



## PATIENT

Rosco Harrigan

## SPECIES

Canine

## BREED

Australian Shepherd x

## SEX

Neutered Male

## AGE

11 Years 5 Months

## WEIGHT

94.0 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kathleen Laux

## HOSPITAL NAME

Rondout Valley  
Veterinary Associates

## REFERRING VET

Dr. Kathleen Laux

## INVOICE

75375

## DATE

5/22/26

## PRESENTING CLINICAL SIGNS

Obesity and thought possible mass effect in caudal abdomen on exam. On Numelvi. Sedated with Alfaxalone

Abnormal PE/Chem/CBC/UA Results: ALT 158, Alk P 526, BUN 36, creat 1.7

## 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 and structure, 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. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 7.08 cm. Right kidney measured 7.23 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 2.96 cm x 0.66 cm at the cranial pole and 0.63 cm at the caudal pole. Right measured 1.97 cm x 0.66 cm at the cranial pole and 0.61 cm at the caudal pole.

### Spleen

The **spleen** superimposed upon the liver, potentially creating a mass effect from a radiographic standpoint. The spleen was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. Hyperechoic lipid plaques noted. No evidence of masses. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction.

### 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 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.



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## 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.

## Free Abdomen

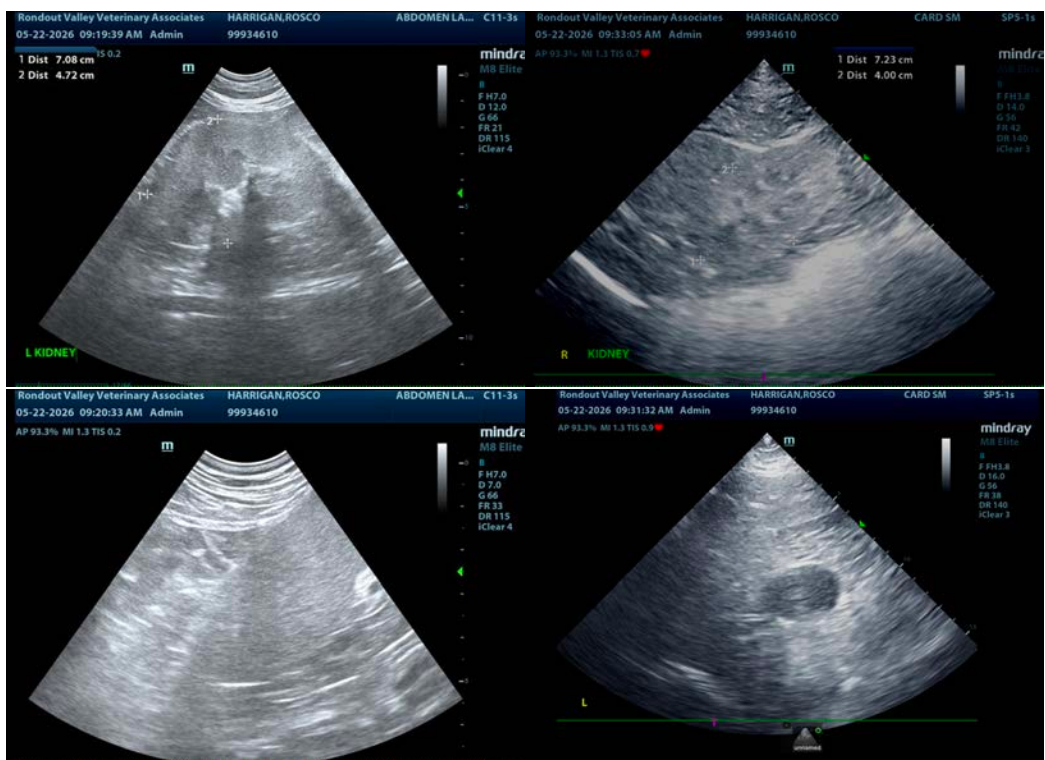
Large amount of abdominal fat noted in this patient.

## ULTRASONOGRAPHIC FINDINGS

- Age related abdominal changes and excessive abdominal fat.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unremarkable geriatric abdomen, no evidence of masses. No evidence of significant disease.





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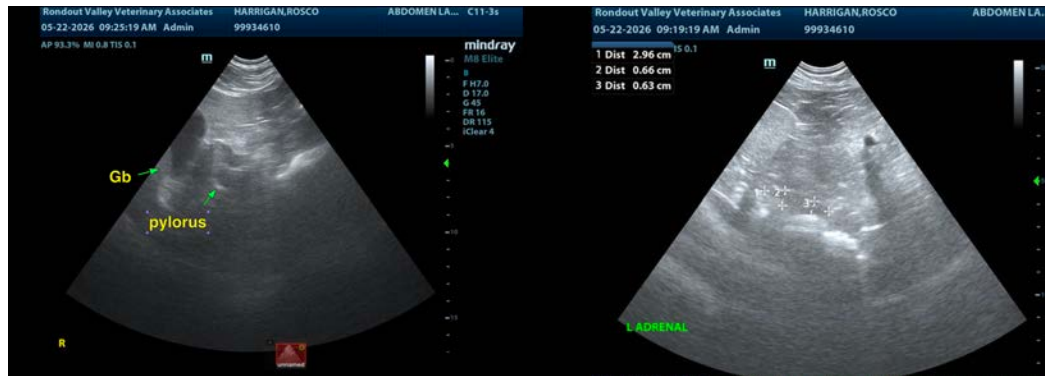
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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