Age-related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic nodules would be ideal to confirm benign state. Full thickness surgical biopsies of the intestinal tract and lymph nodes would be ideal in this patient. Management for gastroenteritis, steatitis and lymphadenitis is warranted.

In the meantime, broad-spectrum antibiotics, IV fluid support, GI protectants and recheck sonogram 48-72 hours is recommend with 24-hour NPO and slurry feeding.





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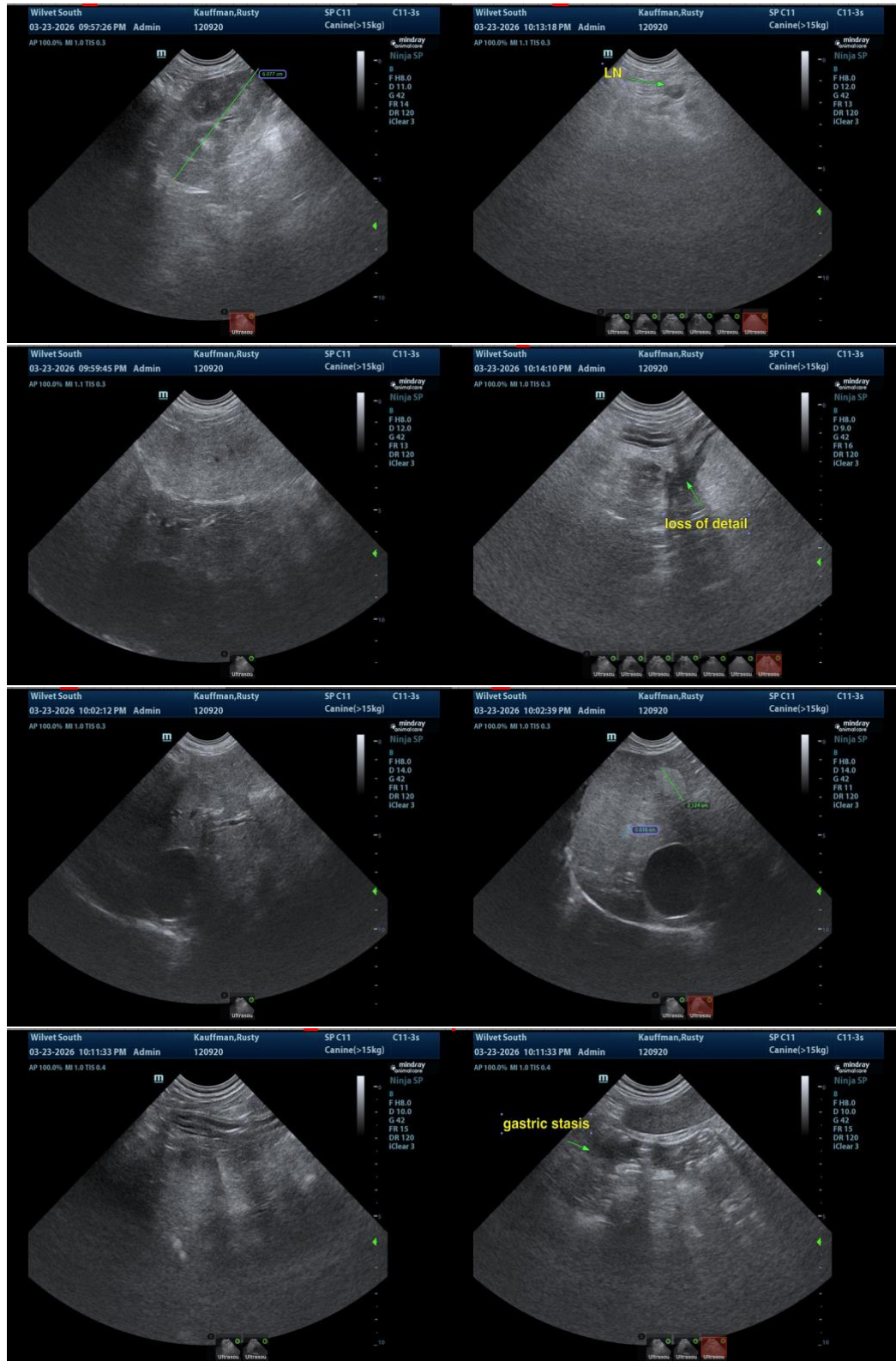
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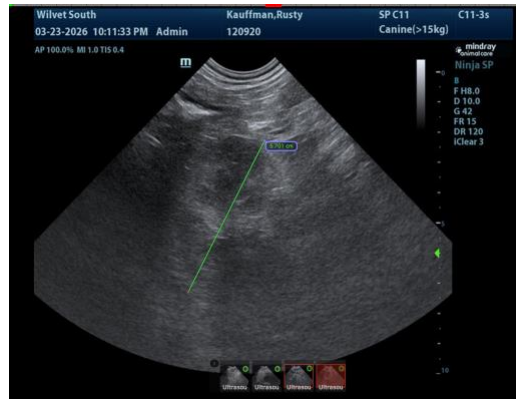
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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