



## PATIENT

Milo Blotter

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

14 Years

## WEIGHT

16.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jessie Evoniuk

## HOSPITAL NAME

State Avenue Vet  
Clinic

## REFERRING VET

Dr. Jessie Evoniuk

## INVOICE

16319

## DATE

05/18/26

## PRESENTING CLINICAL SIGNS

Not eating for a week. Decreased drinking last 5 days. Ate half can wet food last night, Gave other half hour later 3 this morning. Vomited 8 times yesterday. Vomited grass occ last 5 days. Last night straining to have BM. Grass fertilizer. Last week, kept pet off grass 48 hours. Natures recipe normally, Pedegree wet last night

Abnormal PE/Chem/CBC/UA Results: LYM 0.88, MCH 25.1, PLT 606, ALP 269, ALT 125, BUN 131, Ca 12.6, P 13.2, Creatinine 9.1, Glucose 117

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **residual prostate** measured 0.77 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Slight areas of mineralizations were noted. The left kidney measured 4.7 cm in length. The right kidney measured 4.1 cm in length.

### 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 0.5 cm width. The right adrenal gland measured 0.66 cm width at the cranial pole and 0.5 cm width 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** was moderately enlarged and hypoechoic to the falciform fat. The gallbladder revealed minor excessive sludge and minor over distension, yet not to the level of mucocele formation. There was no evidence of any significant disease present. This is most consistent with vascular hepatopathy, which can be a familial benign progressive issue in certain breeds such as mini terriers or induced by endocrinopathy. FNA can be considered for further definition. If the patient appears Cushingoid



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assessment for typical or atypical Cushing's with full adrenal panel would be indicated. However, subjectively this is a benign change. Inflammation was present.

### *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*

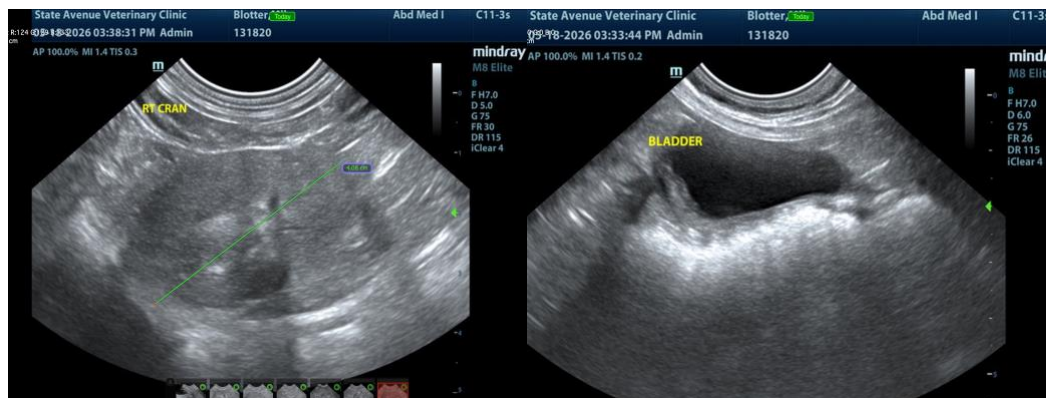
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable geriatric abdomen.
- Nonspecific chronic inflammatory hepatopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for non-specific GI upset would be indicated. FNA of the liver could be considered for further definition. The kidneys do not appear end-stage and acute insult is suspected. Leptospirosis titers are indicated. IV fluid support, urine culture, blood pressures are all indicated. 72-hour IV fluid protocol is indicated with treatment for acute insult upon the geriatric abdomen.





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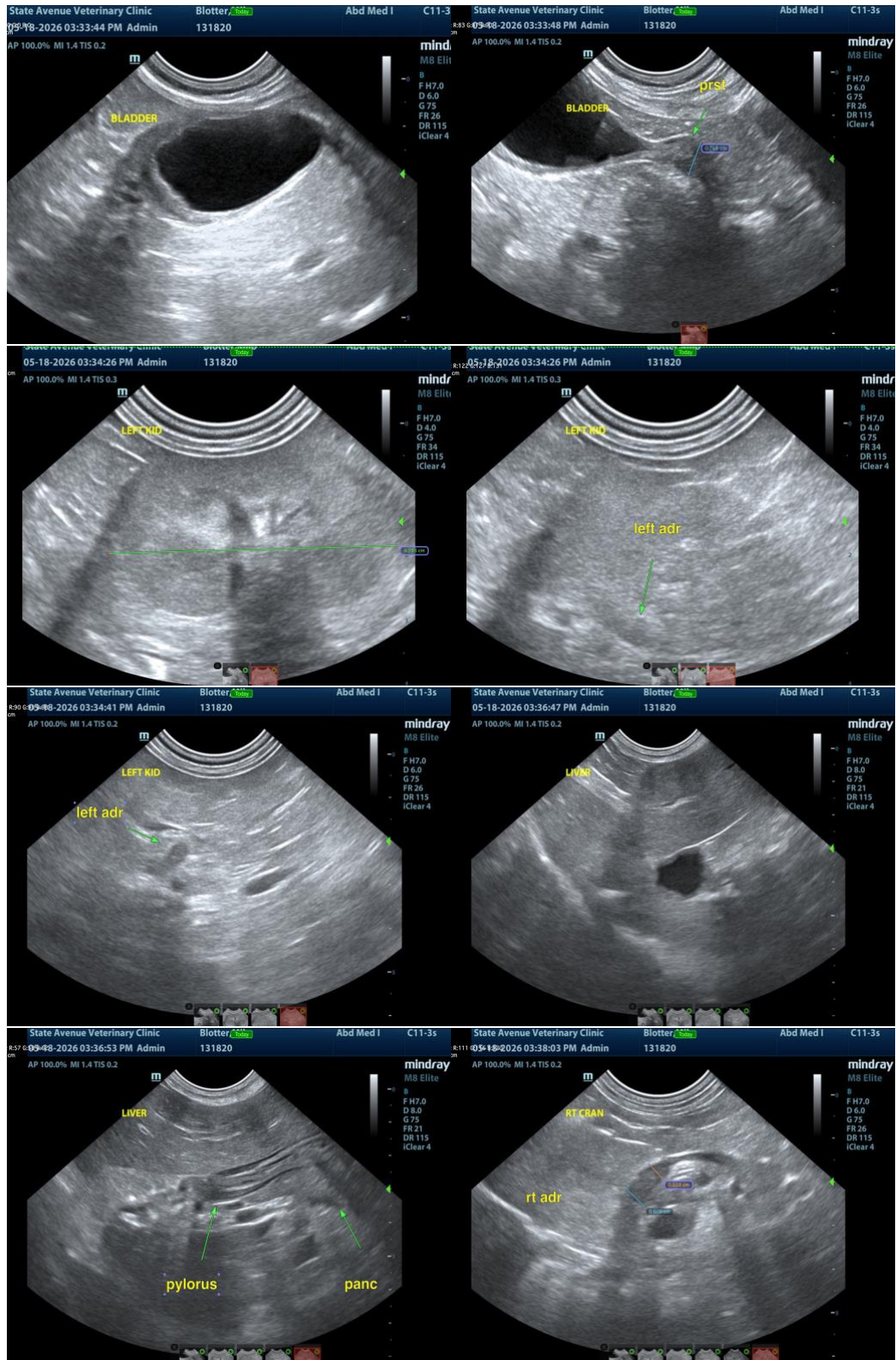
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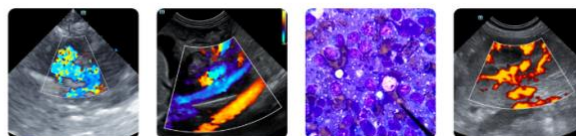
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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