

PATIENT

Beethoven Cannon

SPECIES

Canine

BREED

Pekingese

SEX

Neutered Male

AGE

7 Years

WEIGHT

8.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Honsted

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Honsted

INVOICE

75096

DATE

5/14/26

PRESENTING CLINICAL SIGNS

P presented for 24 hour history of lethargy. Owner changes food often but p still has appetite. Given this finding and the fact that temperature was severely elevated on physical exam I'm highly concerned for white blood cell count depletion secondary to an infectious process. I recommended hospitalization in order to give 4 antibiotics and give the patient the best chances of recovery. Leukopenia - neutrophilia, lymphocytopenia, eosinopenia; (r/o: infectious v inflammatory v neoplasia v other).

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size with slight irregular contour. 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 his age patient. Cortical infarct noted at the dorsal cortex of the right kidney. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralizations noted. Left kidney measured 4.4 cm. Right kidney measured 4.5 cm.

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. Left measured 0.60 cm. Right measured 1.1 cm at the cranial pole and 0.70 cm at the caudal pole.

Spleen

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.

Liver

The **liver** revealed a hyperechoic nodule in the medial liver measuring 2.1 cm. Increased portal markings noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The stomach revealed minor retention of chyme and ingesta. Slight irregular mucosal remodeling noted. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas



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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

- Hepatic remodeling and undefined nodular change – carcinoma versus hyperplasia.
- Mucosal remodeling – consistent with history of gastritis. The level of active disease is unclear.
- Mild to moderate degenerative renal changes with slight pinpoint mineralizations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bone marrow biopsy would be warranted given the patient history. Bile acid profile and FNA of the liver nodule indicated. If the bile acids are elevated, the liver may be playing a role in the lethargy and clinical signs. However, bone marrow appears to be the primary issue in this patient. GI protectant protocol empirically would be indicated.

Radiographs: Intestinal ileus.





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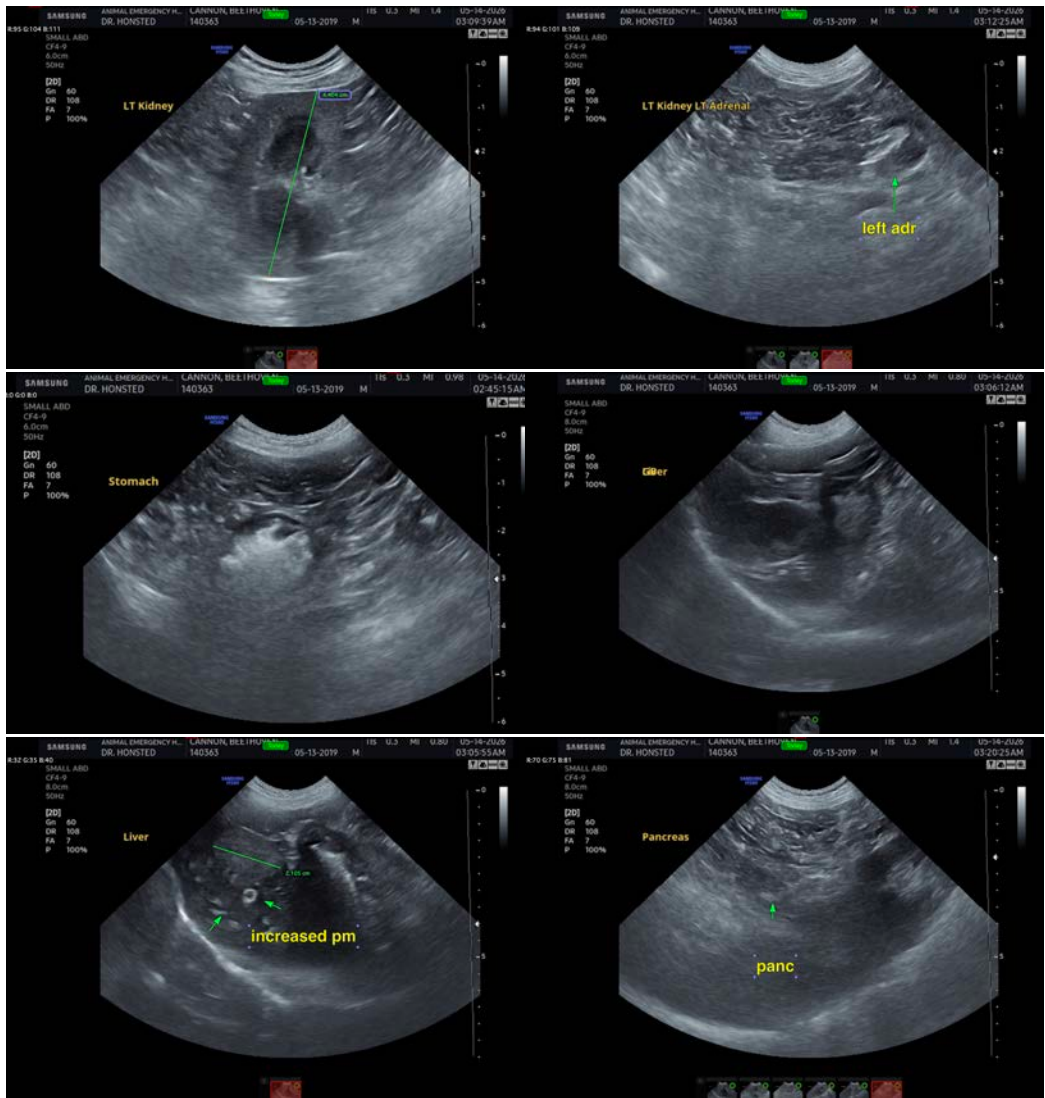
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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