



PATIENT

Luna Gunn

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

8 Years

WEIGHT

44.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Van Nieuwel

HOSPITAL NAME

AEH Volusia

REFERRING VET

Dr. Van Nieuwel

INVOICE

35469

DATE

1/19/26

PRESENTING CLINICAL SIGNS

History: P presented for repeat blood work and having pus, and blood in the left ear. 2-3 days ago O changed diet to ProPlan weight management. Original Ultrasound was performed on 12/17/25. Abnormal PE/Chem/CBC/UA Results: ALP: 724

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.6 cm. The right kidney measured 7.2 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged and revealed no evident pathology.

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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular tracts were of normal volume, and no evidence of congestion was noted. The hepatic lymph nodes were unremarkable. The **gallbladder** was mildly over distended with mild suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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



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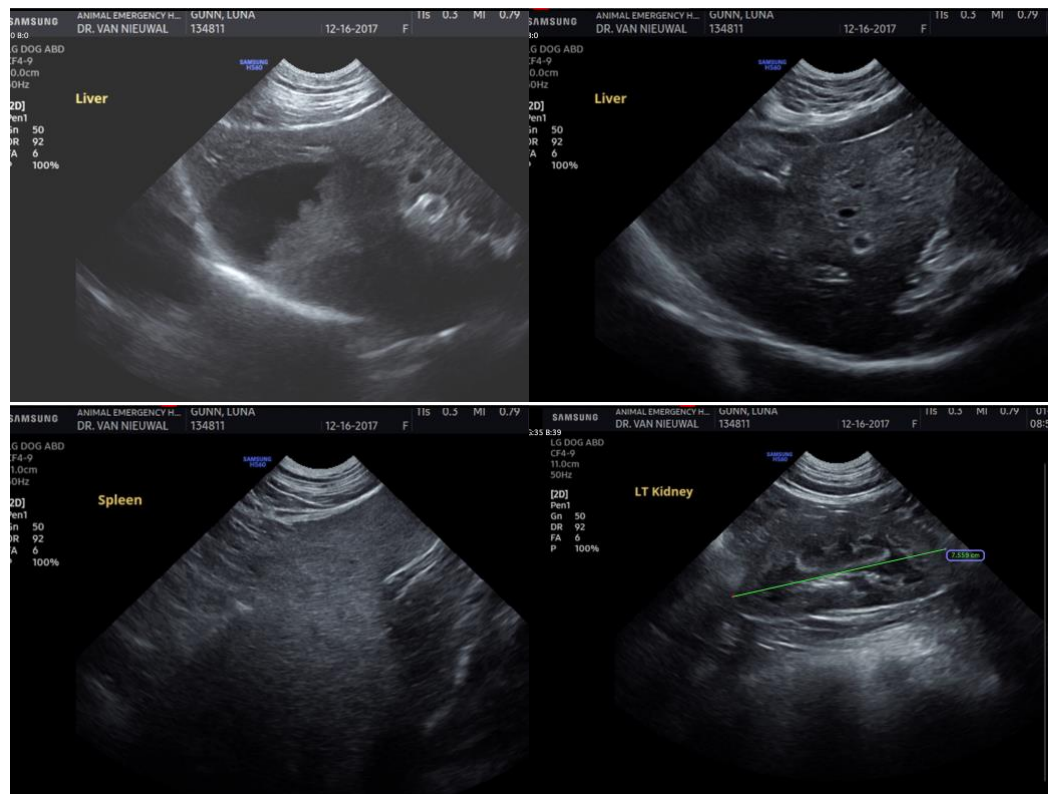
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen
- Benign hepatopathy with minor remodeling
- Minor excessive gallbladder debris
- Partially full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy could be considered as a proactive measure, however, this is debatable whether it's a necessity. Recheck sonogram +/- FNA of the liver, if values continue to progressively elevate, yet subjectively the liver presentation appears benign.





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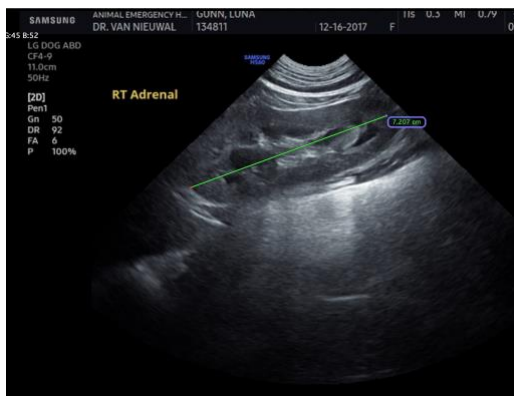
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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