



## PATIENT

Loki Carlson

## SPECIES

Canine

## BREED

Australian Shepherd

## SEX

Neutered Male

## AGE

9 Years 5 Months

## WEIGHT

41.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kurt Mychajlonka,  
DVM

## HOSPITAL NAME

Craig Road AH

## REFERRING VET

Kurt Mychajlonka,  
DVM

## INVOICE

37256

## DATE

6/1/26

## PRESENTING CLINICAL SIGNS

History: chronic intermittent vomiting, high PLI levels.  
Abnormal PE/Chem/CBC/UA Results: QPL 602 HIGH 0-200 U/L

## 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 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 6.3 cm. The right kidney measured 6.0 cm.

### Adrenal Glands

The **left adrenal gland** was normal in size and contour, measuring 0.5 cm at the cranial pole and 0.57 cm at the caudal pole.

The **right adrenal gland** was slightly heterogenous. A heterogenous to hyperechoic nodule was noted, measuring 0.96 cm x 1.6 cm at the cranial pole. The caudal pole was normal, measuring 0.6 cm.

### 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Slight increased portal markings were noted. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. The hepatic lymph nodes 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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

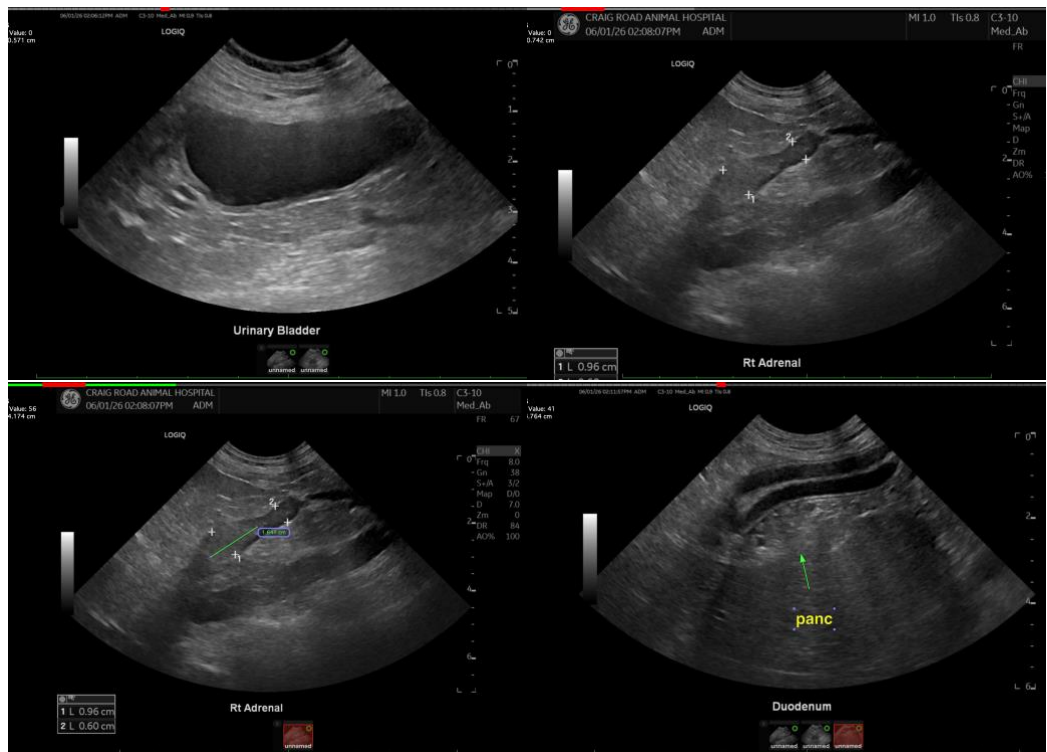
The **pancreas** was normal in size and contour. Slight heterogenous parenchymal changes were noted with slight enhanced surrounding fat, consistent with low grade inflammation.

**ULTRASONOGRAPHIC FINDINGS**

- Slightly heterogenous right adrenal gland with a hyperechoic nodule
- Minor pancreatitis pattern
- Minor hepatic remodeling
- Age-related renal changes
- No evidence of significant disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive care should prove effective in this patient.





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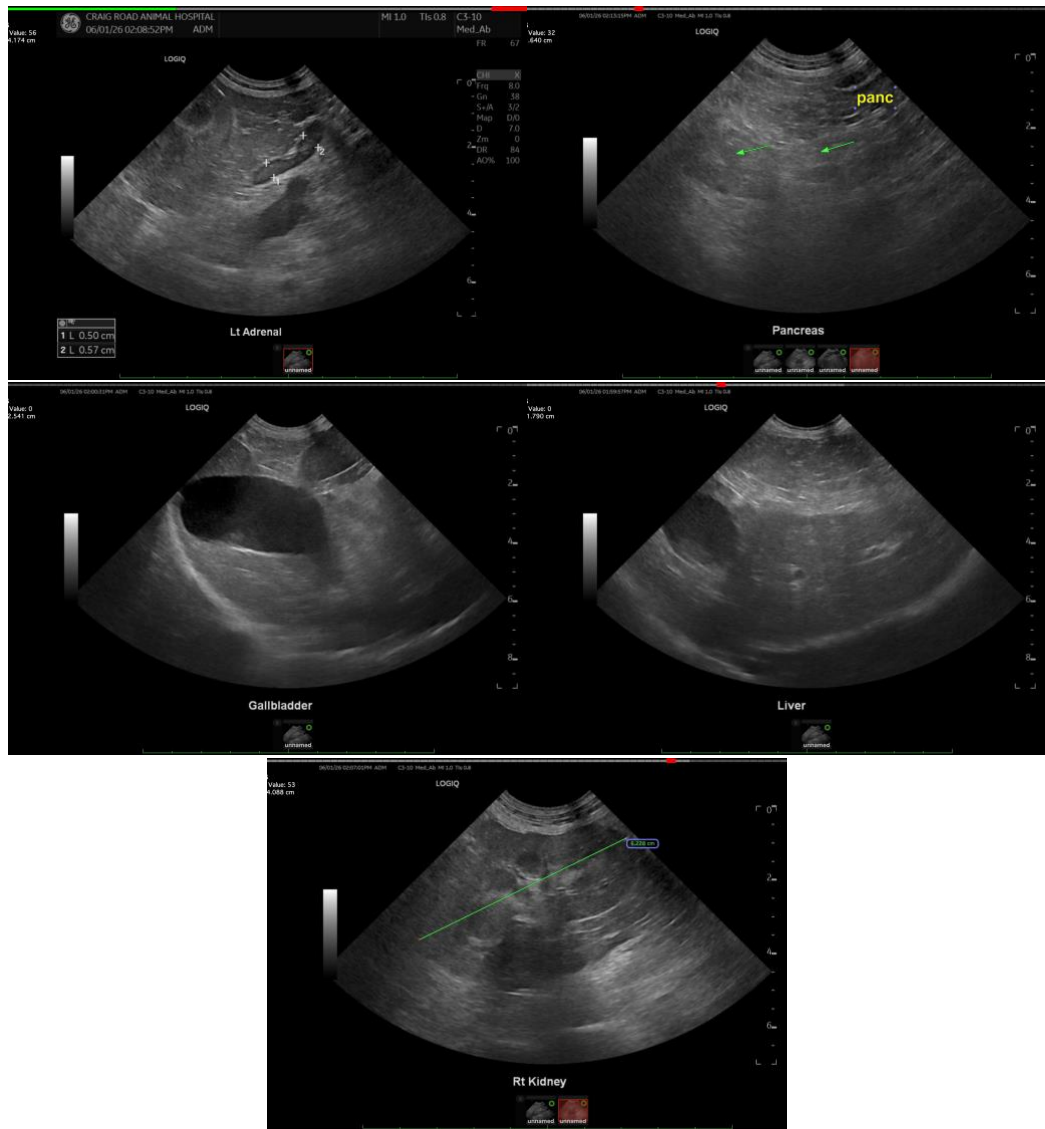
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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, CEO, Owner, Founder -- SonoPath.com**  
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