

PATIENT PRESENTING CLINICAL SIGNS

Bentley Lazic Anemic Doing poorly in general. Not eating and is more lethargic than usual Current Medications mirtazapine

SPECIES Abnormal PE/Chem/CBC/UA Results: BW and rads attached Primary Question to Be Answered in This Exam Is there evidence for an abdominal mass/ neoplasia here?
 Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Morkie *Urinary System*

SEX The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 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.
 Neutered Male

AGE The residual prostate measured 7.0 mm.

11 Years 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 5.71 cm in length. The right kidney measured 5.6 cm in length.

WEIGHT
 8.8 kg

INTERPRETED BY

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

Adrenal Glands

Both **adrenal glands** were 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 2.12. cm x 0.54 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland measured 1.78 cm x 0.98 cm width at the cranial pole and 0.59 cm width at the caudal pole.

IMAGING PERFORMED BY

Amanda Stewart

Spleen

HOSPITAL NAME

Waterloo West AH

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

REFERRING VET

Dr. Gajadhar

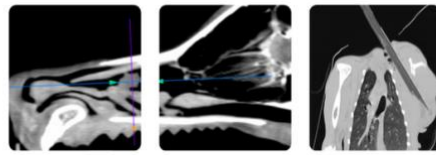
INVOICE *Liver*

15430 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 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.

DATE

04/24/26

Gastrointestinal



PATIENT

Bentley Lazic

SPECIES

Canine

BREED

Morkie

SEX

Neutered Male

AGE

11 Years

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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

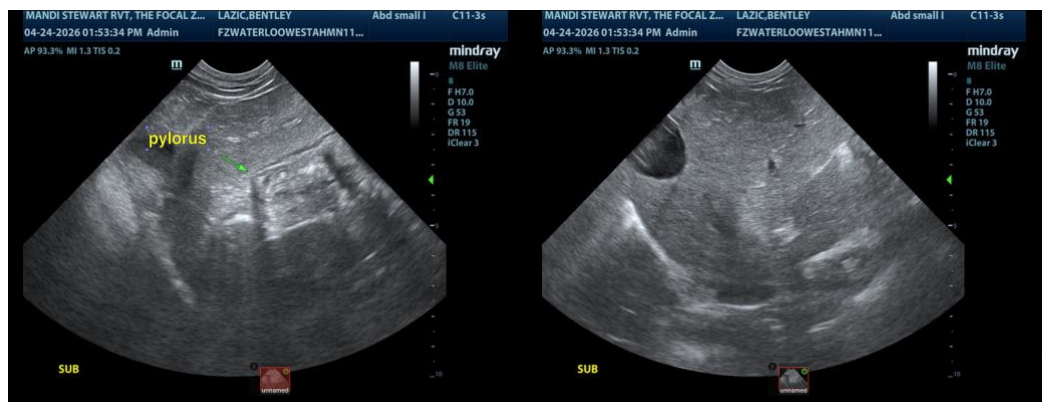
- Benign hepatopathy with minor remodeling.
- Structurally unremarkable abdomen.

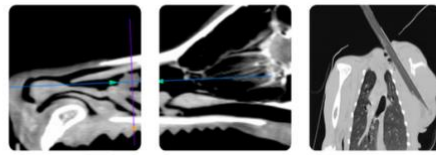
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral disease directly related to the clinical history. Expected changes for this age and breed. A CBC pathway review +/- bone marrow aspirate is indicated given the patient history. Underlying hemolytic disease is possible as well.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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Morkie

SEX

Neutered Male

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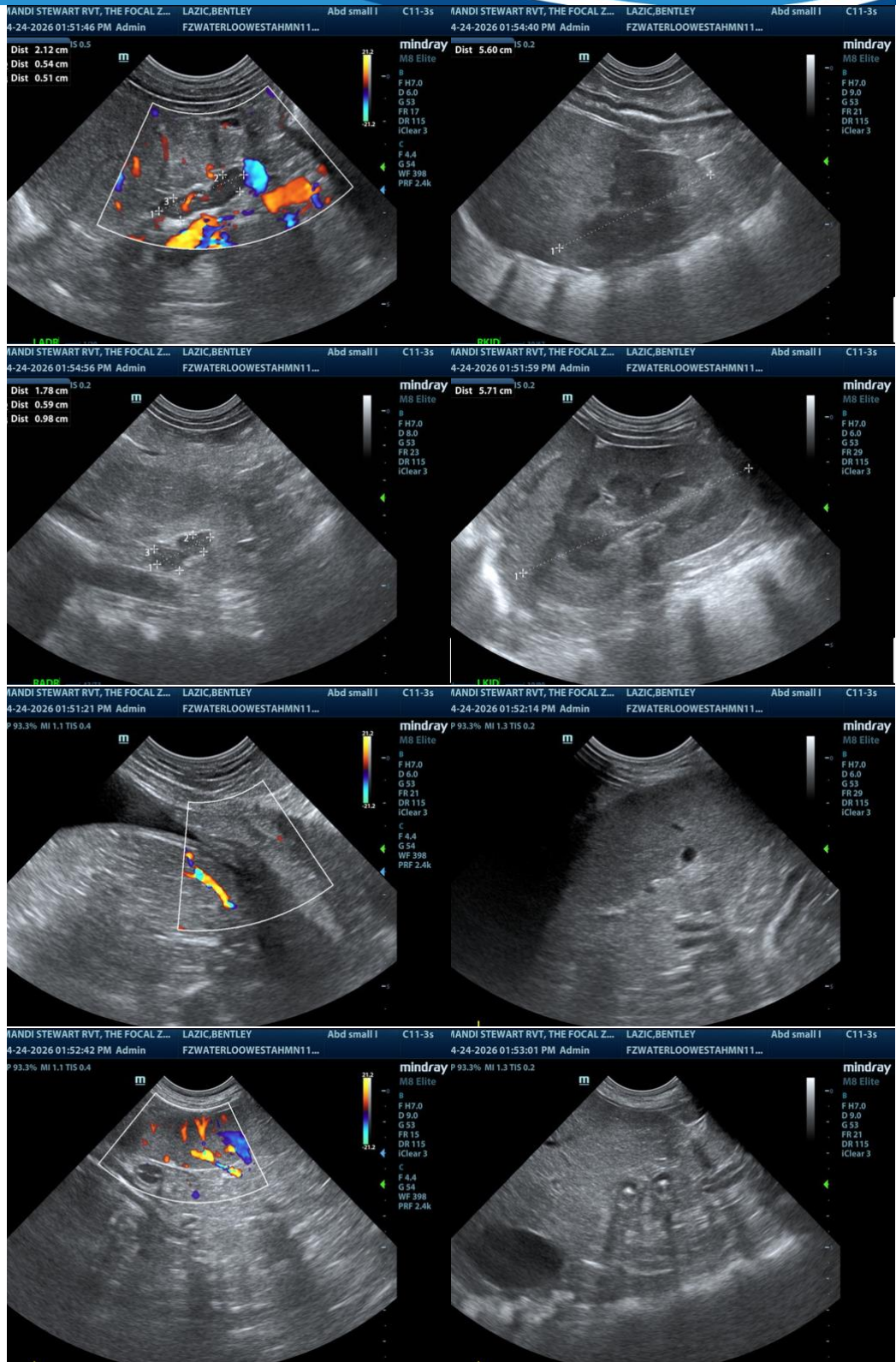
Dr. Gajadhar

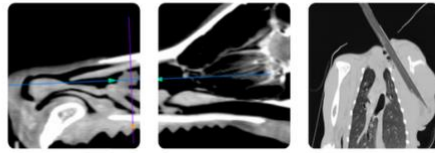
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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