



PATIENT

Adi Kashnikow

SPECIES

Canine

BREED

Collie Mix

SEX

Spayed Female

AGE

12

WEIGHT

50.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Harrs

INVOICE

15434

DATE

04/24/26

PRESENTING CLINICAL SIGNS

anorexia lethargy

Abnormal PE/Chem/CBC/UA Results: ALT unreadable (dilution pending) ALP 1600 GGT 20 ALB 2.1 Tbili 1.0

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. Slight mineralizations were present in the kidneys. The left kidney measured 5.8 cm in length. The right kidney measured 5.84 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 0.84 cm width.

The region of the **right adrenal gland** was imaged with no evident pathology.

Spleen

The **spleen** presented slightly enlarged, uniform and swollen.

Liver

The **liver** presented swollen and irregular with increased portal markings. The gallbladder wall was echogenic and thickened with enhanced mesentery noted around the liver.

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.



PATIENT

Adi Kashnikow

SPECIES

Canine

BREED

Collie Mix

SEX

Spayed Female

AGE

12

WEIGHT

50.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Harrs

INVOICE

15434

DATE

04/24/26

Free Abdomen

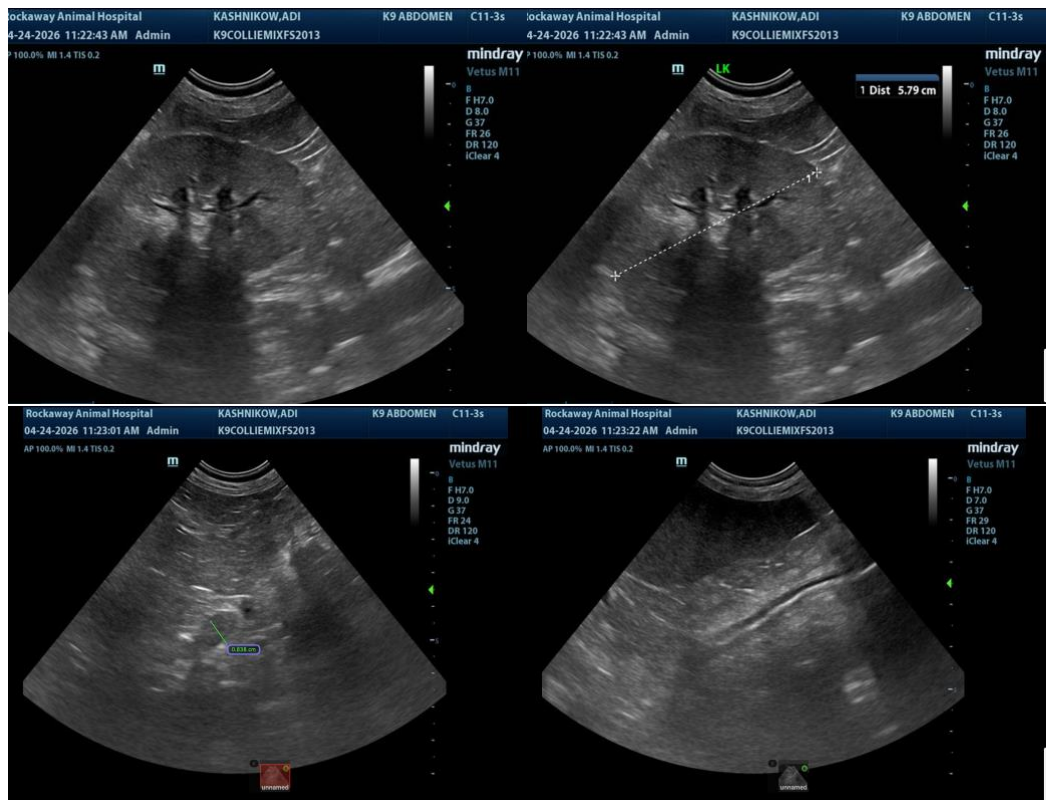
Reactive mesentery was present in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Cholangiohepatitis pattern with reactive spleen.
- Age-related renal changes with mineralizations.
- Reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers is indicated. FNA of the spleen and liver is indicated. IV ampicillin, nutraceuticals, plasma expanders are all indicated. Prognosis is good to guarded. Minor potential for underlying round cell neoplasia, hence the necessity for FNA.





PATIENT

Adi Kashnikow

SPECIES

Canine

BREED

Collie Mix

SEX

Spayed Female

AGE

12

WEIGHT

50.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Harrs

INVOICE

15434

DATE

04/24/26



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