



PATIENT

Yuhi Lorenzen

SPECIES

Canine

BREED

Shiba Inu

SEX

Male

AGE

14

WEIGHT

10.5 kg

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Laura De Cordon

HOSPITAL NAME

Lakeview Animal
Hospital

REFERRING VET

Dr. Laura De Cordon

INVOICE

15054

DATE

04/13/26

PRESENTING CLINICAL SIGNS

Since Saturday pt has a decreased appetite, lethargy, vomiting and diarrhea. previously a thoracic CT was performed, pt has a 4.8 cm x 3.7 cm x 4.2 cm cranial mediastinal mass with no metastasis, effusion, or vascular invasion. He has a history of prostatomegaly, gallbladder debris, grade II/VI heart murmur, partial deafness, leptospirosis prior to 2019, and right pelvic limb lameness.

Abnormal PE/Chem/CBC/UA Results: BUN 38 ALT 203 ALP 286 Lipase 2,822 Pancreatic Lipase 1,652

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **prostate** was hyperechoic and enlarged in size with a width of 1.98 cm.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney measured 4.63 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland measured 1.42 cm x 0.48 cm x 0.46 cm.

The **right adrenal gland** was not specifically visualized.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted.

The **gallbladder** had an anechoic background but contained a mild amount of hyperechoic suspended debris.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the



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lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

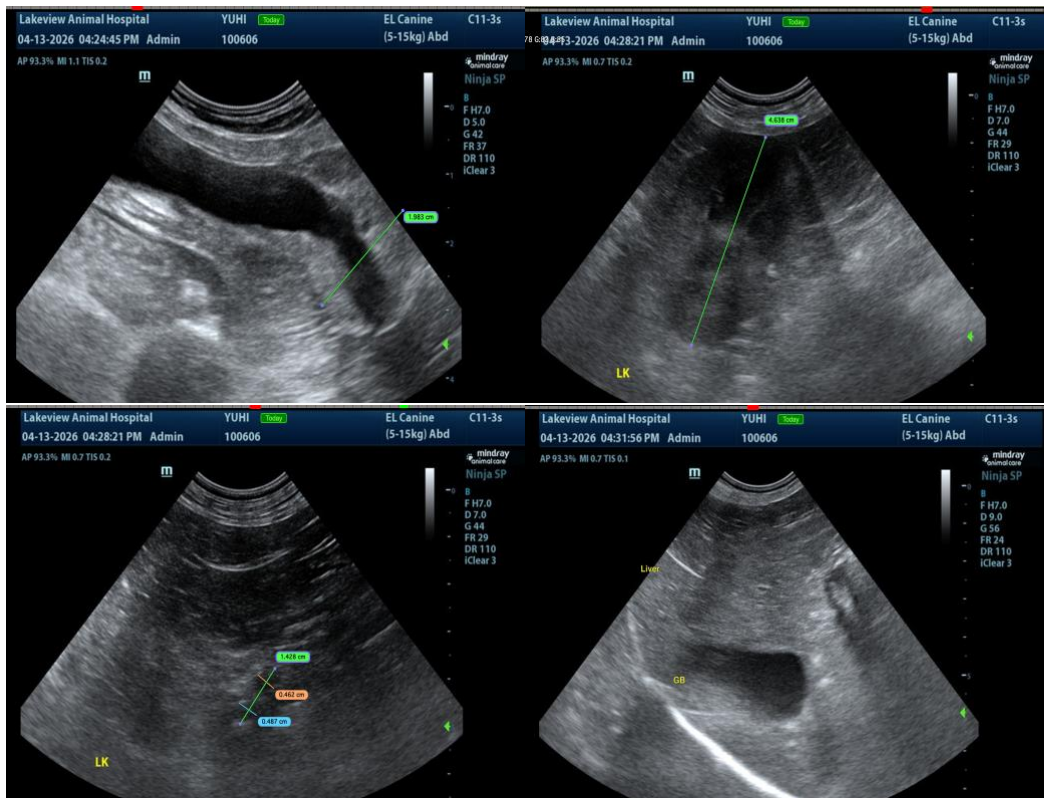
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Generally normal appearing abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There were no discrete changes present to explain this patient presenting with decreased appetite, lethargy, vomiting, and diarrhea. Based upon the elevated pancreatic lipase on blood work, it is recommended to treat this patient symptomatically for presumed pancreatitis, although there were not dramatic changes present on the study within the pancreatic regions. This should include IV fluid support, anti-emetics, feeding a low-fat diet, and probiotics. Careful monitoring is recommended to ensure that this patient makes a good clinical response to symptomatic therapy.





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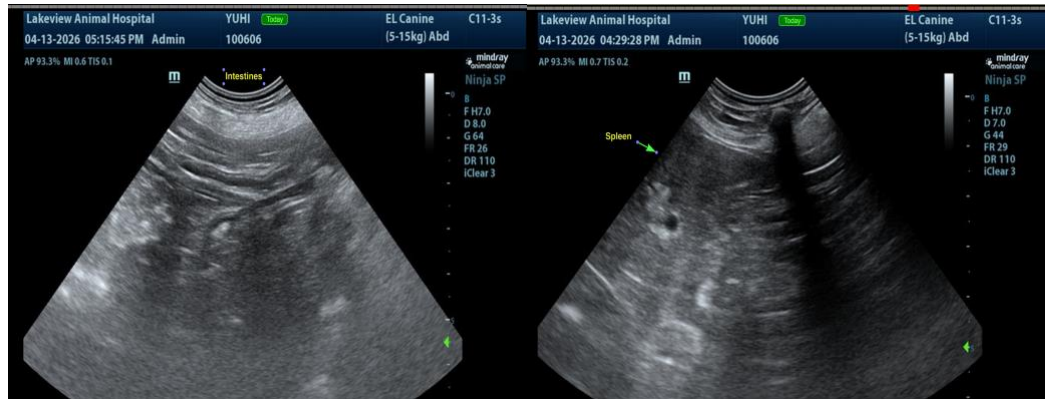
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

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