



PATIENT

Athena Sandoval

SPECIES

Canine

BREED

German Shepherd x

SEX

Spayed Female

AGE

8 Years

WEIGHT

98 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Northwood Animal
 Hospital

REFERRING VET

Dr. Slivka

INVOICE

72946

DATE

1/2/26

PRESENTING CLINICAL SIGNS

P presented for wellness exam May 2025, elevated liver values found on routine bloodwork. Patient seen 12/29 for rupture cyst on back- abdomen tense and firm upon abdominal palpation. P sedated for US

Abnormal PE/Chem/CBC/UA Results: ALP 2206, ALT 214

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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. Right kidney measures 5.97 cm. Left kidney measures 7.5 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. Left measures 4.18 cm x 1.0 cm at the caudal pole and 0.95 cm at the cranial pole. Right measures 4.24 cm x 0.71 cm at the caudal pole and 0.72 cm at the cranial pole.

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. Hyperechoic lipid plaques noted, not pathological. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis.

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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Portal vein to vena cava to aortic ratio was 1:1:1. No evidence of extrahepatic or intrahepatic shunting. The gallbladder was mildly over distended with 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

The **stomach** presented progressive shadowing material, this may be post-prandial presentation or soft foreign matter. The small intestine and colon were unremarkable.



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Pancreas

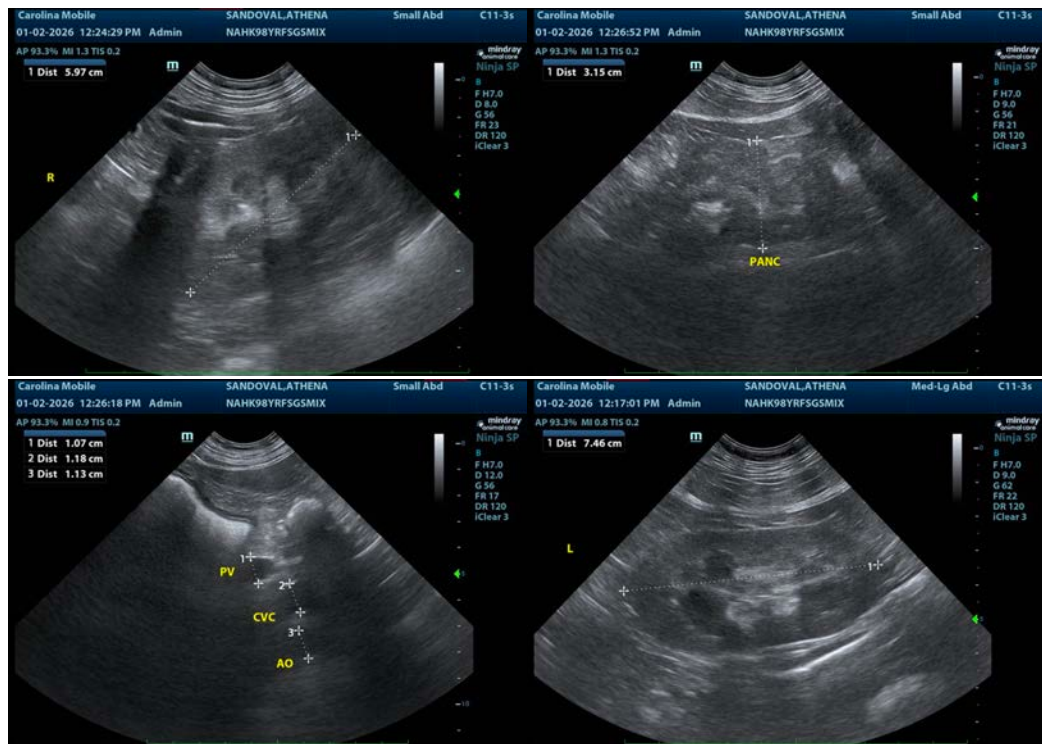
Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy and minor gallbladder debris.
- Shadowing gastric material.
- Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral disease to be responsible for the tense abdomen. Ursodiol therapy could be justified. However, changes were fairly mild and non-clinical. If the patient was NPO at the time of the sonogram, suspect soft foreign matter in the stomach. The luminal material would be consistent with residual chyme or possible grass or similar. No obstruction noted.





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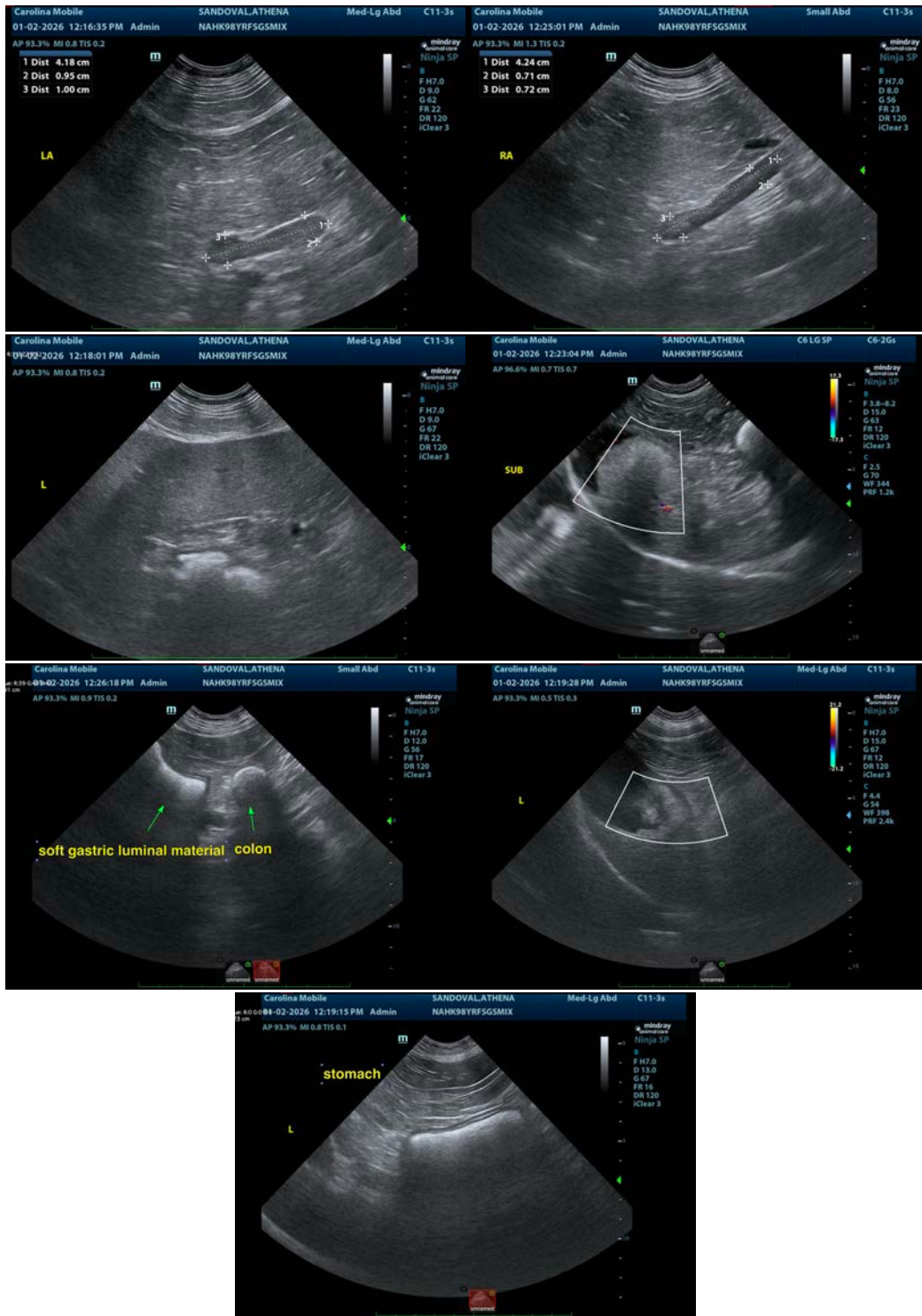
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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