



PATIENT

Lindsey Chaco

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed female

AGE

15 years

WEIGHT

59 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harris

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Rowan

INVOICE

69782

DATE

1/5/26

PRESENTING CLINICAL SIGNS

Patient presented on 12-19-2025 for anorexia and vomiting. Exam was overall normal but BW revealed markedly elevated ALT and ALP. A FAST scan revealed a potential liver mass +/- gallbladder sludge (on an older unit so it is hard to tell for sure). Amoxicillin, Metronidazole, and Ursodiol was started. Exam on 12-22-2025, Chaco was back to having high energy, eating well, and no vomiting. Ultimately, O wants to know what is going on and see if there is a major underlying problem in the abdomen. Patient is also on Librela, Gabapentin, and Meloxicam chronically for progressed arthritis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.3 cm. The right kidney measured 5.7 cm.

Adrenal Glands

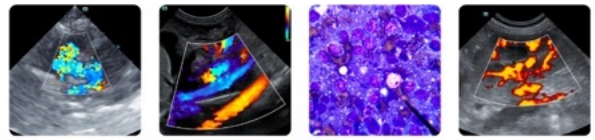
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.4 x 0.7 cm. The right adrenal gland measured 1.92 x 0.9 cm.

Spleen

The **spleen** revealed subtle, heterogenous parenchymal changes with non-disruptive nodules measuring up to 1.1 cm. This is most consistent with hyperplasia.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. The left liver revealed cavitated, hyperechoic lesion that measured 4.1 cm with cavitation of approximately 1.5 cm. This is consistent with potential abscessation. Carcinoma cannot be ruled out. 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



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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.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. 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

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

Atypical gallbladder mucocele.

Left medial liver lesion, yet mesenteric abscess with impingement and overlay upon the liver cannot be ruled out. This is most consistent with abscessation, yet carcinoma cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided drainage of the cavitation, culture and sensitivity and cytology as well as 25-gauge FNA of the hyperechoic changes are warranted or CT evaluation for eventual surgical removal of the mass type structure and gallbladder. Bile acid profile is indicated. Gallbladder motility study can be considered if medical management of the left medial liver lesion is selected; however, given that surgery is likely the best option for the liver parenchymal lesion, then proactive cholecystectomy can be considered.

Gall Bladder Motility Study

Preparation:

- Fast the dog for 12 hours before the test to ensure gallbladder is full.
- Obtain baseline ultrasonographic long axis measurements of gallbladder size in SDEP 11 & SDEP 12 positions. Long axis apex to neck, short axis at widest point.



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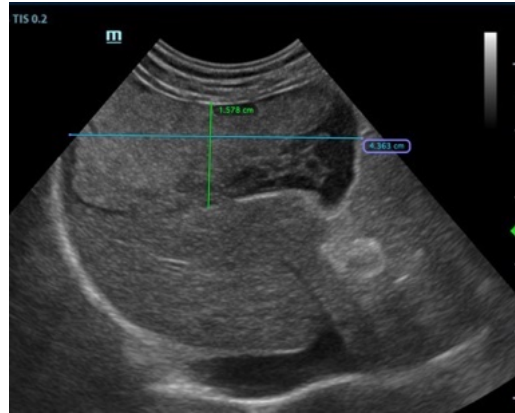
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EXAMPLE IMAGE ONLY.

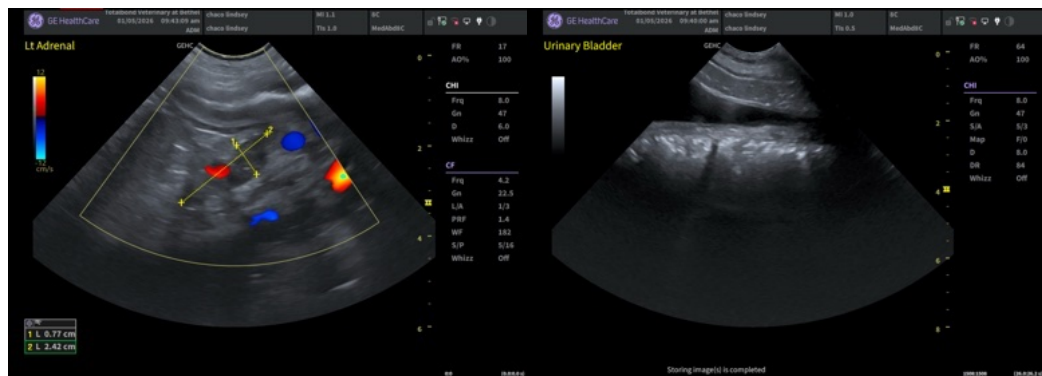
Meal Administration

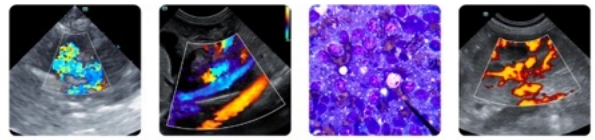
- Feed a high-fat test meal A/D diet (Hills) (High Fat/ High Protein)

Post-Prandial Imaging

- Perform repeat ultrasound prior to feeding (Time 0) and then at 15 & 30 minutes post-meal.
- Re-measure gallbladder volume and assess for contraction.

No change or enlargement: Possible stasis, dyskinesia, mucocele risk, or obstruction.





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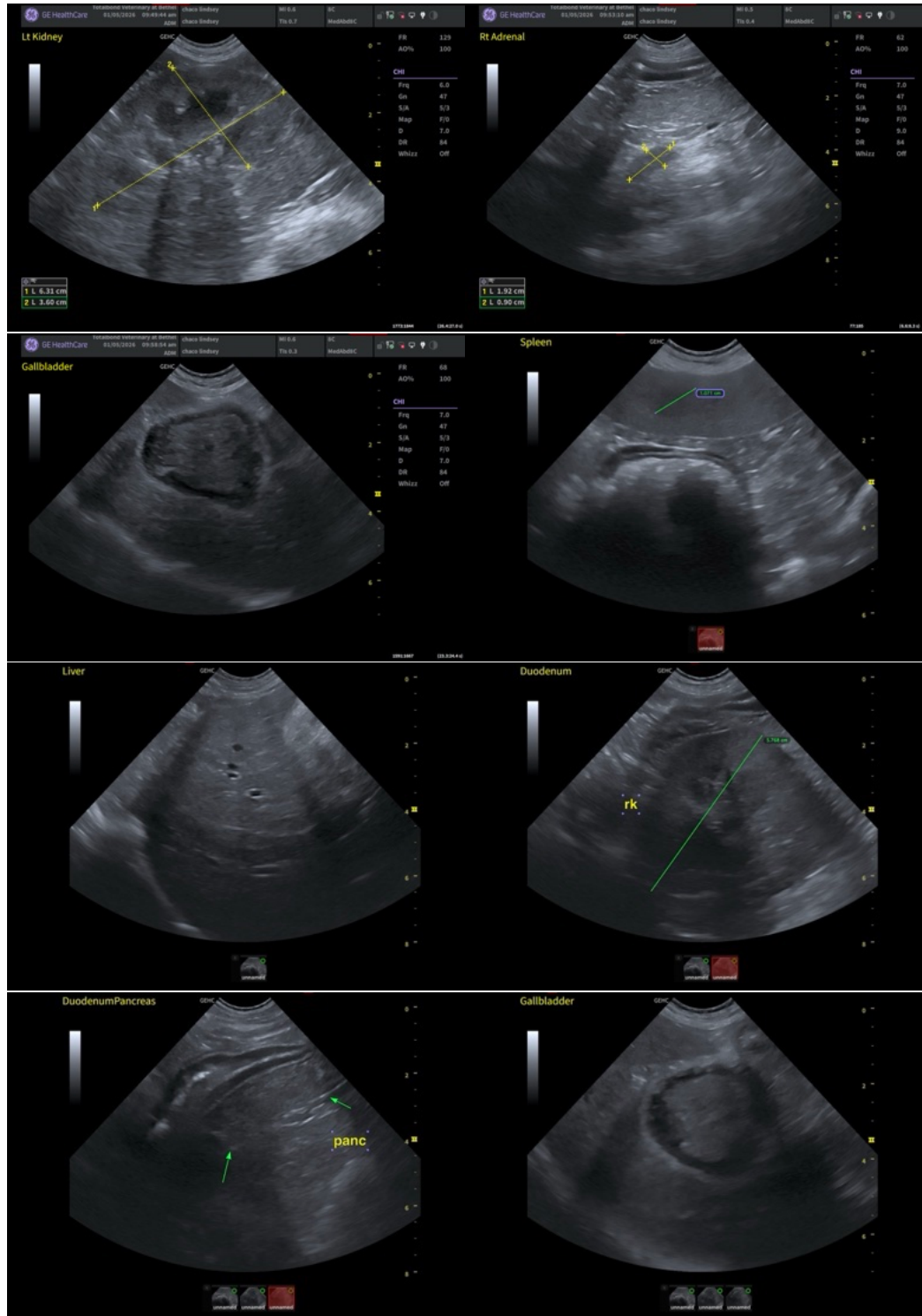
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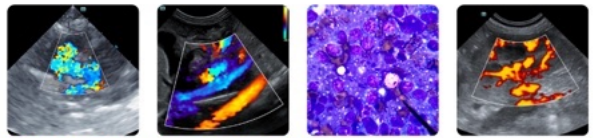
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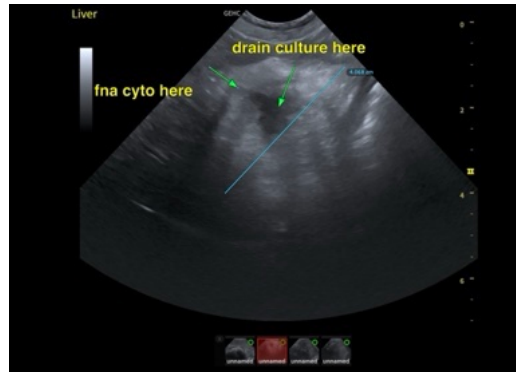
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com