



PATIENT	PRESENTING CLINICAL SIGNS
Bear Dressler	Recheck liver and gallbladder after add'l supportive meds/supplements given. Standard Process Canine Hepatic Support 110g started 7/8/2025 Denamarin started 2/25/2025 Ursodiol 500mg started 7/8/2025 Bear is doing well at home with no vomiting, diarrhea or inappetence.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: ALP= 198 (5/13/21) ALP= 376 (7/18/22) ALP= 268 (11/22/23) ALP= 561 (5/22/24) ALP= 949 (5/7/25) ALT= 202 (5/7/25) ALT= 160 (6/13/25) ALP= 1,079 (6/13/25) ALP= 1,164 (8/12/25) ALP= 741 (11/4/25) ALP= 1,516 (1/6/26)
BREED	
Great Dane x Weimaraner	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
Neutered Male	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 2.0 cm beyond the cystourethral junction.
AGE	
11 Years 8 Months	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 measured 6.5 cm. Right kidney measured 6.6 cm.
WEIGHT	
83.8	
INTERPRETED BY	Adrenal Glands
Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS	The adrenal glands were not visualized.
IMAGING PERFORMED BY	Spleen
Dr. Goodman	The spleen was mildly heterogeneous. The focal splenic nodule has increased in size from 2.2 cm to 2.5 cm, and there is some capsular expansion and disruption of architecture. I'm concerned for an emerging neoplastic event.
HOSPITAL NAME	Liver
Evendale Blue Ash Pet Hospital	The liver presented multifocal to diffuse hypoechoic nodular changes without disruption of architecture. Mild generalized enlargement noted. The gallbladder presented echogenic wall and a minor amount of dependent debris. On one view, the gallbladder content appeared to have a calculus component to it. However, in other views this is coalesced bile. Likely mineralizing polyp or calculi, yet not clinically significant. It appears to have more echogenic structure than the prior sonogram.
REFERRING VET	
Dr Goodman	Gastrointestinal
INVOICE	
72982	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.
DATE	
1/6/26	



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INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goodman

HOSPITAL NAME

Evendale Blue Ash Pet
Hospital

REFERRING VET

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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.

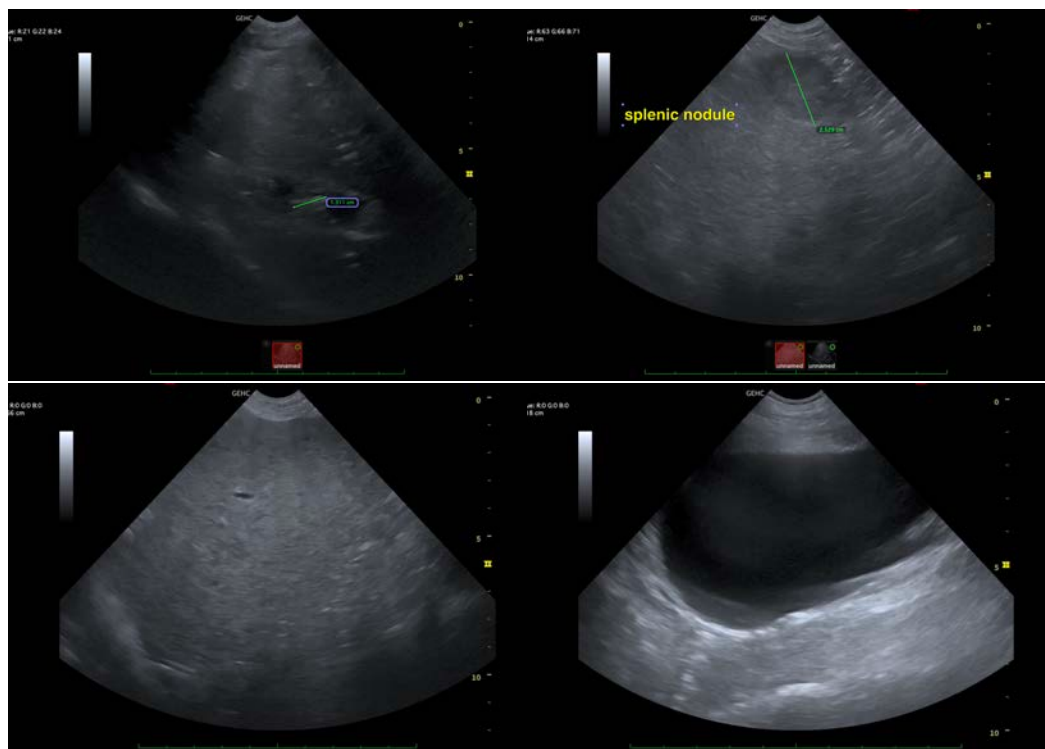
ULTRASONOGRAPHIC FINDINGS

- Persistent nodular hyperplasia liver pattern.
- Heterogeneous spleen with focal splenic nodule – pronounced benign nodular hyperplasia, emerging round cell neoplasia, hemangiosarcoma all possible.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodular changes throughout the liver are persistent and similar to the prior sonogram, most consistent with nodular hyperplasia. Proactive splenectomy with liver inspection and biopsy could be considered. Cholecystotomy is not likely overtly necessary. However, it could be performed, or removal of the gallbladder all together, given its fibrotic wall. It is likely not functional. However, I would not perform surgery just for the gallbladder. Removal owing to convenience may be appropriate with culture of the content.

Continuation of liver support warranted. Bile acid profile warranted if not already performed. Given that the patient is doing well clinically, ultrasound guided FNA of the splenic nodule and liver nodules could be considered as well as a less invasive approach. If adrenal disease is suspected, further imaging of the adrenals under sedation would be appropriate.





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REFERRING VET

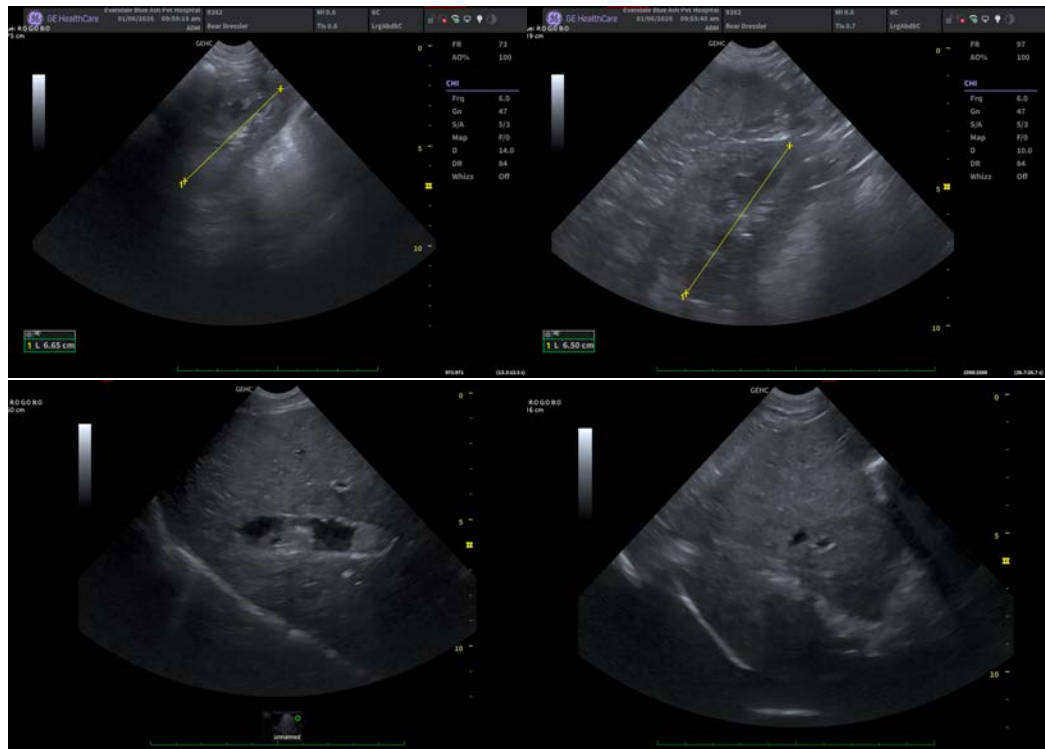
Dr Goodman

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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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