



PATIENT

Hank Beranger

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

11 years

WEIGHT

37 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Christine Barnhorst

HOSPITAL NAME

Walker Valley VH

REFERRING VET

Dr. Barnhorst

INVOICE

74371

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: -Diabetes Mellitus - well controlled on insulin BID
- Very high fasted cholesterol (919) and triglycerides (575)
- Recently had Giardia + on fecal and treated with Panacur, no diarrhea
- Specifically wanted to look at the GB and pancreas

Abnormal PE/Chem/CBC/UA Results: Senior profile - CBC - WNL, Chem-ALT = 125, ALP = 415, fasted chol 919, fasted triglycerides 575, UA SG = 1.052, ph = 6, prot 100, glucose 1000, 9 WBC/HPF, no bacteria, Fructosamine 386 (good control), 4DX - neg x 4, UPC = 0.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a large amount of sand accumulation and measured up to 1.8 cm with chronic cystitis apical bladder wall thickening up to 0.84 cm. A minor amount of urine was present at the time of the sonogram.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight renal mineralization was noted. The left kidney measured 5.4 cm.

The **prostate** was not visible in this patient.

Adrenal Glands

The left adrenal gland was slightly prominent and measured 2.6 x 0.72 cm at the caudal pole and 0.63 cm at the cranial pole. The right adrenal gland was uniform and measured 2.4 x 0.56 cm at the cranial pole and 0.78 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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.

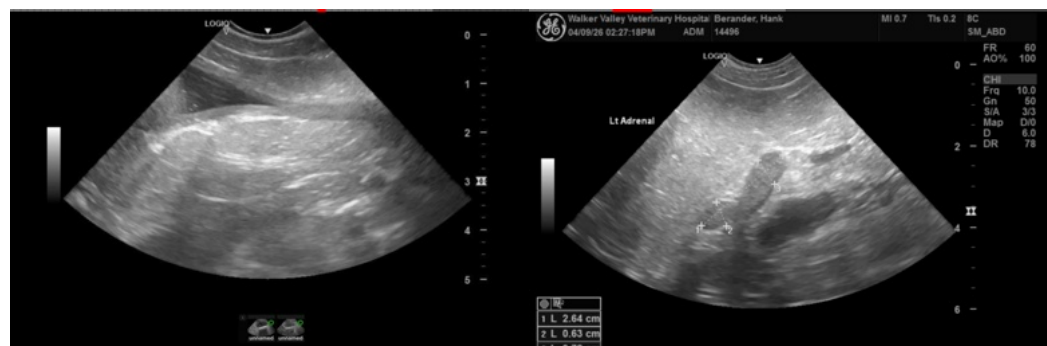
ULTRASONOGRAPHIC FINDINGS

Bladder sand, chronic cystitis pattern.

Prominent left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, normal and retrograde flush of the bladder with bladder wall biopsy and sand culture are all indicated. If the patient appears Cushingoid and the urine specific gravity eventually drops to less than 1.020 then work-up for Cushing's is indicated given the prominent left adrenal gland. However, this is likely an idiopathic finding.





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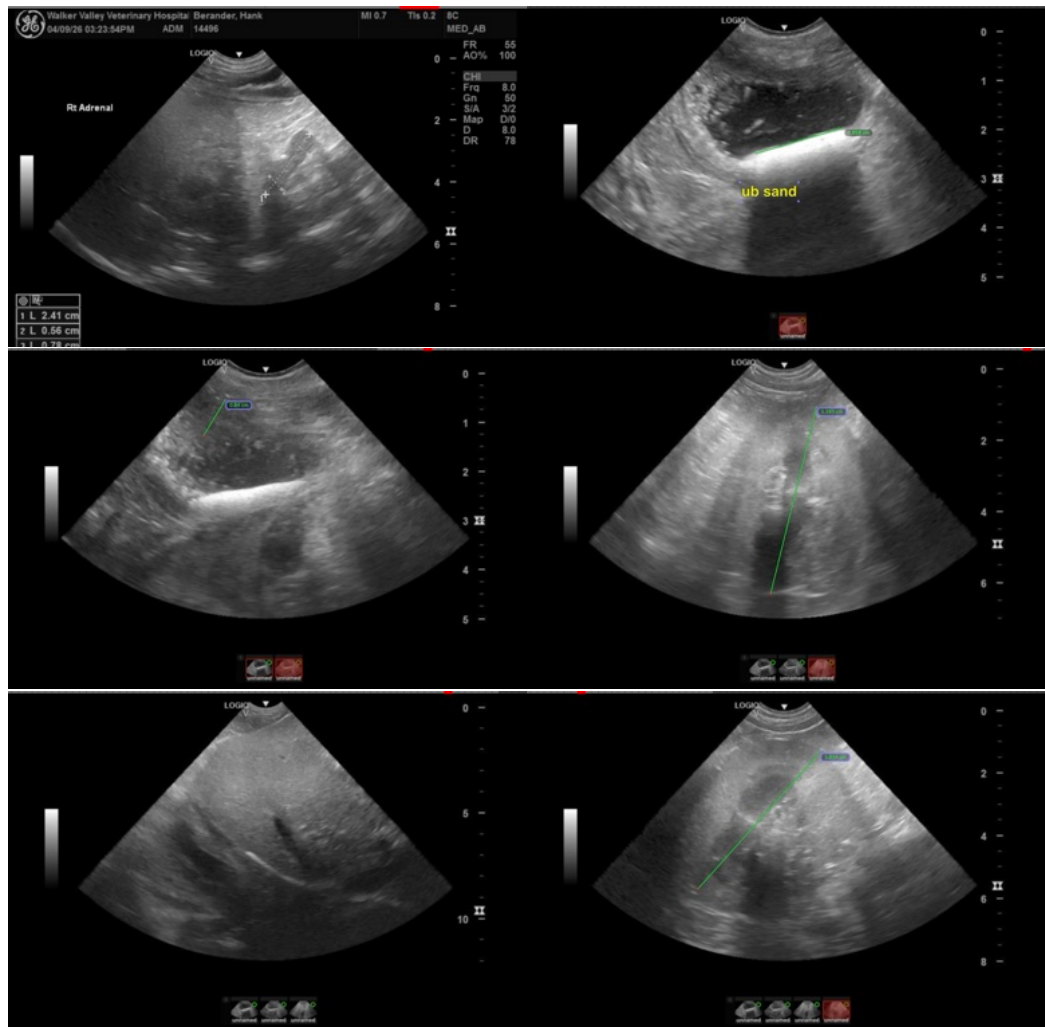
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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