



## PATIENT

Maverick Horn

## SPECIES

Canine

## BREED

Cattle Dog x

## SEX

Neutered Male

## AGE

6 Years 1 Month

## WEIGHT

54.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Chlow Lowe, CVT

## HOSPITAL NAME

Budd Lake Animal  
Hospital

## REFERRING VET

Dr. Horn

## INVOICE

74980

## DATE

5/6/26

## PRESENTING CLINICAL SIGNS

Vomiting for six weeks. Progressed to severe vomiting over the past 24 hours. Typically vomit right after eating and tried HP food. Has mild aspiration pneumonia. CXR/AXR within normal limit besides mild aspiration, pneumonia. Metronidazole, clavamox, baytril, cerenia, omeprazole.

Abnormal PE/Chem/CBC/UA Results: ALT 372, ALPH 238, otherwise WNL, UA WNL

## 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 normal size and structure, corticomedullary 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 measures 7.7 cm. Right kidney measured 5.14 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 2.4 cm x 0.55 cm at the cranial pole and 0.49 cm at the caudal pole. Right measured 2.4 cm x 1.43 cm at the cranial pole and 0.41 cm at the caudal pole.

### *Spleen*

The **spleen** was slightly enlarged with subtle micronodular changes. The spleen was folded upon itself cranially. The largest nodule measured 0.50 cm, likely hyperplasia.

### *Liver*

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### *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**

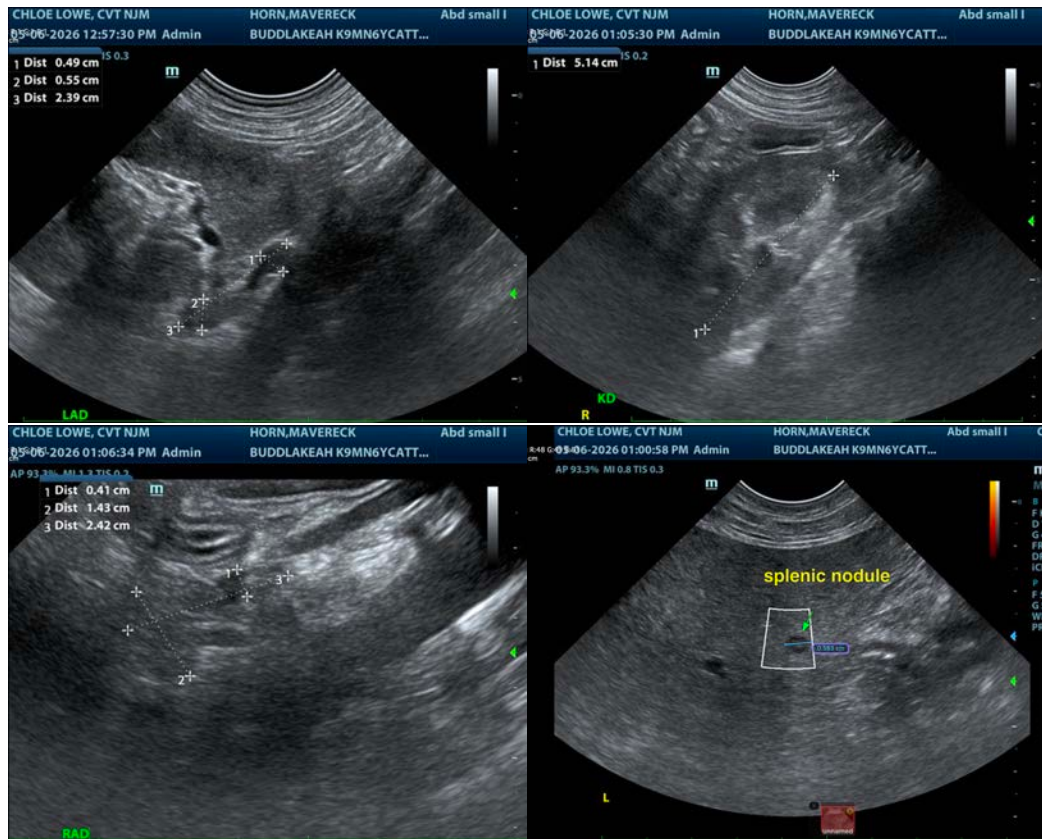
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Micronodular spleen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen and liver indicated. Recommend Leptospirosis titers given the ALT elevations. The cause of vomiting is unclear. Structurally the GI tract was unremarkable. Endoscopy may be appropriate.





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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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[info@SonoPath.com](mailto:info@SonoPath.com)