



**PATIENT**

Sunny Ely

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

22.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe

**HOSPITAL NAME**

Animal Hospital of  
 Sussex County

**REFERRING VET**

Dr. Obsharsti

**INVOICE**

77652

**DATE**

5/18/26

**PRESENTING CLINICAL SIGNS**

History: Ultrasound, in-house and large gallbladder. Owner wanted to recheck after pet was on ursodiol.

Alp 977, Bun 37. Checked for Cushing's - negative

**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 1.0 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 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 5.2 cm. The left kidney measured 4.96 cm.

**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.38 x 1.87 cm at the cranial pole and 0.66 cm at the caudal pole. The left adrenal gland measured 2.7 x 0.96 cm at the caudal pole and 0.63 cm at the cranial pole.

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**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. A hypoechoic nodule was noted in the left cranial liver and were non-



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disruptive and measures 1.7 cm. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder revealed minor overdistension with minor, excessive debris.

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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.

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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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**ULTRASONOGRAPHIC FINDINGS**

Bilateral adrenal hypertrophy, possible normal variant versus emerging PDH/Cushing's.

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Liver nodule, subjectively benign hepatopathy.

Minor excessive coalesced bile.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ursodiol therapy could be justified in this patient.

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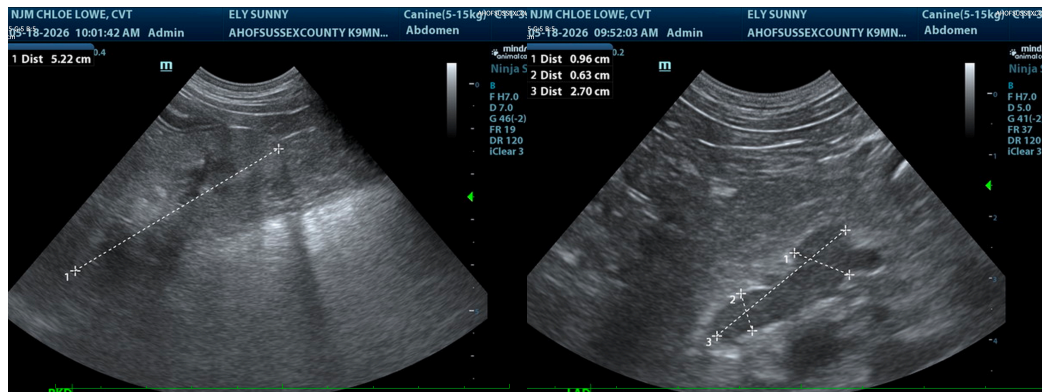
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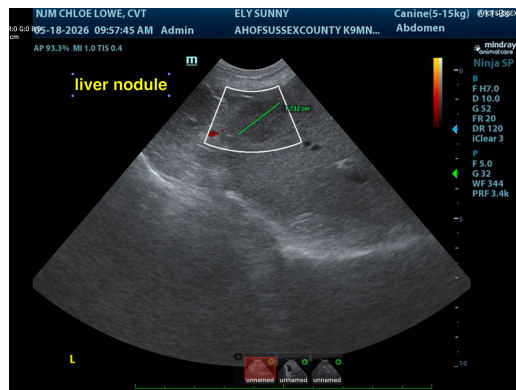
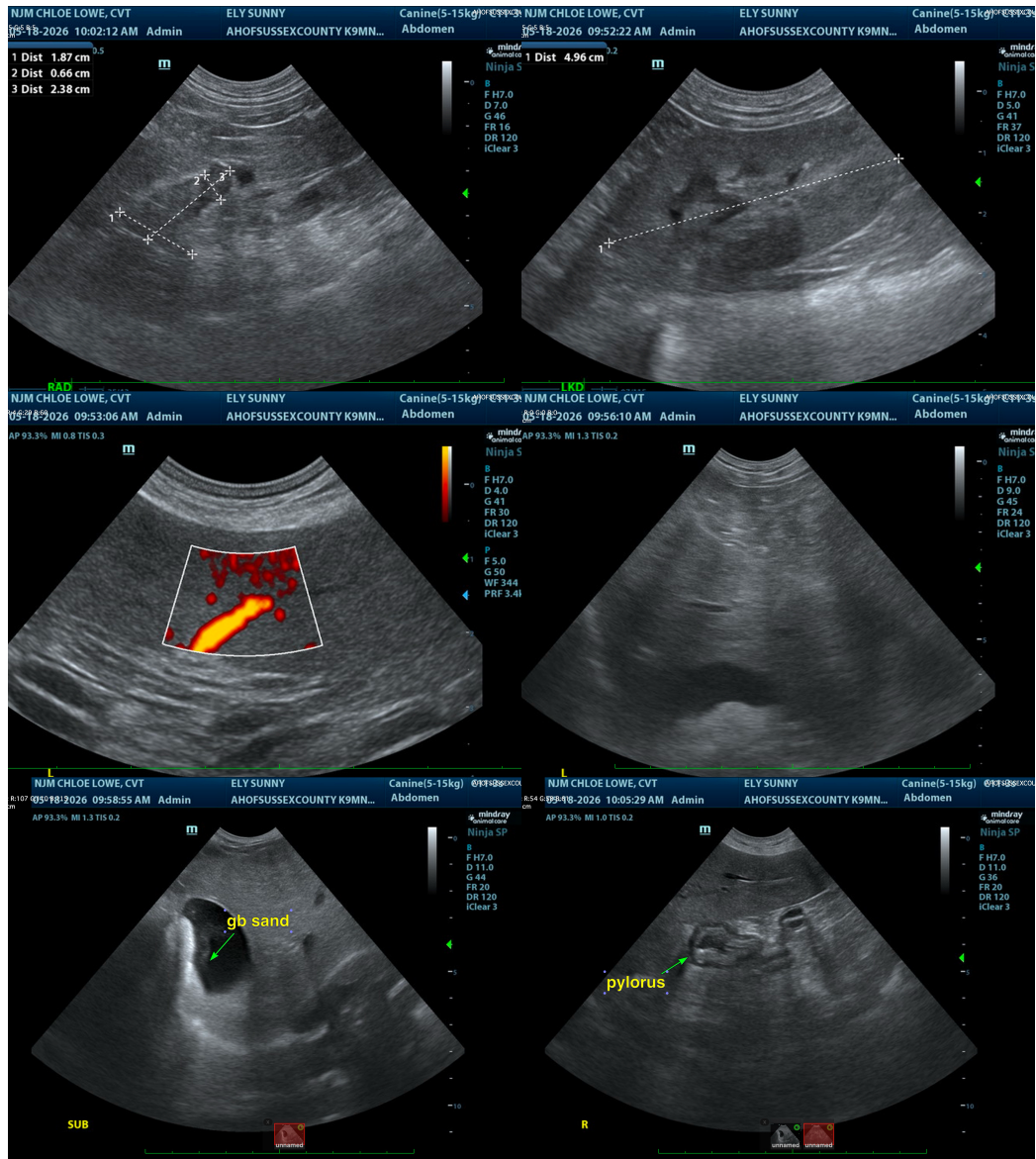
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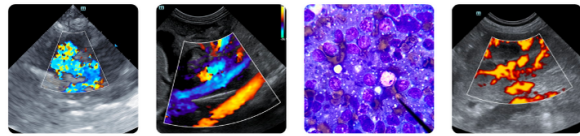
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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