



PATIENT

Benji Sullivan

SPECIES

Canine

BREED

Cairn Terrier

SEX

Neutered male

AGE

15 years

WEIGHT

20.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Montgomery VH

REFERRING VET

Dr. Fabiano

INVOICE

68948

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: Acute liver enzyme elevation, severe periodontal dz, recent bleeding from nose and nasal stertor Current meds: Gabapentin

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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.88 cm. The right kidney measured 5.25 cm.

The residual prostate measured 1.0 cm. The pre and post prostatic urethra were unremarkable.

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. The right adrenal gland measured 1.6 x 0.76 cm at the cranial pole and 0.51 cm at the caudal pole. The left adrenal gland measured 1.65 x 0.6 cm at the cranial pole and 0.66 cm at the caudal pole.

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 was noted.

Liver

The **liver** revealed uniform, vacuolar hepatopathy pattern with slightly increased portal markings. No masses were noted. The gallbladder and common bile duct were unremarkable.



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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. Some remodeled mesentery was noted associated with the small intestine.

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

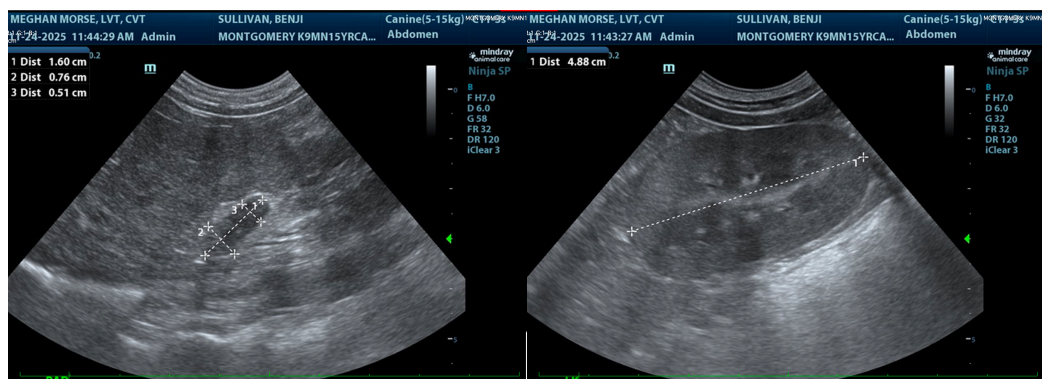
ULTRASONOGRAPHIC FINDINGS

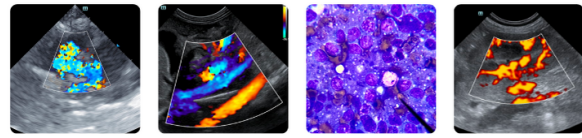
Non-specific, chronic inflammatory hepatopathy.

Remodeled mesentery associated with the small intestine. History of enteritis is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated for further definition. Leptospirosis titers are indicated to ensure underlying infectious agents are not an issue. Midabdominal palpation is warranted to assess for any discomfort associated with the remodeled mesentery or steatitis. This may be old lesions or remodeling owing to prior insult or low-grade active steatitis.





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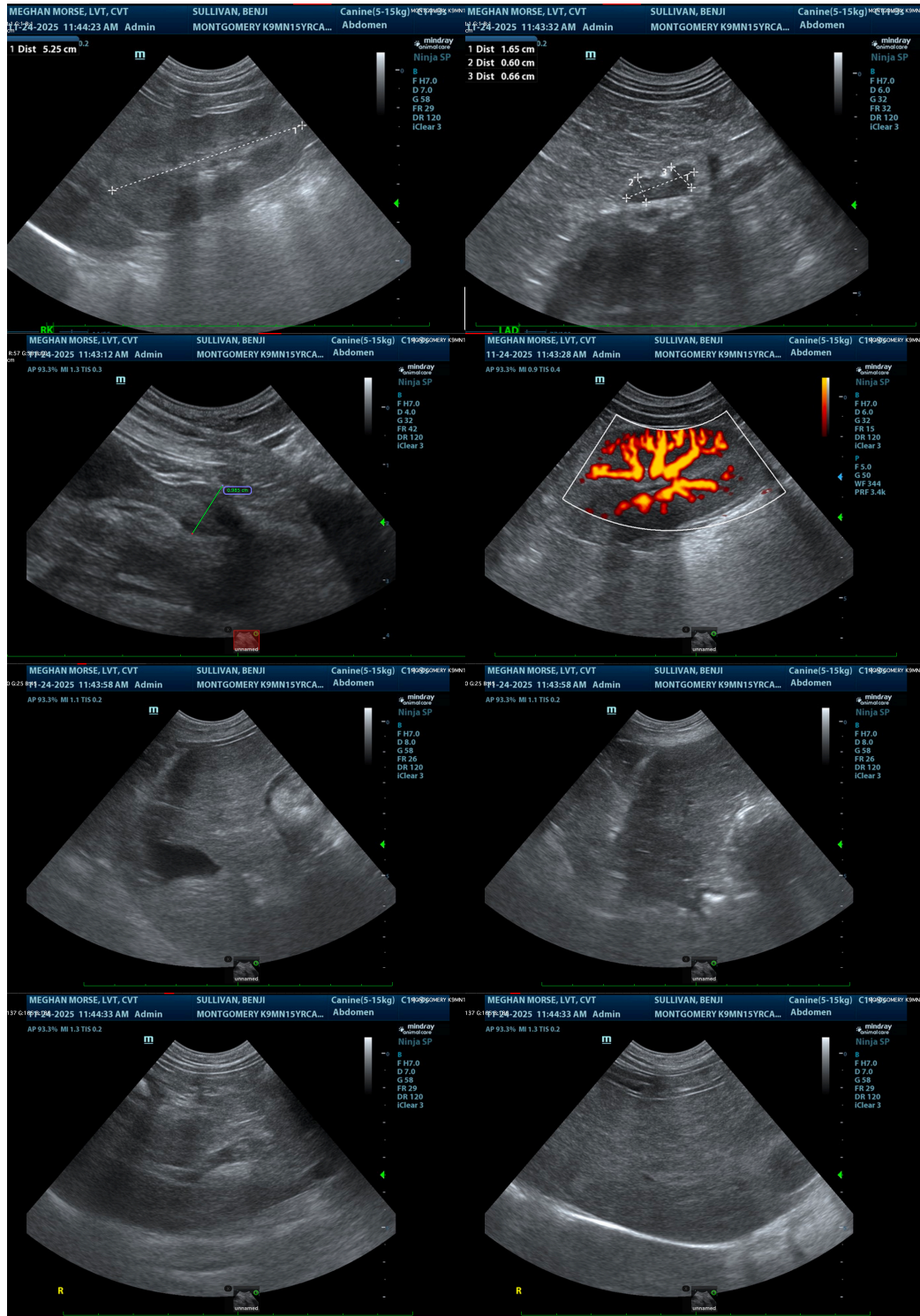
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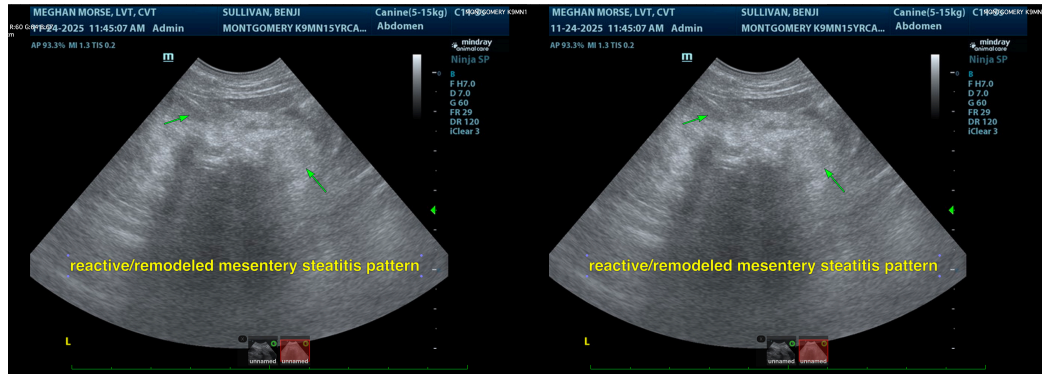
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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