



## PATIENT

Ludo Joice-Casey

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

11

## WEIGHT

100 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Michelle Roche

## HOSPITAL NAME

Fredon Animal  
Hospital

## REFERRING VET

Dr. Michelle Roche

## INVOICE

14178

## DATE

03/09/26

## PRESENTING CLINICAL SIGNS

- SQ MCT 2022
- cutaneous MCT 2026
- lethargy, vomiting
- chronic atopy
- Kenalog given March 2nd at time of MCT aspirate

Abnormal PE/Chem/CBC/UA Results: 103.2, tense abd, tachycardic, mild increased resp effort bw pending

## 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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 7.2 cm in length. The right kidney measured 7.2 cm in length.

### 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 0.50 cm width.

The **right adrenal gland** was not visualized.

### Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

### Liver

The **liver** was uniformly swollen with mild, 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



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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

The **stomach** revealed progressively shadowing luminal gastric material. The small intestine and colon were unremarkable.

### Pancreas

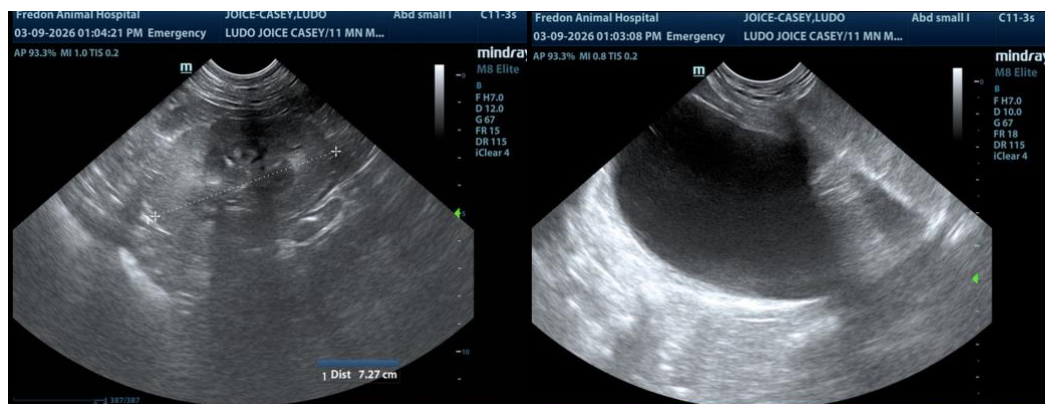
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### ULTRASONOGRAPHIC FINDINGS

- Shadowing gastric material- potential foreign matter.
  - Slight heterogenous splenic and hepatic changes.
- Age-related abdominal changes.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is completely NPO at the time of the sonogram, then gastrotomy could be considered. Evacuation of stomach with GI biopsies. If the patient was not completely NPO, then recheck sonogram in 24 hours with supportive care is indicated and if the material is still persistently present in the stomach, then gastrotomy indicated. Splenic and liver biopsies would be warranted for completeness yet subjectively appear to be largely age-related. The cause of the tense abdomen is not overtly evident from a visceral standpoint. Referred back pain should be considered as a potential.





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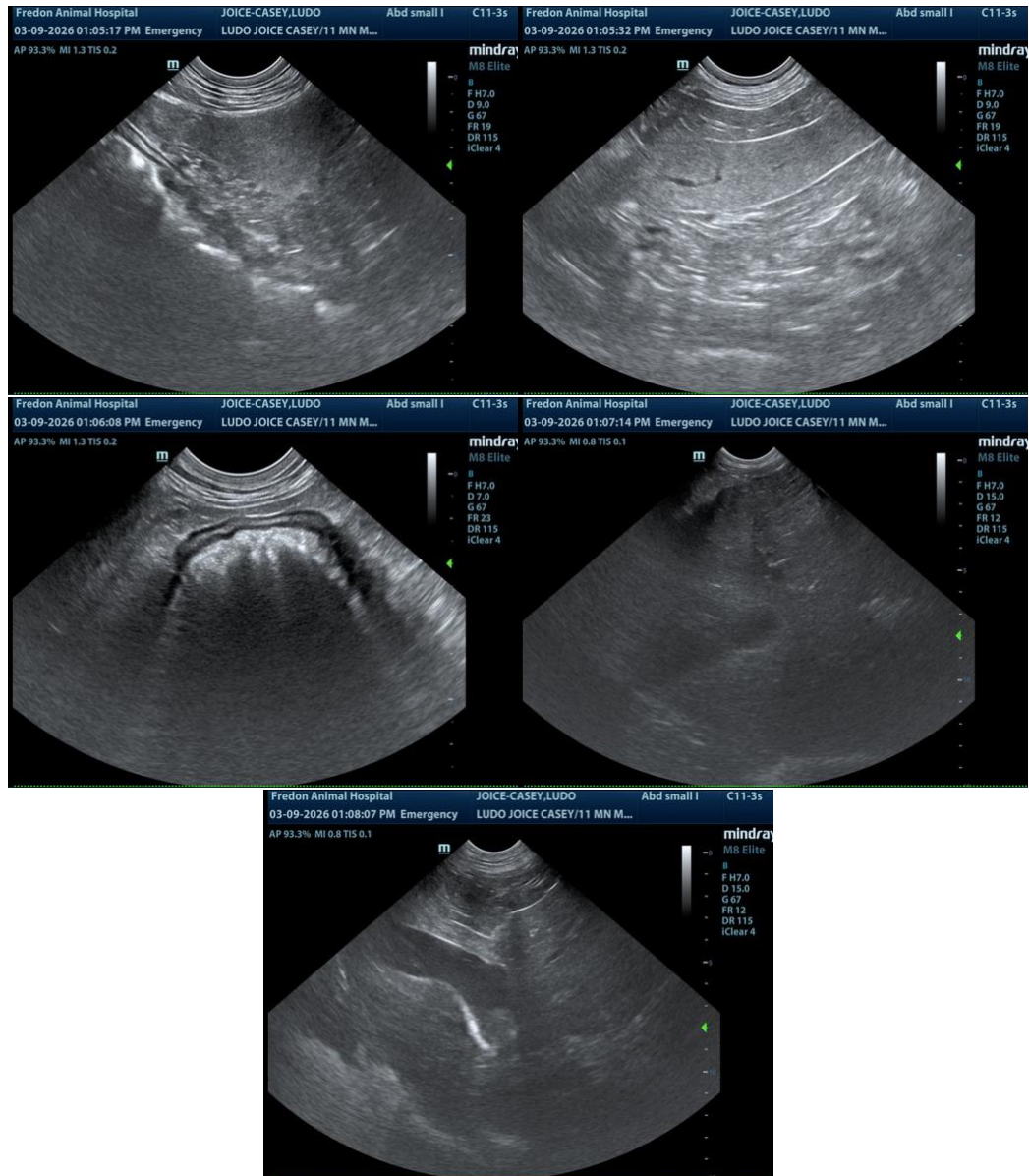
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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