



PATIENT

Kurama Rodriguez

SPECIES

Canine

BREED

Shiba Inu

SEX

Male

AGE

10 years

WEIGHT

15.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho

HOSPITAL NAME

Bond Vet Edgewater

REFERRING VET

Dr. Della Vecchia

INVOICE

69614

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: 10y/o male intact Shiba Inu with hx of persistently elevated ALP since June of this year. ALP was 259 u/L. P presented to VEG in August of this year for a traumatic fall, radiographs of abdomen unremarkable, just soft tissue swelling of LF limb and suspected IVDD. BW revealed increase ALP of 355 U/L. P was seen November for rabies vaccines, no concerns. discussed hx of elevated ALP. O declined full bw, elected abd U/S. PT no other significant medical hx. Currently doing well no c/v/d. Intermittent reverse sneeze.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Minor apical polypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **right kidney** 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 right kidney measured 3.32 cm.

Given the demeanor of the patient imaging of the **left kidney** in the paralumbar area and pelvic urethra were challenging.

The visible prostate measured 1.0 cm. The testicles were imaged and found to be uniform. There was no parenchymal or epididymal pathology.

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 left adrenal gland measured 1.56 x 0.43 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 1.14 x 0.68 cm at the cranial pole and 0.47 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.



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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. 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 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.

ULTRASONOGRAPHIC FINDINGS

Thickened bladder wall changes with apical micropolypoid changes.

Left kidney not overtly visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis is recommended to assess any evidence of cystitis is indicated. BRAF testing is indicated.

No overt left kidney was noted in this patient; however, this may be owing to tension. Further imaging may be necessary. VD or DV radiographs are warranted to ensure that left renal aplasia is not an issue.

If any prostatic signs are present then sedation and further imaging of the pelvic urethra is indicated as well as the region of the left kidney.



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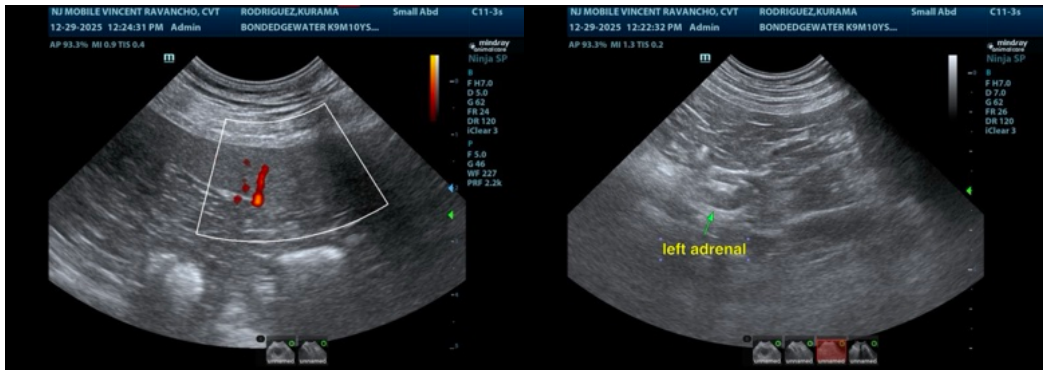
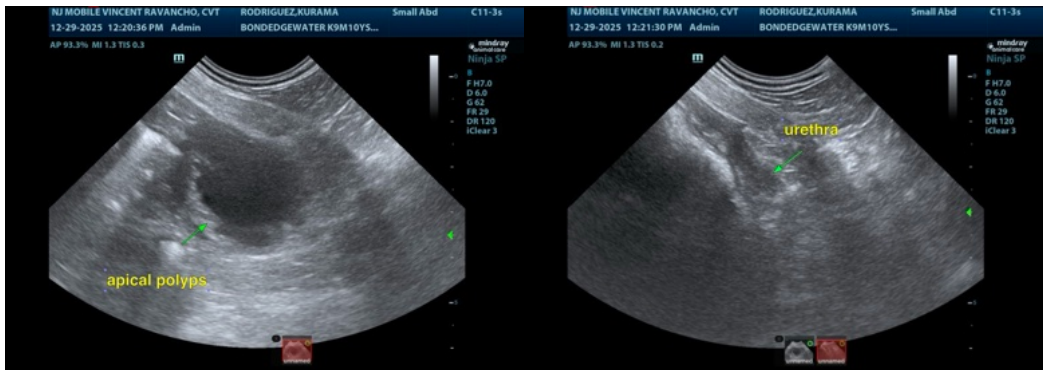
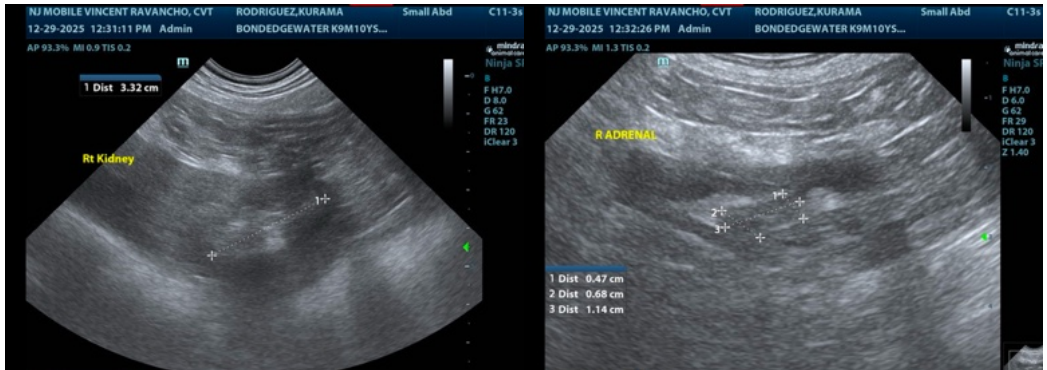
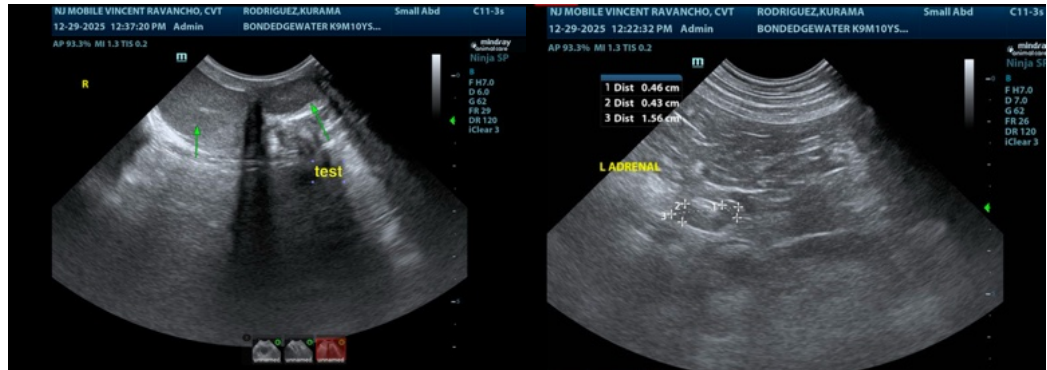
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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