



PATIENT

Jack Miller

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

12 years

WEIGHT

51.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Chabora

INVOICE

78370

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- BCS 7/9
- Chronic vomiting, PU/PD
- SQ growth R ventral neck-blood on FNA
- Current Medications: Cerenia, Sucralfate, Omeprazole
- CPL-Abnormal; ALT-143; ALP-328; BUN-37; Cr-1.7; Chol-429; UA: USG: 1.010, sediment quiet, prot. neg. In Dec T4-<0.4

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. Slight mineralization was noted. The left kidney measured 4.9 cm. The right kidney measured 5.33 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 right adrenal gland measured 1.23 cm at the cranial pole and 0.62 cm at the caudal pole. The left adrenal gland measured 0.71 cm at the caudal pole and 0.49 cm at the cranial pole.

Spleen

The **spleen** revealed hypoechoic nodular changes with focal areas of mineralization.

Liver

The **liver** revealed multi-focal, hypoechoic nodular changes measuring up to 0.75 cm. Otherwise, mild remodeling was noted. The gallbladder and common bile duct 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 in the right auricle or pericardium.

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ULTRASONOGRAPHIC EXAMINATION OF THE CERVICAL REGION

The right thyroid lobe revealed a uniform, 3.5 cm encapsulated mass that was significantly vascular. This is strongly consistent with thyroid carcinoma. 25-gauge FNA is indicated. Some irregular contour and possible early vascular invasion were noted. The trachea and esophagus all appeared unremarkable. The left thyroid lobe was unremarkable with uniform parenchyma. There was no evidence of parathyroid pathology or extension

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ULTRASONOGRAPHIC FINDINGS

Splenohepatic nodular changes. Nodular hyperplasia versus metastatic disease, round cell neoplasia, and less likely hemangiosarcoma.

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Otherwise, age related abdominal changes.

Right thyroid lobar mass, potentially resectable.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Bile acid profile would be ideal. CT evaluation for surgical planning and 25-gauge FNA of the spleen and liver. This could all be performed at the same time under sedation. Full thyroid profile is recommended to assess for functional thyroid carcinoma as opposed to non-functional.

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ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

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<https://sonopath.com/services/vetimaging/>



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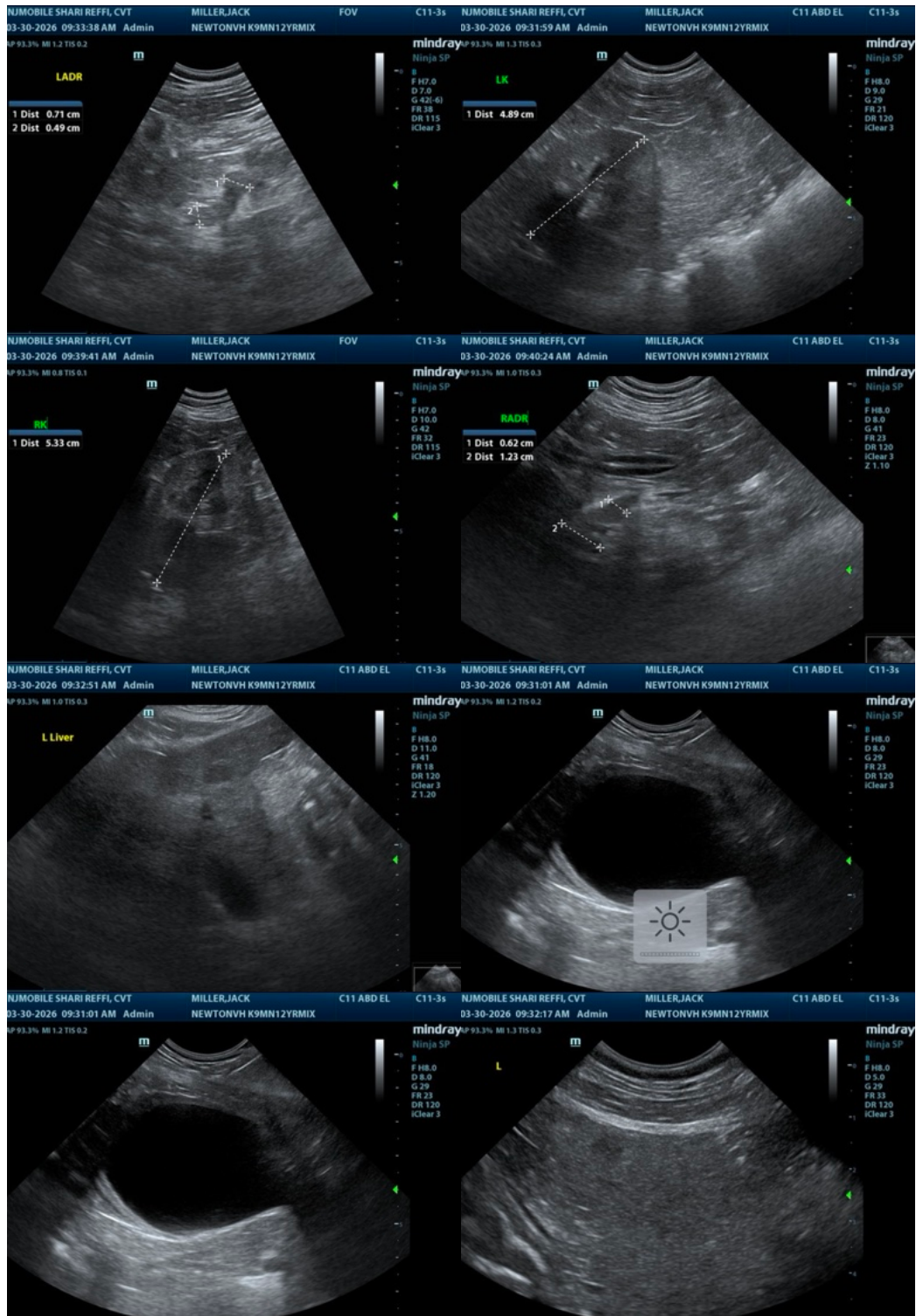
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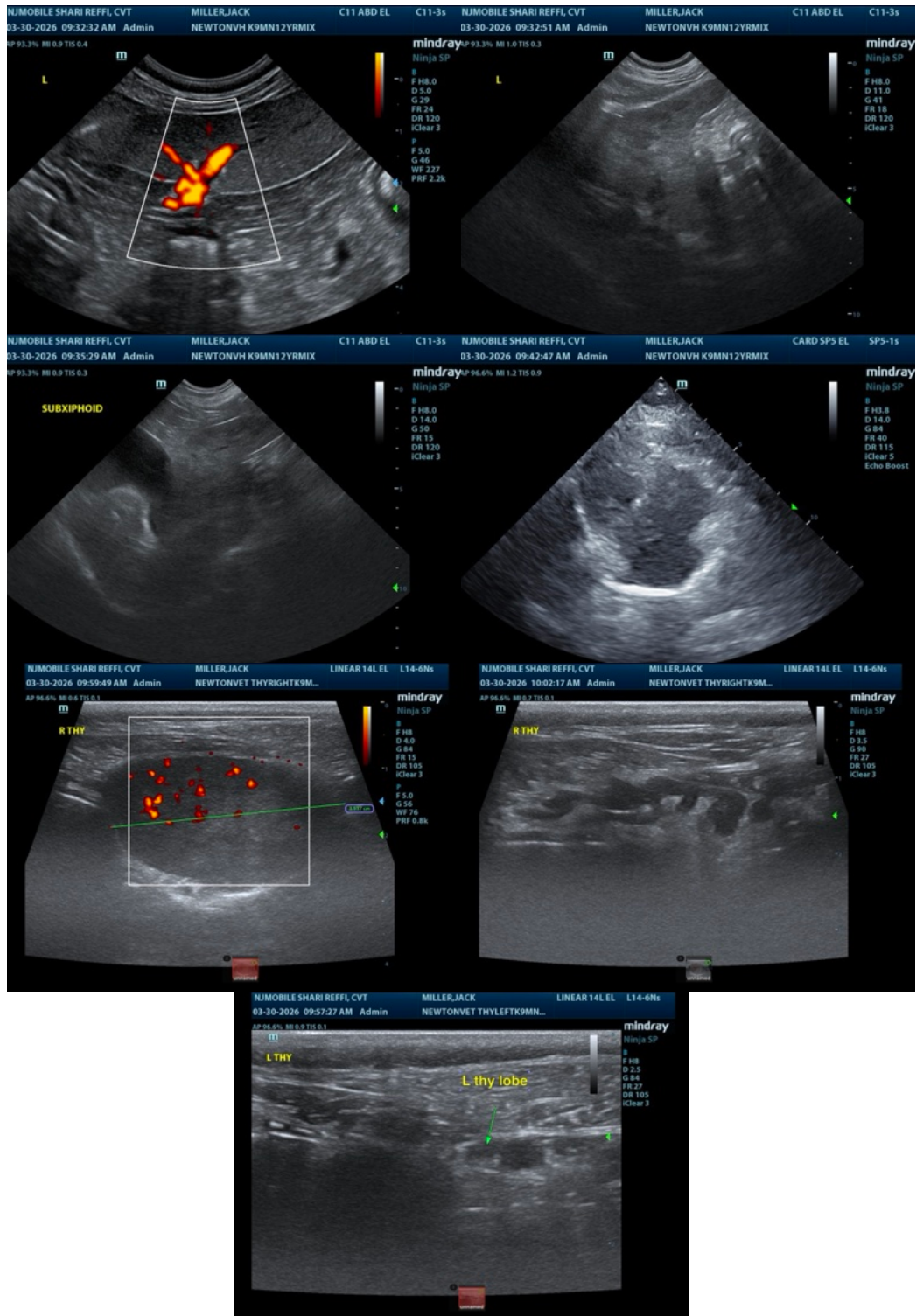
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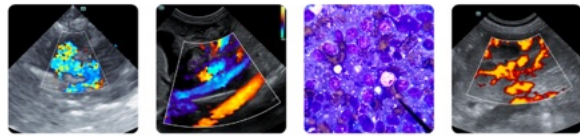
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Info@SonoPath.com

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