



## PATIENT

Cooper Walter

## SPECIES

Canine

## BREED

Boxer x

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

66 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jennifer Todd

## HOSPITAL NAME

Lambs Gap Animal  
Hospital

## REFERRING VET

Dr. Jennifer Todd

## INVOICE

72066

## DATE

1/8/26

## PRESENTING CLINICAL SIGNS

Cooper is an eleven year old, MN, Boxer mix who was seen by our office on 12/2/25 for annual visit. On exam had a slightly distended abdomen. Current medications are gabapentin and Provable. Previous carprofen had been discontinued. Lab results showed increased liver enzymes: ALT=643, AST=78, ASP=687. (CBC, T4, 4DX, Fecal all wnl)

## 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 2.0 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 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. The right kidney measured 6.33 cm. The left kidney measured 6.05 cm. Slight pinpoint mineralizations noted.

### Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. Left measured 3.0 cm x 0.63 cm at the cranial pole and 0.73 cm at the caudal pole. Right measured 2.89 cm x 1.09 cm at the cranial pole and 1.0 cm at the caudal pole.

### Spleen

The **spleen** was folded upon itself cranially. It was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### Liver

The **liver** was slightly subnormal in size with minor heterogeneous parenchymal changes. "Porcelain" gallbladder noted with echogenic, fibrosed wall with polypoid changes and small calculi.

### 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



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infiltrative disease was noted. The duodenal papilla was free of evident pathology. No associated abnormal lymphatic activity was noted.

## Pancreas

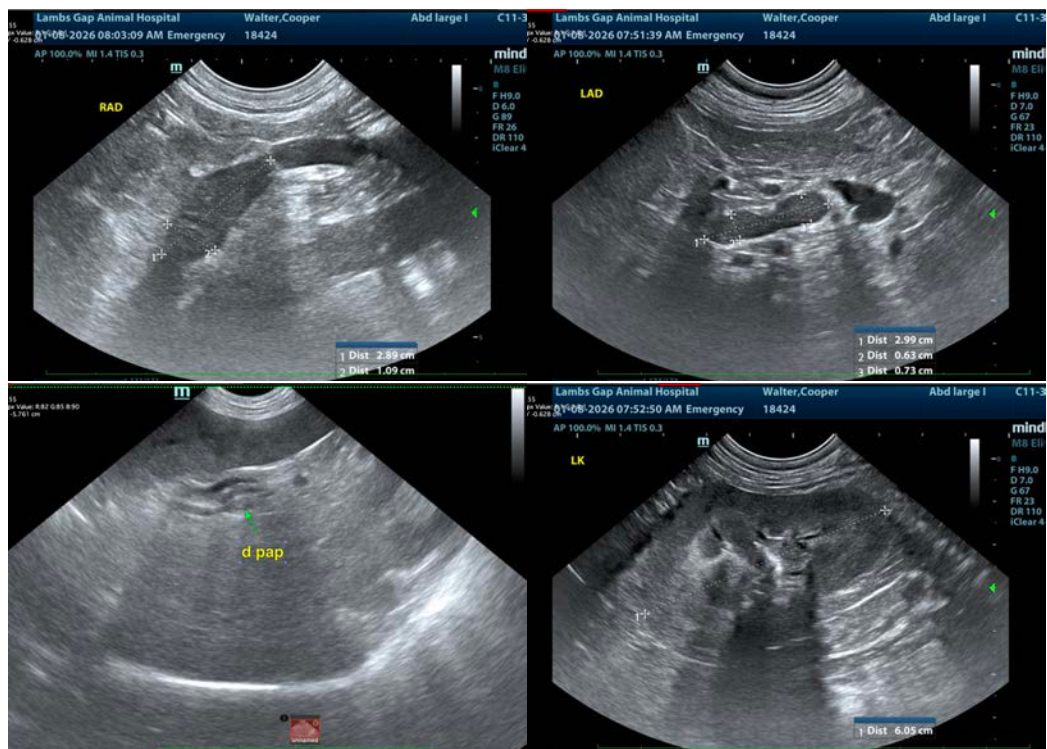
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Chronic cholecystitis and fibrosed gallbladder wall.
- Non-specific inflammatory hepatopathy.
- Bilateral adrenal enlargement.
- Age related renal and splenic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient appears cushingoid and USG is <1.020, then workup for PDH indicated. Bile acid profile warranted. There may be a proactive value of removing the gallbladder, given its fibrotic patterns. It is likely dysfunctional. Gallbladder motility study could be considered. Ultrasound guided cholecystocentesis could be considered for culture. However, medical management of the gallbladder likely won't be very effective. No evidence of suspicion of neoplasia. FNA of the liver could also be considered to assess inflammatory cell type. Leptospirosis should be ruled out as a potential underlying disease.





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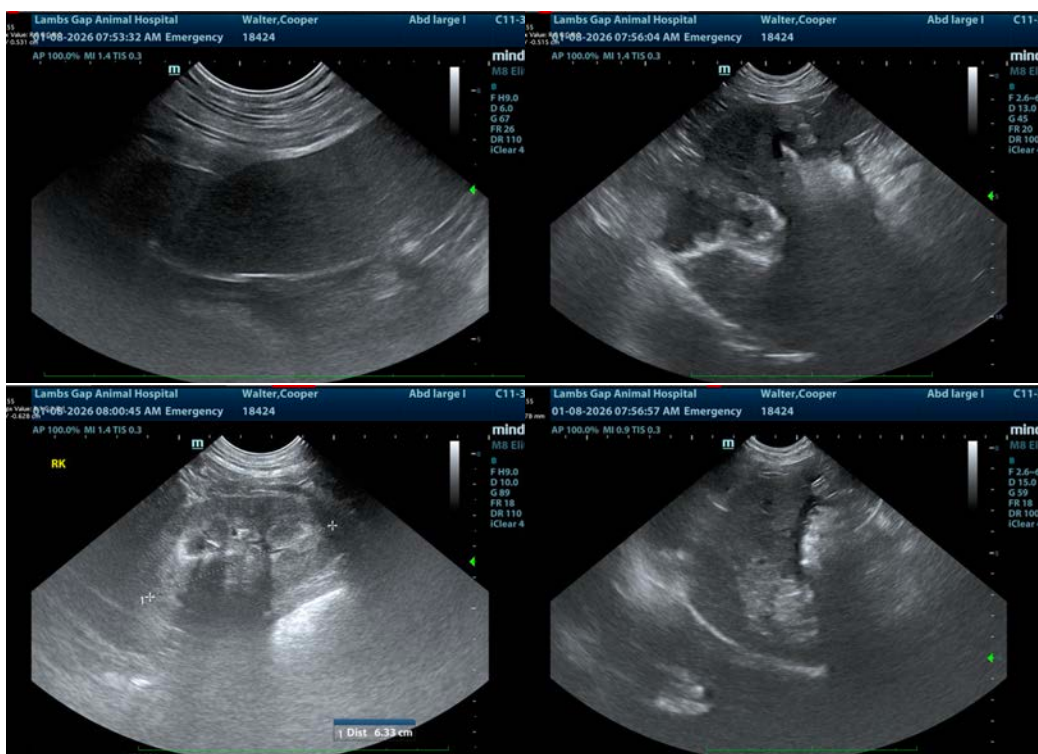
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**  
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