



PATIENT

TeddyBear Wood

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

13 Years

WEIGHT

62 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

72945

DATE

1/2/26

PRESENTING CLINICAL SIGNS

P presented 11/18 for lethargy and inappetence- BAR with icteric MM, Treated with Amoxi/Clav and liver support. Recheck Dec 18th Appetite and energy improved still mildly icteric and liver values elevated.

Abnormal PE/Chem/CBC/UA Results: 11/18 Neu 13.6, ALT >2000, Tbili 11.2 12/18 ALT 1765, AST 65, ALKP 10,415, Tbili 2.9, Chol 597

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 3.0 cm beyond the cystourethral junction.

The residual prostate was uniform at 0.80 cm.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measures 6.37 cm. Right kidney measures 6.32 cm.

Adrenal Glands

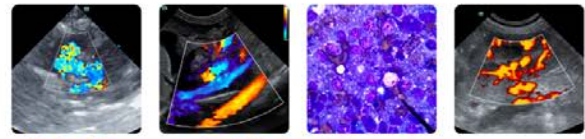
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Right measures 2.4 cm x 0.55 cm at the caudal pole and 0.53 cm at the cranial pole. Left measures 3.08 cm x 0.60 cm at the caudal pole and 0.44 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. 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 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. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

The **stomach** presented shadowing material up to 2.1 cm and 1.86 cm, partially obstructive. The small intestine and colon were unremarkable.

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.

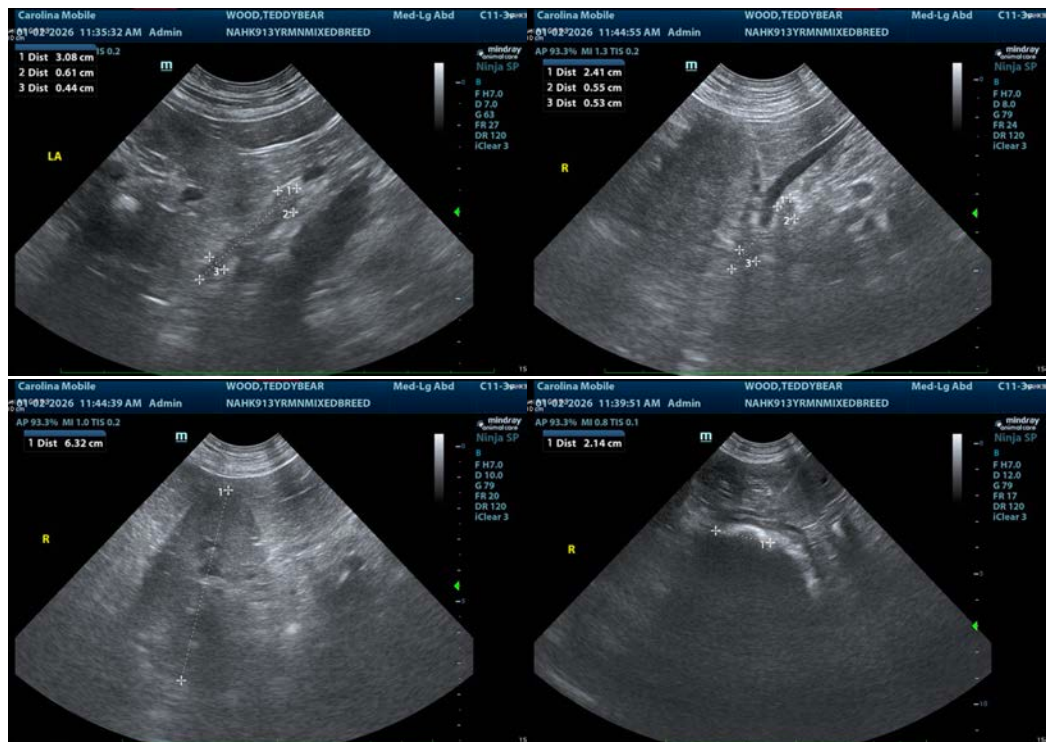
ULTRASONOGRAPHIC FINDINGS

- Non-specific age related hepatic changes.
- Concurrent gastric foreign matter.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the liver enzyme profile, acute insult such as Leptospirosis suspected. FNA of the liver indicated. Leptospirosis titers indicated. Other assessment for acute insult indicated. Structurally the liver appears consistent with age related changes. Therefore, an acute insult is likely. Neoplasia is not suspected.

Assuming that the patient was NPO at the time of the sonogram and no oral medications were utilized, gastric foreign bodies are present and partially obstructive. Endoscopy would be ideal to retrieve the structures, assuming they are persistent. If any 2.0 cm type structures were given to this patient prior to sonogram such as oral medications, then this may represent benign material.





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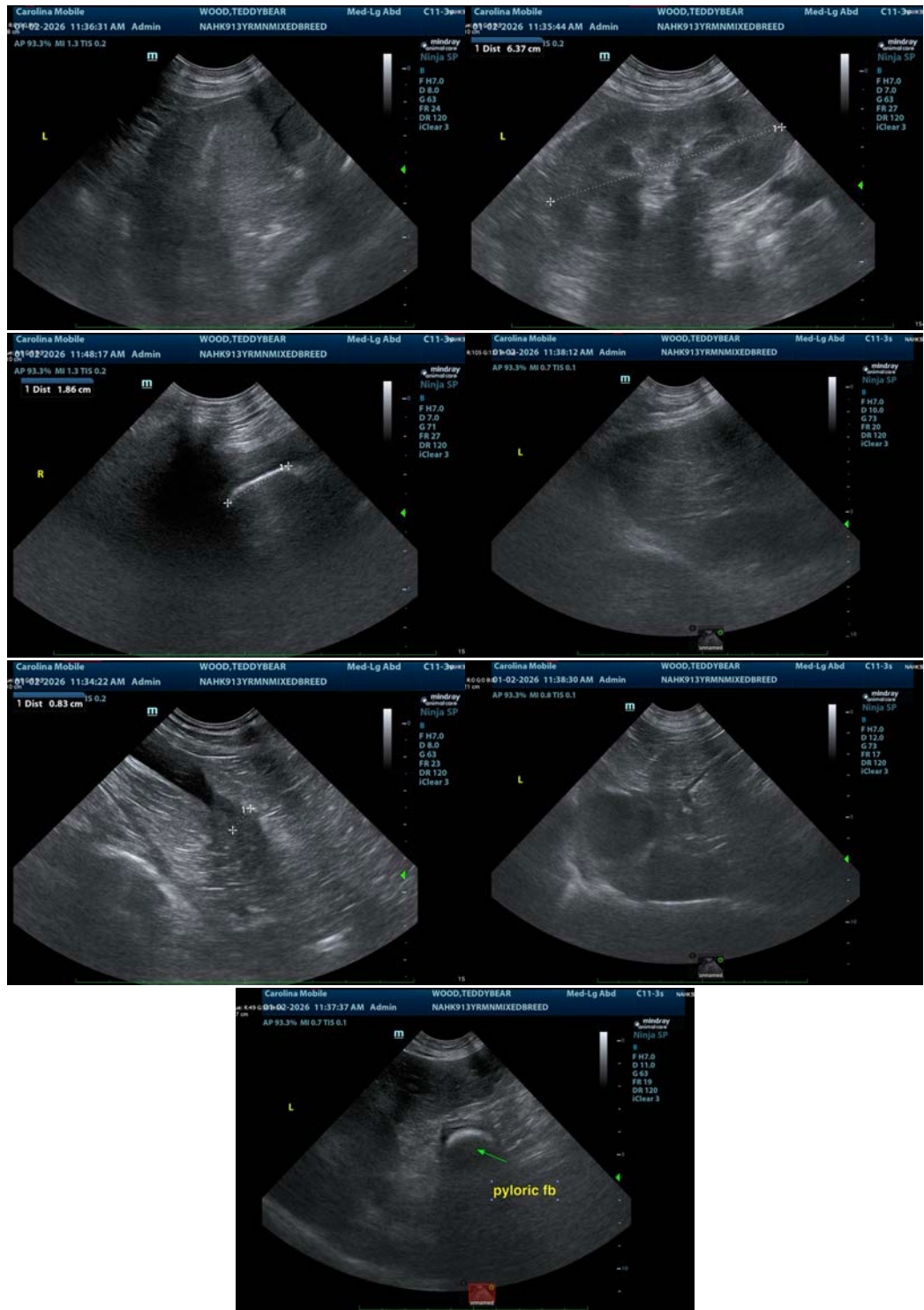
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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