

PATIENT

Hudson Frost

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Neutered Male

AGE

11

WEIGHT

16 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Haefliger

HOSPITAL NAME

Parkland Veterinary
Hospital

REFERRING VET

Dr. Sarah Haefliger

INVOICE

15181

DATE

04/16/26

PRESENTING CLINICAL SIGNS

Presented 6 weeks ago for hematuria. Diagnosed with uroliths, failed to dissolve. presented for cystotomy surgery and pre anesthetic bloodwork revealed elevated ALP and ALT. Investigate prior to surgery. Lipomas

Abnormal PE/Chem/CBC/UA Results: ALT 367 (n 0-120) ALP >993 (N 0-140)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented with multiple polypoid changes and a grouping of sand and calculi measuring up to 2.8 cm. The patient may be passing calculi periodically. The urethra and prostate were unremarkable.

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 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. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 4.86 cm in length. The right kidney measured 5.4 cm in length. The largest calculus in the left kidney measured 0.41 cm.

Adrenal Glands

The **right adrenal gland** was prominent in size.

The **left adrenal gland** was slightly enlarged and mildly irregular with loss of structural detail measuring 0.96 cm width at the cranial pole and 0.85 cm width at the caudal pole.

Spleen

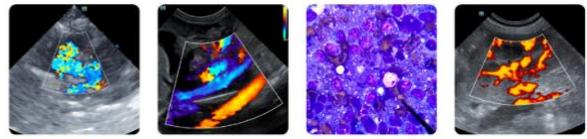
The **spleen** presented diffusely hyperechoic to falciform fat with no overt pathological.

Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and 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. Occasional hyperechoic nodular changes were noted and appear nondisruptive. The gallbladder was over distended with some striating and coalesced bile consistent with mature mucocele measuring approximately 6.0 cm in short axis.

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.



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Pancreas

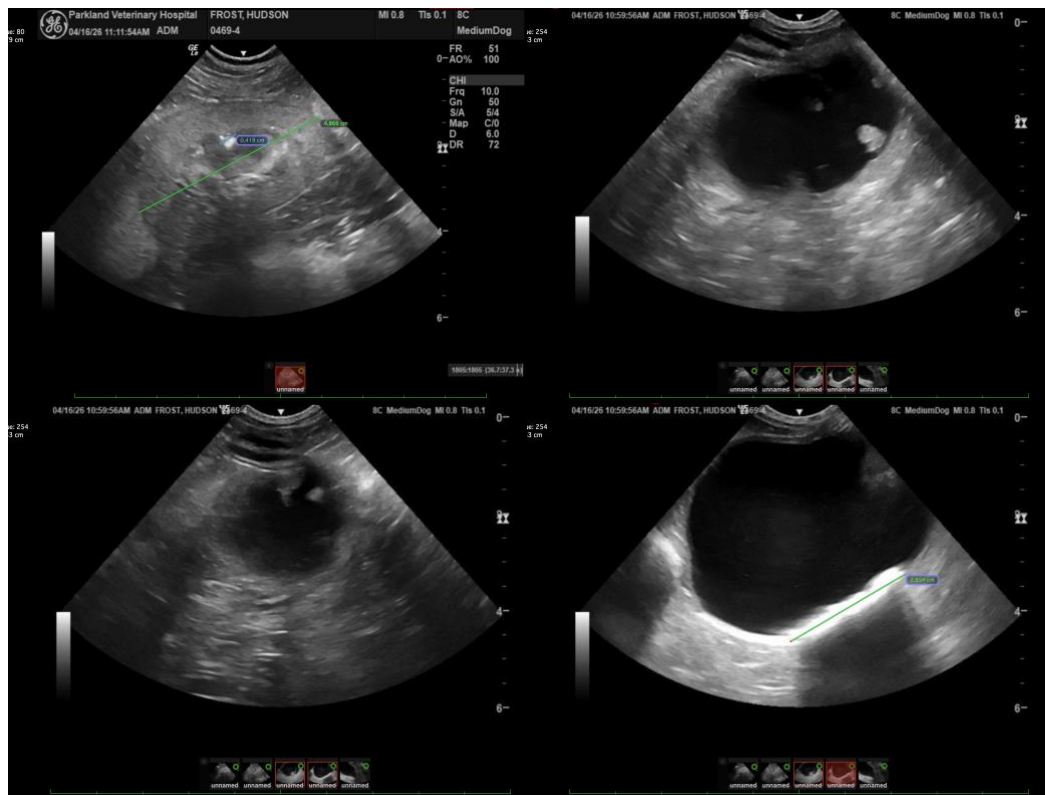
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

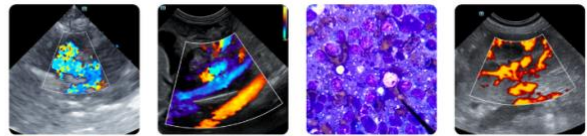
ULTRASONOGRAPHIC FINDINGS

- Bladder sand with polypoid hyperplasia pattern, potential carcinoma less likely.
- Nodular hyperplasia/gallbladder mucocele hepatic presentation.
- Prominent adrenal glands.
- Renal calculi- nonobstructive.
- Age-related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory cystotomy with sand analysis and culture with polyp biopsies could be considered or BRAF testing would be warranted. Gallbladder motility study would be ideal in this patient or direct cholecystectomy at the time of the cystotomy.





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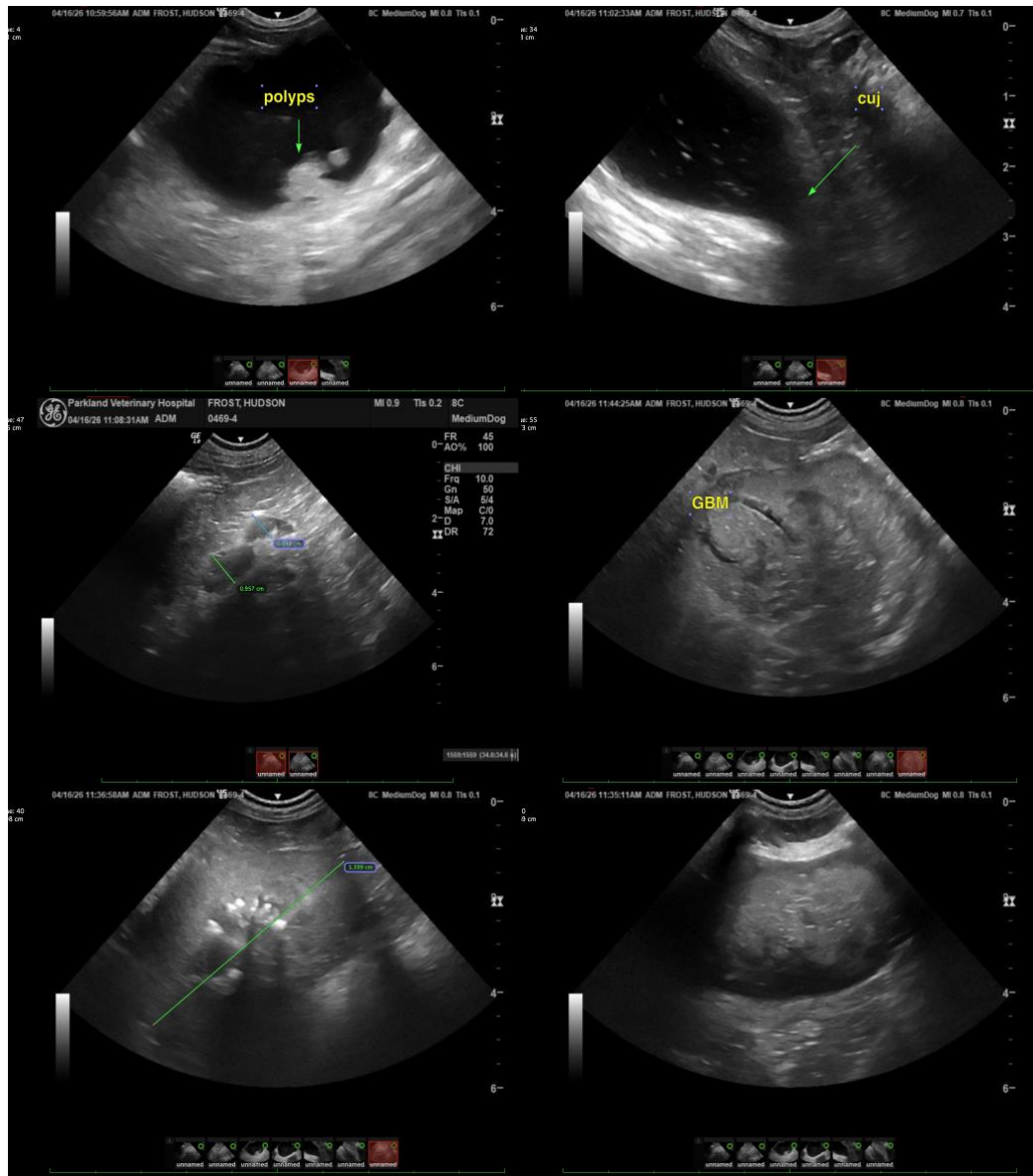
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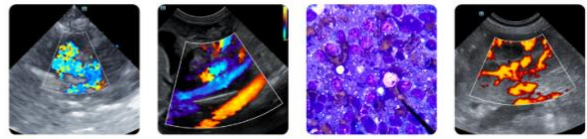
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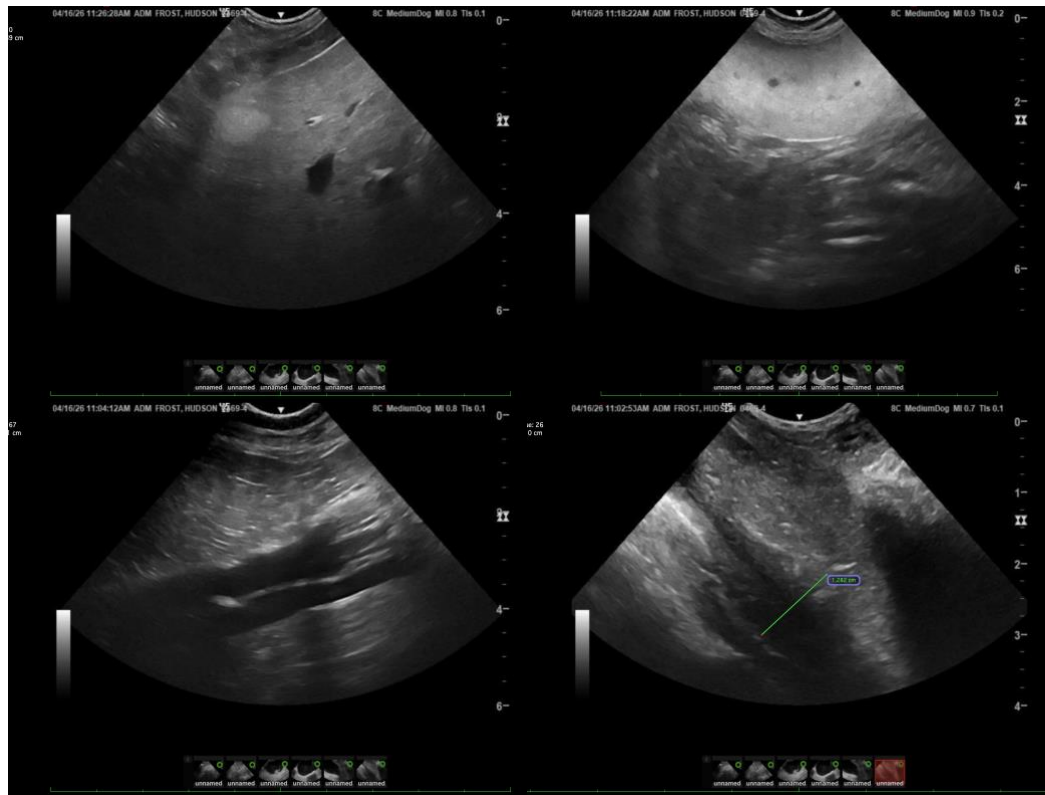
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com