



PATIENT

Connor O'Brien

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

10 years

WEIGHT

54.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cerf

HOSPITAL NAME

VC Hardyston

REFERRING VET

Dr. Cerf

INVOICE

75071

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: HX: Idiopathic epilepsy; On phenobarbital
PE: 15% weight loss. Arrhythmia (VPC) auscultated on exam
CBC: wnl CHEM: elevated ALP Phenobarb levels - low

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.6 cm. The right kidney measured 6.9 cm.

Adrenal Glands

The **left adrenal gland** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.3 x 0.91 cm. The right adrenal gland was not visualized.

Spleen

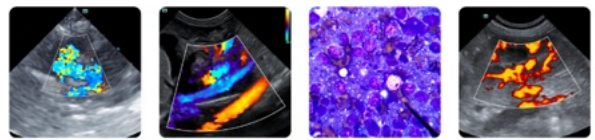
The **spleen** revealed multi-focal, hypoechoic nodular changes. The nodular changes were mildly disruptive.

Liver

The **liver** revealed multi-focal nodular changes. The liver revealed generalized enlargement and mildly increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No



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evidence of pathology. 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. 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.

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ULTRASONOGRAPHIC FINDINGS

Ultrasound-guided 25-gauge FNA of the splenic and liver nodules would be recommended in this patient. Sedation and further imaging of the right adrenal gland would be ideal given the left adrenal enlargement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Skull CT with contrast would be warranted given the seizure activity. Splenic neoplasia is a potential for metastatic disease to the CNS as well as potential micro or macroadenoma if the patient is Cushingoid given the left adrenal enlargement and potential right adrenal enlargement depending upon sonographic findings.

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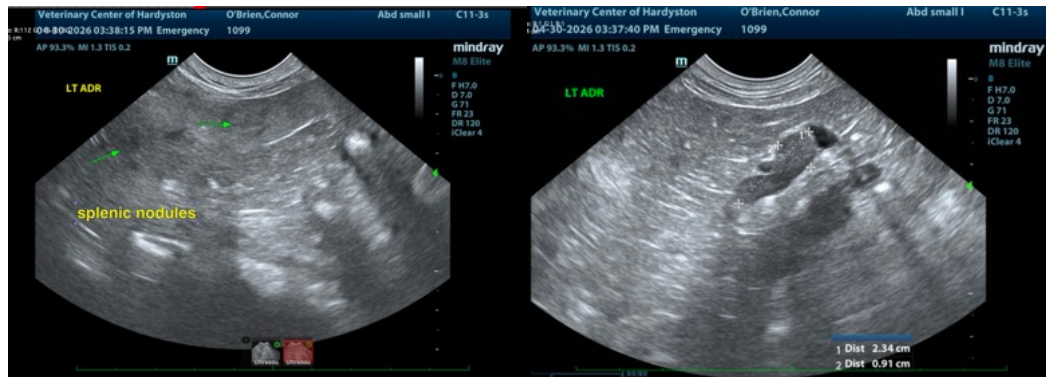
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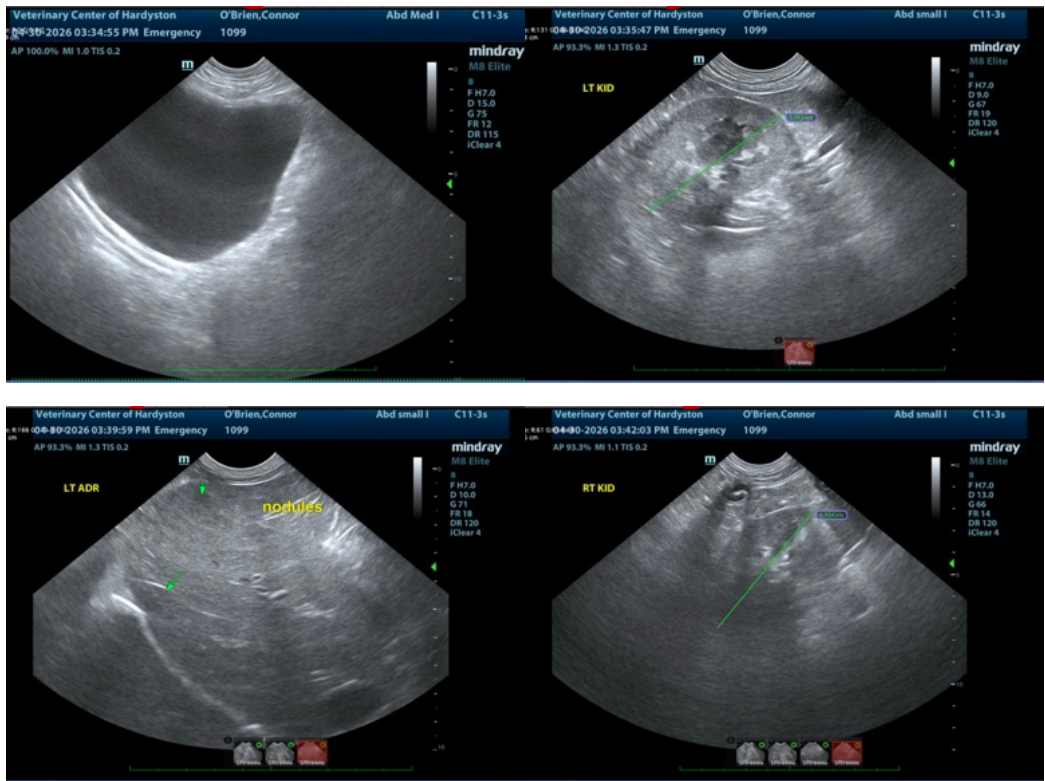
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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