



PATIENT

Java Baeli

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

83 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

AH of Sussex County

REFERRING VET

Dr. Lovell

INVOICE

37114

DATE

5/14/26

PRESENTING CLINICAL SIGNS

History: Lethargy, anorexia, vomiting, high liver enzymes and elevated bilirubin. BCS 4/9.

Current Medications: Convenia; Cerenia; SQ LRS

Abnormal PE/Chem/CBC/UA Results: ALP->2400; ALT-1408; BUN-40; Cr-2.7; Phos- 8.2; total bilirubin-4.3. UA: pending

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 residual prostate was uniform, measuring 0.96 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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. Slight pyelectasia was noted in the right kidney. Echogenic debris was noted in the right renal pelvis, suggestive for potential pyelonephritis. The right kidney measured 8.34 cm. The left kidney measured 8.28 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. The right adrenal gland measured 2.82 cm x 0.82 cm at the cranial pole and 0.83 cm at the caudal pole. The left adrenal gland measured 3.21 cm x 0.56 cm at the cranial pole and 0.77 cm at the caudal pole.

Spleen

The **spleen** in this patient was volume contracted. Hydration status should be assessed. Mild undulating contour and nodular changes were noted in the spleen, consistent with hyperplasia. Potential for infiltrative disease.

Liver

The **liver** was mildly swollen. The gallbladder was overdistended and turgid with minor suspended debris. A 1.6 cm x 1.1 cm mildly echogenic polypoid change was noted at the termination of the common bile duct. The common bile duct was significantly dilated (1.8 cm), turgid, and irregular in contour. There is strong concern for common bile duct or duodenal papilla neoplasia versus inflammatory polyp. Surgical intervention is recommended.

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.



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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.

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ULTRASONOGRAPHIC FINDINGS

BREED

Labrador Mix

- Volume contracted spleen with undulating contour and nodular changes- This is consistent with hyperplasia. Potential for infiltrative disease.
- Post hepatic obstruction at the duodenal papilla by small polypoid tissue thickening.
- Age-related renal changes with echogenic debris in the right renal pelvis, suggestive for potential pyelonephritis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Surgical intervention is recommended with bile duct deviation procedure. Splenic inspection and biopsy and liver biopsy are also indicated. Screening FNA of the spleen and liver could also be justified prior to surgery, however, given the presentation, this is a surgical urgency. Direct cholecystoduodenoscopy is likely necessary. Urinary work up is warranted to assess for any evidence of UTI given the right renal presentation.

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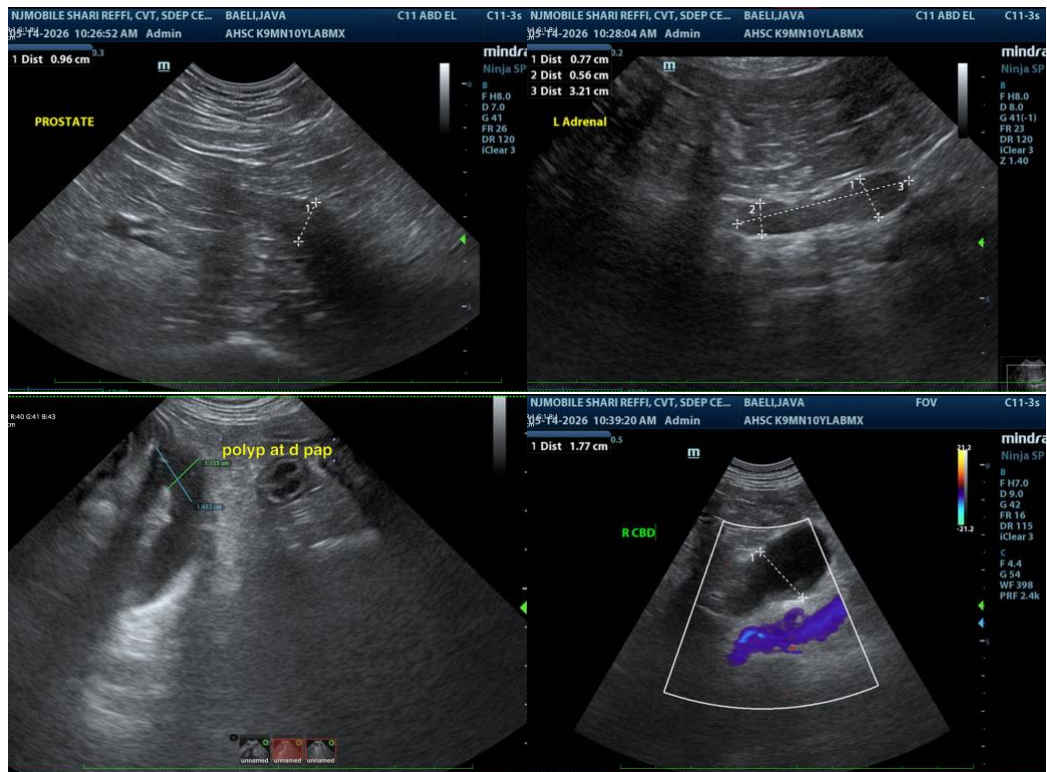
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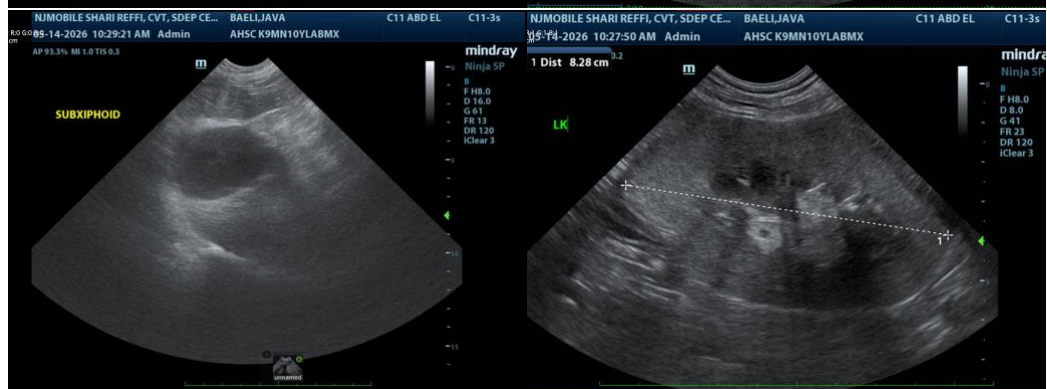
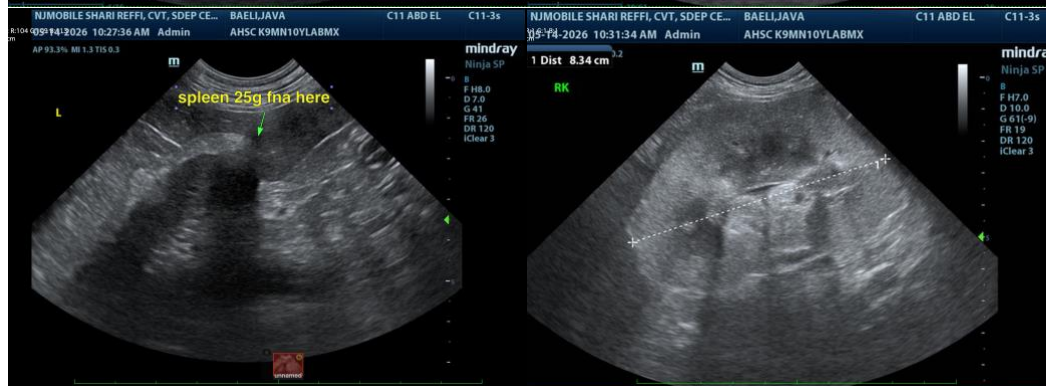
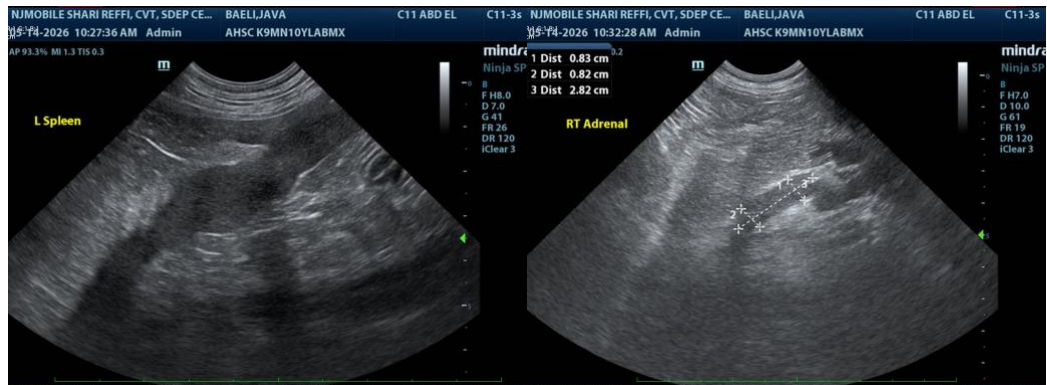
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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