

PATIENT

Lainey Espinosa

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

15 Years

WEIGHT

19 pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dr. Mayra Sanchez

INVOICE

13151

DATE

01/13/26

PRESENTING CLINICAL SIGNS

Sudden onset of seizures -History of elevated ALP, now worsening.

PE: moderate dental calculus, multiple lipomas, hepatomegaly on palpation CBC: NAF Chem: ALP 855, ALT 121, Ca 12.1 Radiographs: Hepatomegaly with slight loss of serosal detail 4Dx: all negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed sand and calculus measuring 0.96 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight mineralizations and nonobstructive calculi were noted in the kidneys. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 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 unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.50 cm width.

The **right adrenal gland** was slightly irregular. The right adrenal gland measured up to 1.16 cm.

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 were noted.

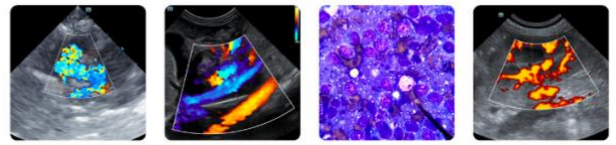
Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris/calculi and over distension with dependent and suspended bile. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

A shower curtain lung pattern was noted indicative of alveolar disease.

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

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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

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Schnauzer

- Gallbladder and bladder calculi.
- Nonobstructive renal calculi.
- Excessive gallbladder debris and over distention- consistent with emerging mucocele.
- Age-related renal changes.
- Shower curtain lung pattern.

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

15 Years

I am most concerned about the thoracic presentation in this patient given the shower curtain lung pattern. Chest radiographs are warranted. Given the seizure activity, skull CT with contrast is indicated. Eventual cystotomy, stone analysis and culture are indicated. Ursodiol therapy could be considered, however, concern for a more significant pathology potentially present in the thorax

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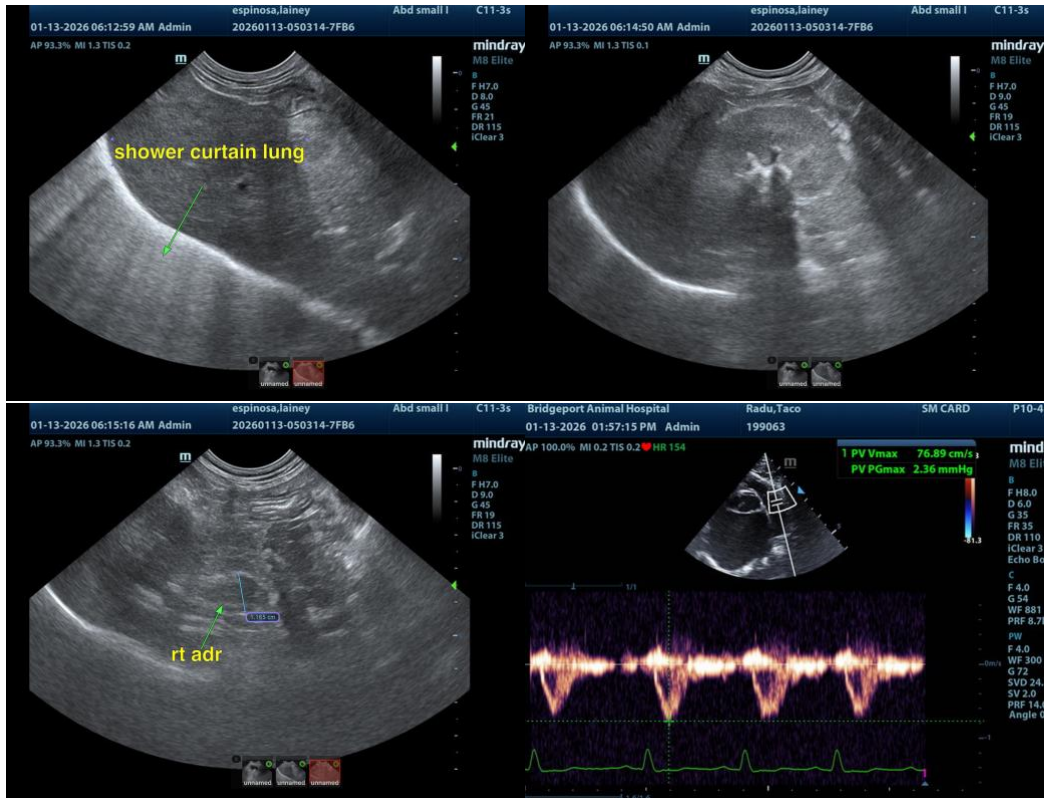
Dr. Mayra Sanchez

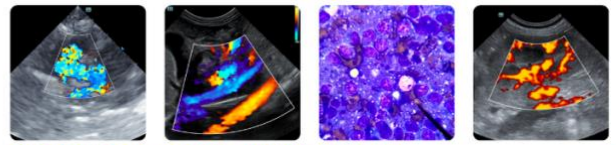
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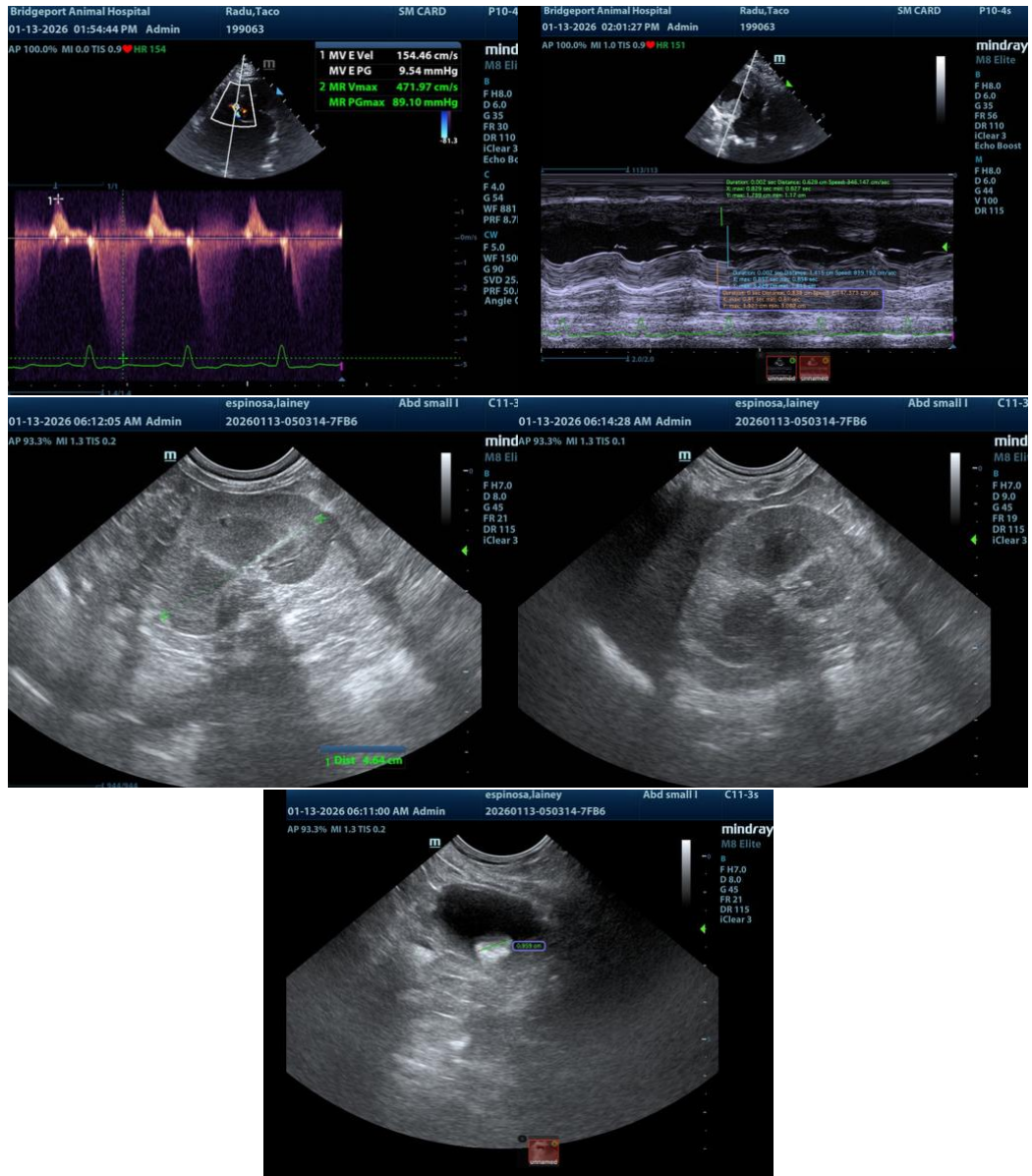
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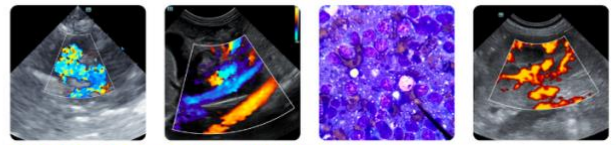
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



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