



PATIENT

Philly Malin

SPECIES

Canine

BREED

Poodle x

SEX

Neutered Male

AGE

17 Years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brandon Adkins

HOSPITAL NAME

Royer Veterinary
Services

REFERRING VET

Dr. Brandon Adkins

INVOICE

75397

DATE

5/22/26

PRESENTING CLINICAL SIGNS

Philly malin presents for pain when handled, inability to jump, vomiting, and diarrhea

Patient History:

- Chronic heart condition (not on cardiac medications)
- Chronic liver condition (recently finished liver supplement prescription)
- Diet changed to Science Diet approximately 6 months ago
- Receives occasional table scraps
- Vomiting yesterday
- Diarrhea for 2 days
- Unable to jump onto bed or couch (previously able)
- Pain when picked up
- Weakness in back legs noted in December
- Owner assists with lifting approximately half the time
- Sleeping on floor instead of usual locations

Abnormal PE/Chem/CBC/UA Results: ALT 237 10 - 125 U/L HIGH

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomodullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Left kidney measured 3.9 cm. Anechoic cortical cyst noted in the medial cortex of the left kidney measuring 0.69 cm. Right kidney measured 4.1 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.64 cm.

The region of the **right adrenal gland** was imaged, no gross pathology.

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.



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Liver

The **liver** presented minor heterogeneous changes. A focal hypoechoic nodule was noted in the mid liver measuring 1.1 cm. The gallbladder and common bile duct 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

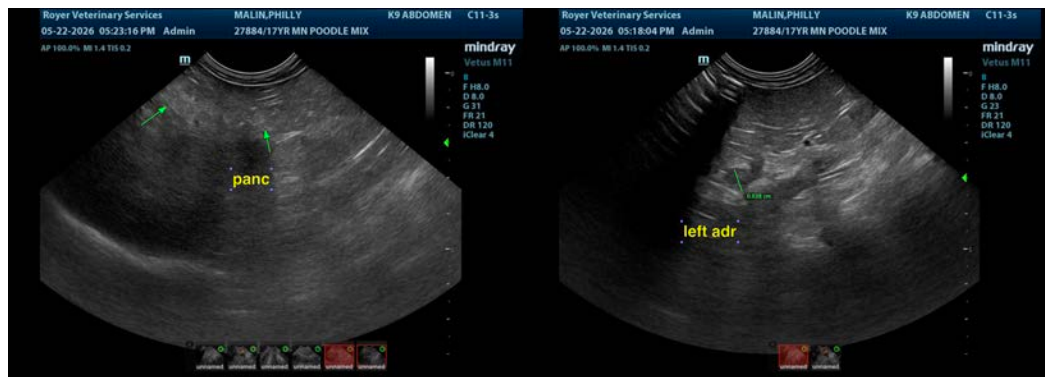
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

ULTRASONOGRAPHIC FINDINGS

- Liver nodule.
- Pancreatic remodeling.
- Age related changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of visceral disease responsible for any pain in this patient. Orthopedic/spinal pain should be considered as a primary concern in this patient. The abdomen is largely consistent with age related changes and some history of pancreatitis, yet no evidence of active pancreatic inflammation.





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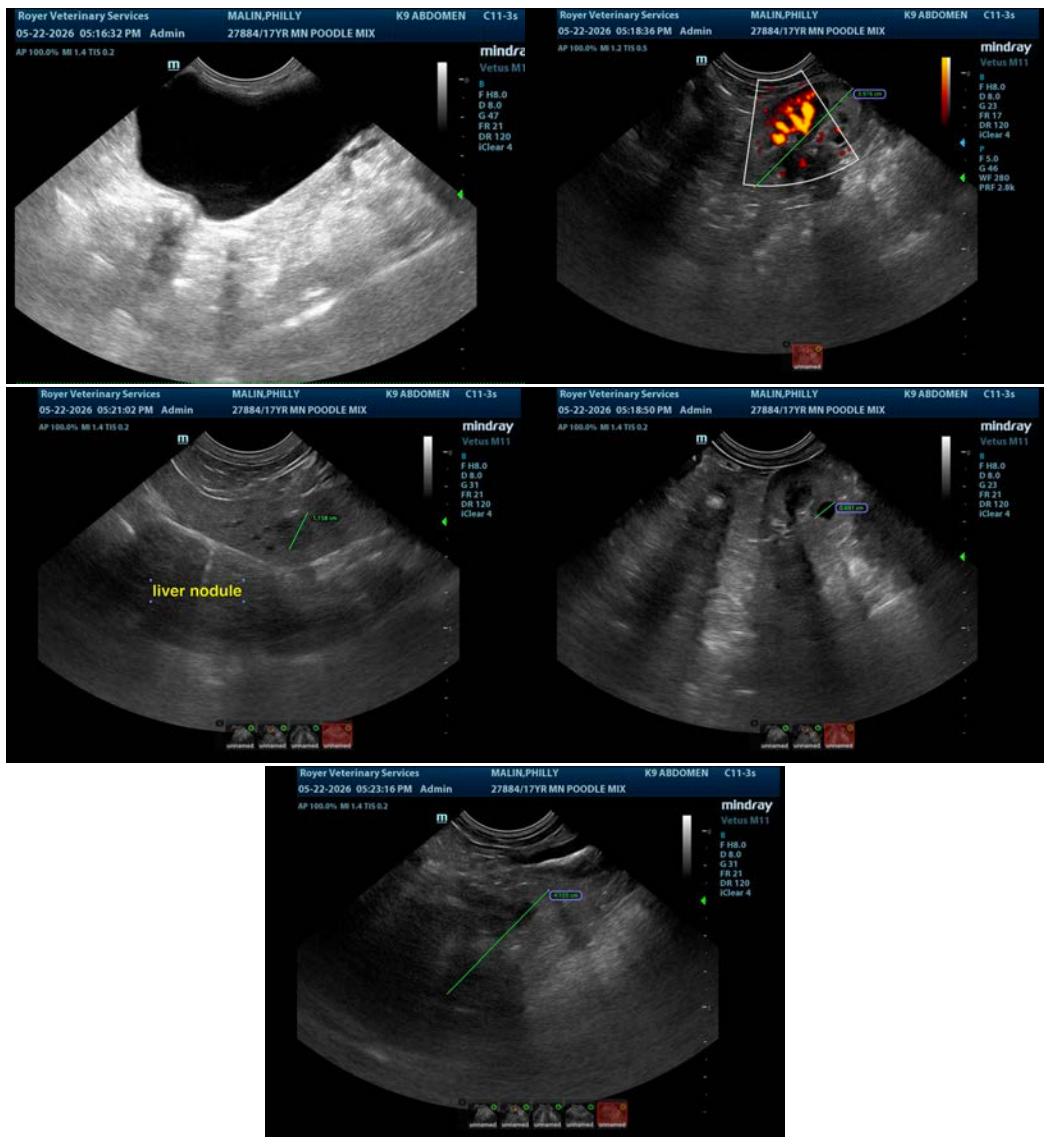
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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