



PATIENT

Ali Markegard

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

9 Years 8 Months

WEIGHT

14.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

35259

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Presents for acute abdominal distension, lethargy, anorexia, and diarrhea. - Abdominal distension ("ponch") onset around Thanksgiving; rapid worsening over 3 weeks - Eating and playing normally until recent decline; became lethargic over Christmas - Decreased appetite: stopped eating Thursday, reduced intake 2 days prior - Diarrhea progression: initially normal stools, then soft, now liquid with gas; unprocessed food in stool - No vomiting reported - Not drinking since last night - Increased vocalization, discomfort, abdominal tenderness - Hunched posture, ambulatory but uncomfortable, back end soiled - Pruritus: facial rubbing, mild skin changes on tail - No urination or defecation overnight; unable to defecate despite urge - History of steroid use; concern for muscle loss and steroid effects.

Abnormal PE/Chem/CBC/UA Results: ABNORMAL PE: - Marked abdominal distension, tense, painful on palpation - Mild hyperthermia: rectal temp 104°F - Lethargic, reluctant to move, vocalizing in pain, intermittent howling - Labored breathing last night, currently stable - Hunched posture - Facial pruritus, mild skin changes on tail - Back end soiled (cleaned overnight) Abnormal bw: WBC 25.56, NEU 22.63, RBC 4.57, HGB 11.7, HCT 33.2, MCH 25.6, PLT 134, ALP 391

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. The region of the trigone and visible pelvic urethra were normal. This is a mild change. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

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 0.5 cm.

The region of the **right adrenal gland** was imaged and revealed no evident pathology.

Spleen

The **spleen** revealed an 8.0+ cm mixed echogenic complex cystic mass with regional inflammation and areas of omental escape.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume, and no



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evidence of congestion was noted. No overt evidence of metastatic disease, however, some heterogenous parenchymal changes were noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

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.

Pancreas

The visible **pancreas** was unremarkable, yet some secondary inflammation was noted deriving from the splenic pathology.

Free Abdomen

Mild pockets of **free fluid** were noted in the abdomen.

Other

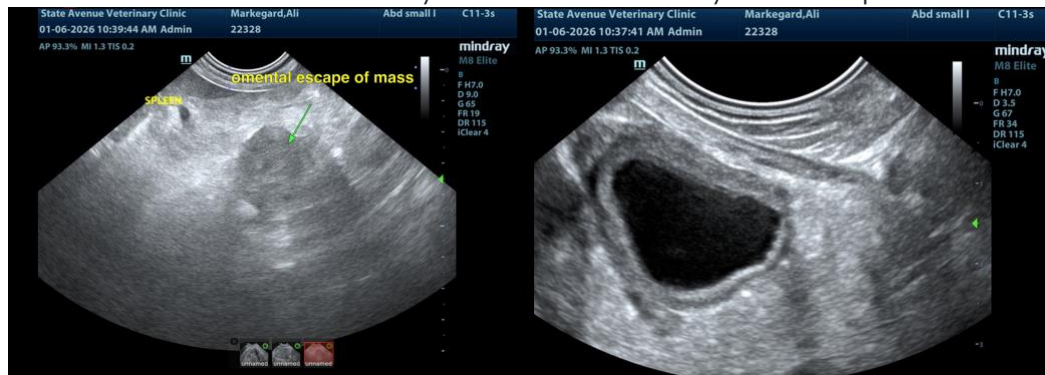
A rapid view of the **heart** revealed volume contraction and mild tachycardia. No evidence of metastatic disease. Normal volumes and contractility were noted. No evidence of pericardial effusion, nor right auricular masses.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Heterogenous parenchymal changes in the liver, no overt evidence of metastatic disease
- Unremarkable pancreas with secondary inflammation deriving from the splenic pathology
- Mild pockets of free fluid
- Urinary bladder debris
- Age-related renal changes
- Volume contracted heart
- Mild tachycardia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Clean resection of the splenic mass would likely be difficult, or not possible in this patient. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present.





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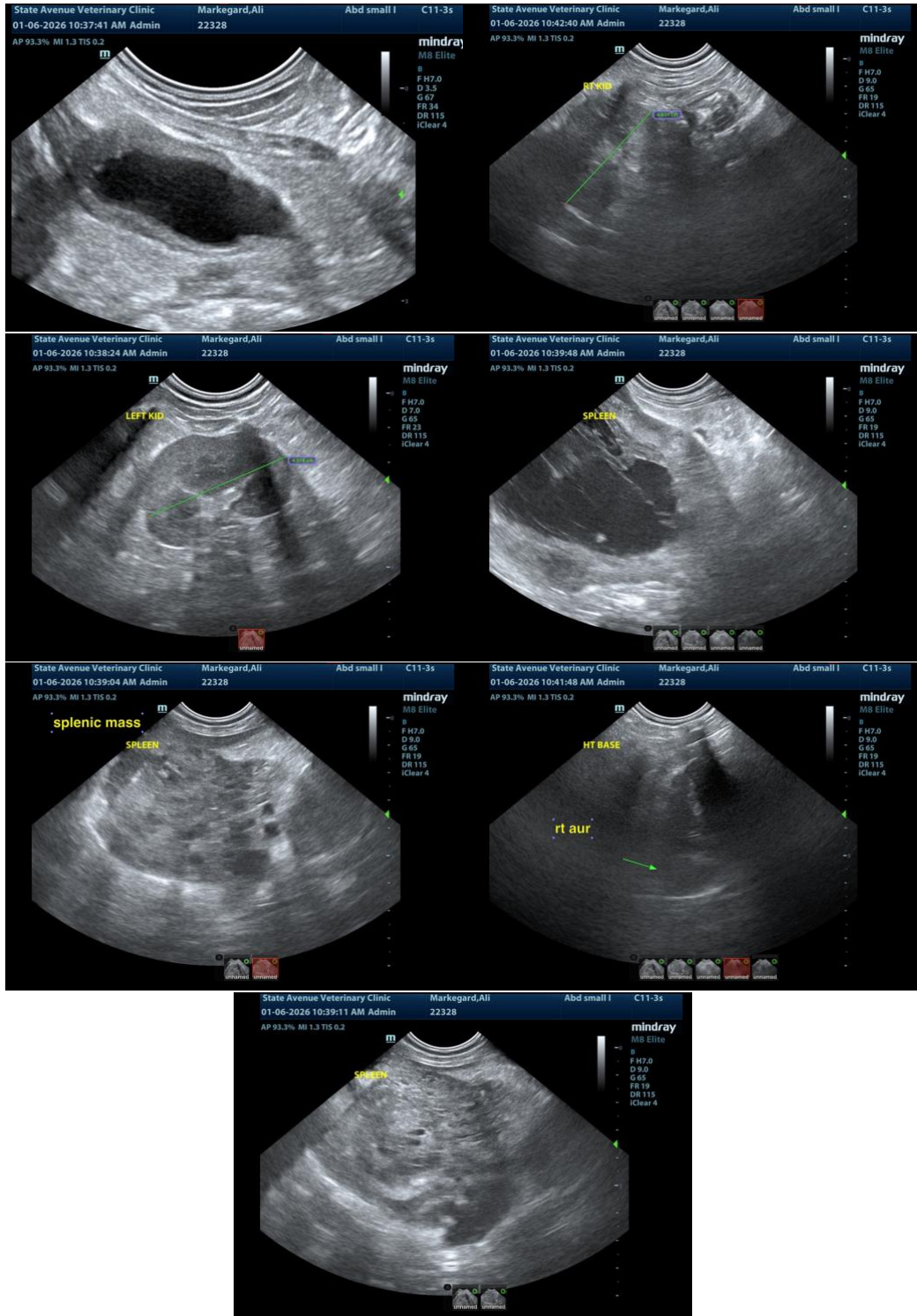
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The information and recommendations provided are based on the images presented by the referring



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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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