



PATIENT

Braxton Roll

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Years 2 Months

WEIGHT

22 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

16402

DATE

05/21/26

PRESENTING CLINICAL SIGNS

Presents for stable clinical status monitoring; no acute signs reported. abd US, concerned on signs of abdominal distension, pot-bellied appearance, elevated liver enzyme (ALP) from previous bloodwork. Good days and bad days; stable, no improvement or decline noted. Eating and drinking normally. Last meal: 2026-05-20, ~19:00. No vomiting, diarrhea, coughing, or sneezing. 4/7/26: LDDST wnl. No current medications

Abdomen: distended, tense, difficult deep palpation; Eyes: mild medial canthus discharge, scleral congestion, absent menace response, sluggish pupillary light response OS; borderline intraocular pressures (tonometry: initial OS 25 mmHg/OD 22 mmHg with more head restraint needed, repeat OS 18 mmHg/OD 21 mmHg); Oral Cavity: severe calculus mandibular 309, heavy generalized gingivitis, multiple missing teeth, beard staining from saliva; Integument: cutaneous masses: ventral thorax ~1.3 cm, soft; right axilla softball-sized, soft; adjacent to right axilla ~1.3 cm, soft; left caudal ~2.5 cm, soft; additional multifocal masses reported ALP 328, Glucose 125

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 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 and no evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.4 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 0.6 cm width. The right adrenal gland measured 0.8 cm width at the cranial pole and 0.6 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 uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive



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sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The liver revealed occasional cyst and a nodule measuring approximately 1.0 cm each in the left lateral lobe and appear nondisruptive. Minor inspissated bile was noted in the gallbladder yet appears non-pathological. No overt distention is present.

Gastrointestinal

A minor amount of **gastric** fluid was present. Some hyperperistalsis was noted and spastic intestine without structural disease.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

A large amount of abdominal fat was present in this patient.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with remodeling and occasional nodule and cyst- consistent with metabolic hepatopathy.
- Age-related renal changes.
- Gastric fluid with spastic intestine.
- Age-related abdominal changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA could be considered for further definition. No evidence of gross pathology. The distended abdomen is owing to excessive abdominal fat and benign hepatopathy. The variable vague clinical signs may be owing to orthopedic disease. No evidence of primary abdominal disease playing a role. Specific therapy is recommended.



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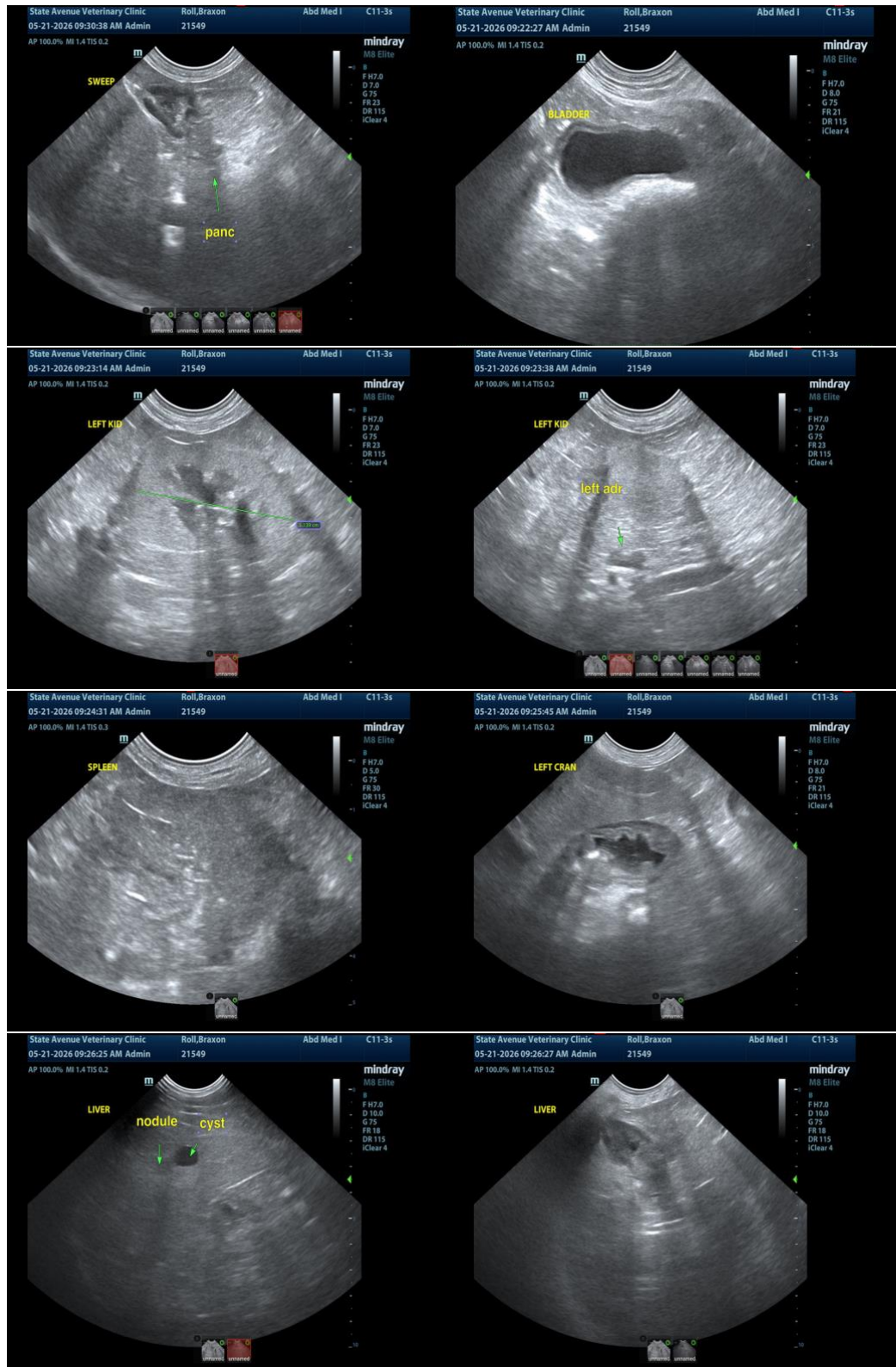
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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