



## PATIENT

Clyde Worgo

## SPECIES

Canine

## BREED

Labrador Mix

## SEX

Neutered male

## AGE

13 years

## WEIGHT

68 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Smithfield AH

## REFERRING VET

Dr. Hull

## INVOICE

70867

## DATE

1/22/26

## PRESENTING CLINICAL SIGNS

- Elevated ALP, cholesterol on fasted BW
- Older patient screening AUS
- Lab Abnormalities: ALP 1400, mild elevated cholesterol

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was 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. The right kidney measured 6.8 cm.

### *Adrenal Glands*

The regions of the **adrenal glands** were imaged without evidence of pathology.

### *Spleen*

The **spleen** revealed multi-focal, hyperechoic nodules that are consistent with lipogranulomas. These are not pathological and measured up to 1.0 cm.

### *Liver*

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Occasional, non-disruptive nodular change was 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. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. 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.

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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.

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***Heart***

Rapid view of the heart revealed no evidence of pathology.

**AGE**

13 years

**ULTRASONOGRAPHIC FINDINGS**

Subjectively age related hepatic changes.

**WEIGHT**

68 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver can be considered for further definition, yet subjectively appeared benign. If adrenal disease is suspected then further imaging under full sedation is recommended given the patient's tension and interfering lipomas. Acoustic penetration was not possible.

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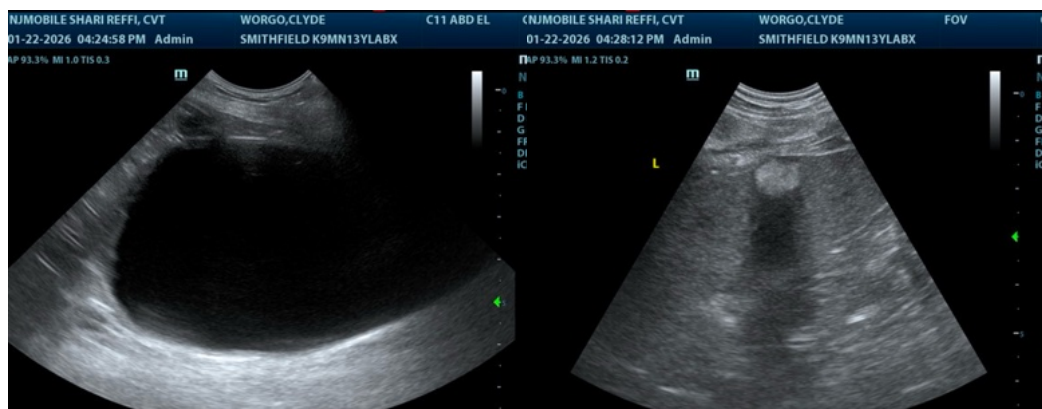
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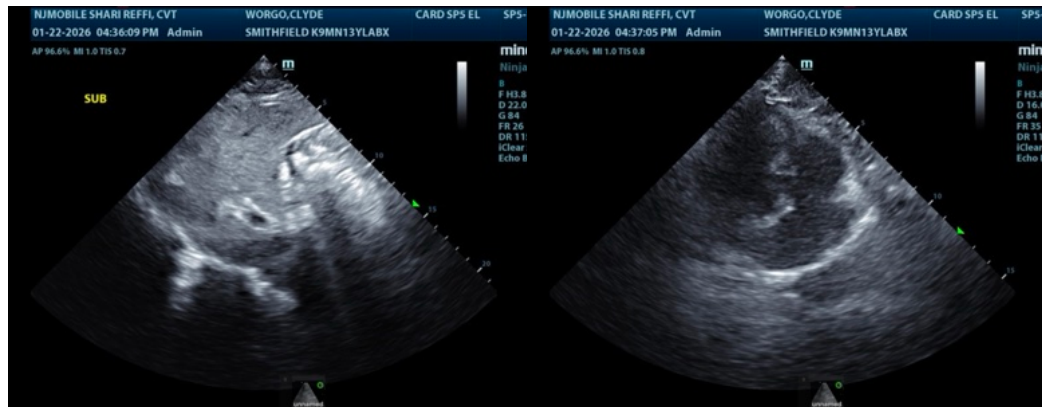
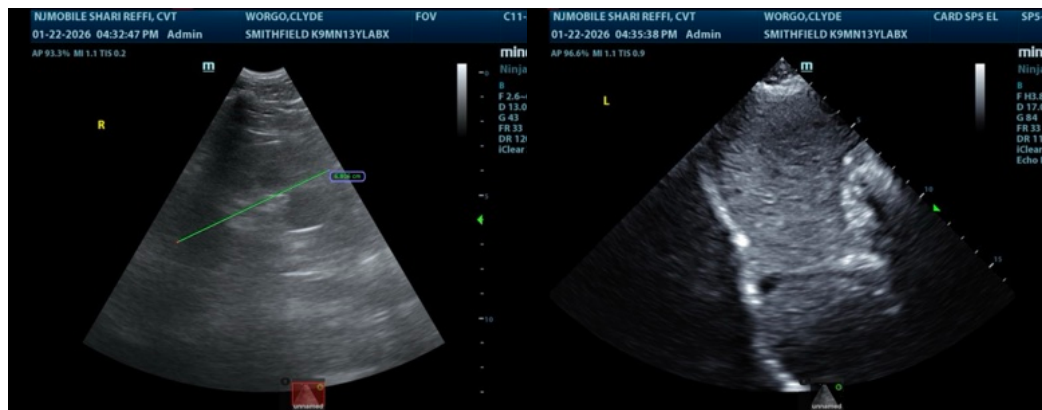
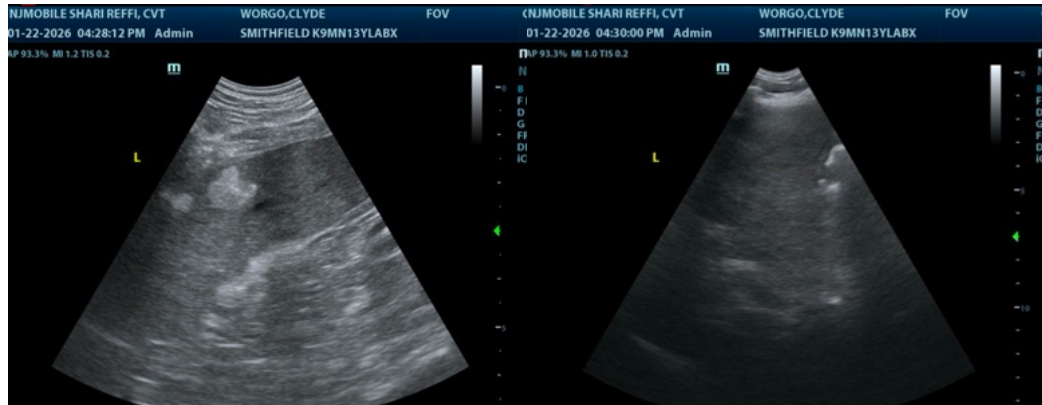
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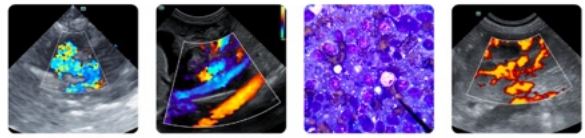


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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