



## PATIENT

Chase DeJager

## SPECIES

Canine

## BREED

Coonhound Mix

## SEX

Neutered male

## AGE

10 years

## WEIGHT

105.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

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

## HOSPITAL NAME

Butler Vet

## REFERRING VET

Dr. Sereda

## INVOICE

71436

## DATE

2/10/26

## PRESENTING CLINICAL SIGNS

Pendulous abdomen, increased liver values, increased calcium, dilute urine, proteinuria. UA 2+ protein with reflux, UPC 0.8, urine specific gravity 1.017 ALT 145, ALP 1142, BUN 40, calcium 12, Trigyl 863

## 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. Mineralization was noted and was non-obstructive. The left kidney measured 6.86 cm. The right kidney measured 8.78 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. The left adrenal gland measured 2.67 x 0.77 cm. The right adrenal gland measured 4.32 x 1.57 cm at the cranial pole and 0.5 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** images submitted revealed generalized enlarged liver with normal contour and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Occasional parenchymal cyst was noted. 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.



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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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## ***Pancreas***

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

## ***Free Abdomen***

A large amount of abdominal fat was noted in this patient.

## **ULTRASONOGRAPHIC FINDINGS**

- Pancreatic remodeling.
- Geriatric abdomen.
- Moderate degenerative renal changes.
- Benign hepatopathy with occasional cyst.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Structurally the adrenal glands were normal. If the patient appears Cushingoid and is truly persistently PU/PD with urine specific gravity less than 1.020 the work-up for PDH is indicated. Although the adrenal glands appear normal early PDH cannot be ruled out.



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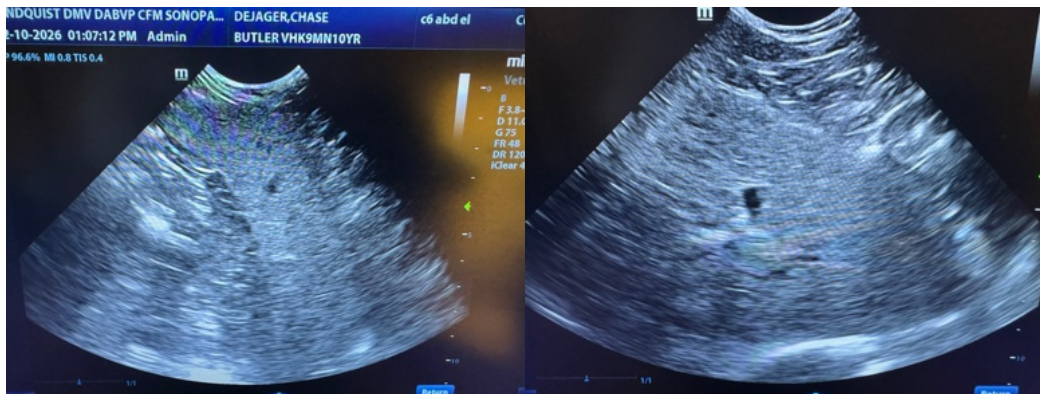
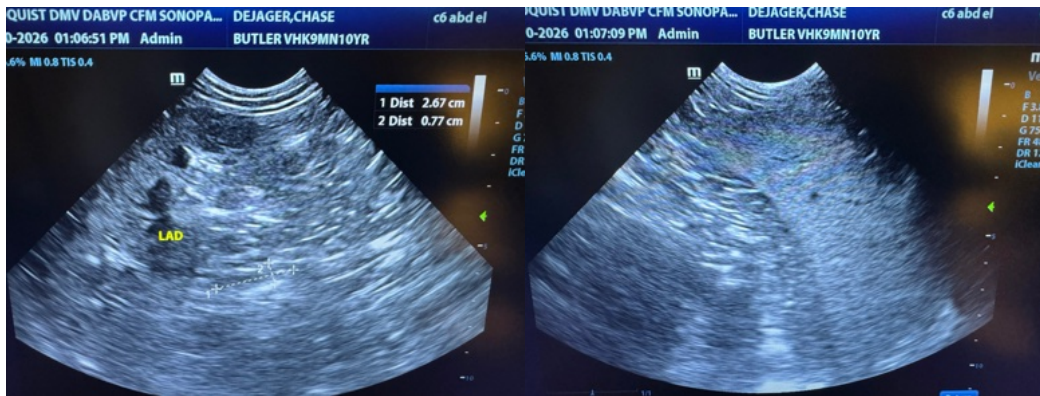
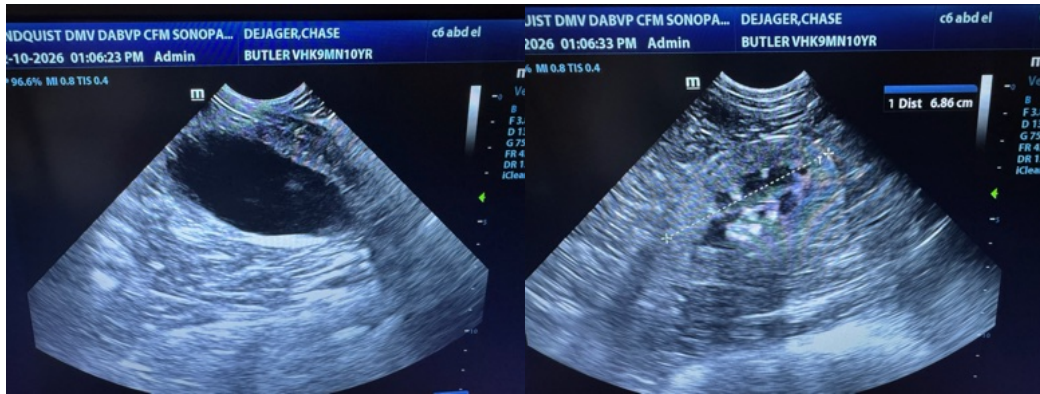
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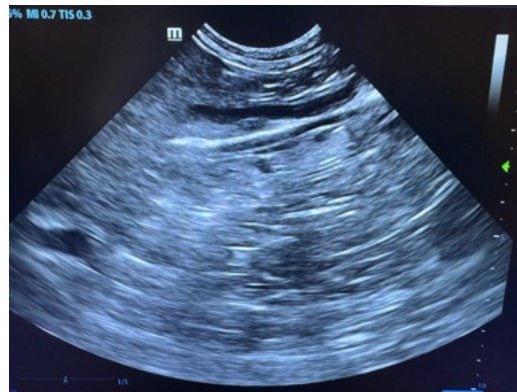
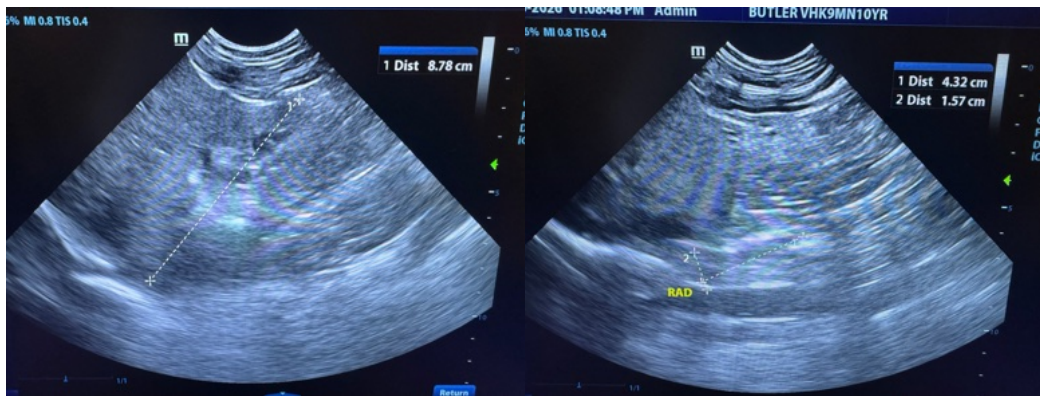
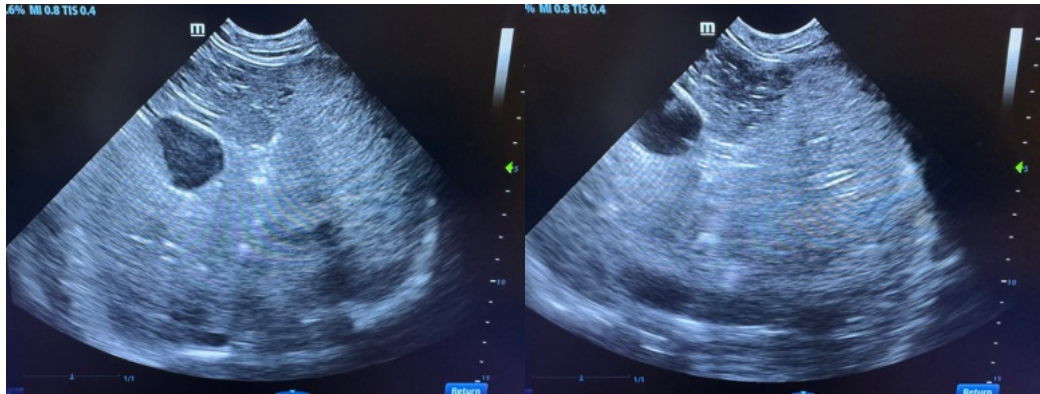
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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