

PATIENT

Diesel Grevesen

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

The Gentle Vet

REFERRING VET

Dr. Dulude

INVOICE

35549

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: Presented for annual wellness showed elevated LE's, P is clinically normal. Recheck LE's 1mos later are more elevated. Current Medications: Dasuquin, Welactin, HG/NG.

Abnormal PE/Chem/CBC/UA Results: 10/7/25: ALT 127; ALKP 306. 11/12/25: ALT 597; AST 172; ALKP 751; GGT 36. UA: UPC 0.3; USG 1.033

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 was 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 minor 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 6.15 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 right adrenal gland measured 2.8 cm x 1.02 cm at the cranial pole and 0.75 cm at the caudal pole. The left adrenal gland measured 2.46 cm x 0.61 cm at the cranial pole and 0.72 cm at the caudal pole.

Spleen

The **spleen** revealed a focal hypoechoic nondisruptive nodule (1.1 cm x 0.84 cm). Occasional hyperechoic lipid plaques were noted in the spleen.

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 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.

Gastrointestinal



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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 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.

Other

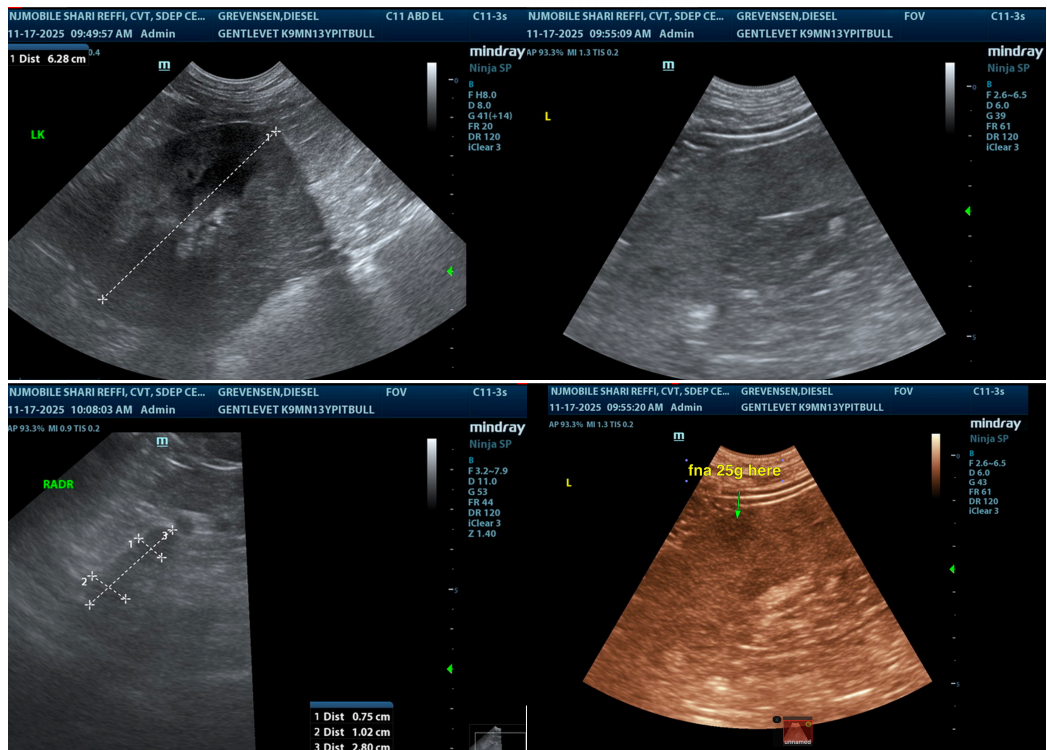
A rapid view of the **heart** revealed no evident pathology in the right auricle pr pericardium.

ULTRASONOGRAPHIC FINDINGS

- Focal splenic nodule to monitor or ultrasound guided 25-gauge FNA is indicated.
- Occasional hyperechoic lipid plaques also noted in the spleen.
- Age-related abdominal changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodule is likely hyperplasia, with mild potential for emerging round cell neoplasia or hemangiosarcoma. This is likely benign, however, should be monitored. Ultrasound guided FNA would be ideal for further definition.





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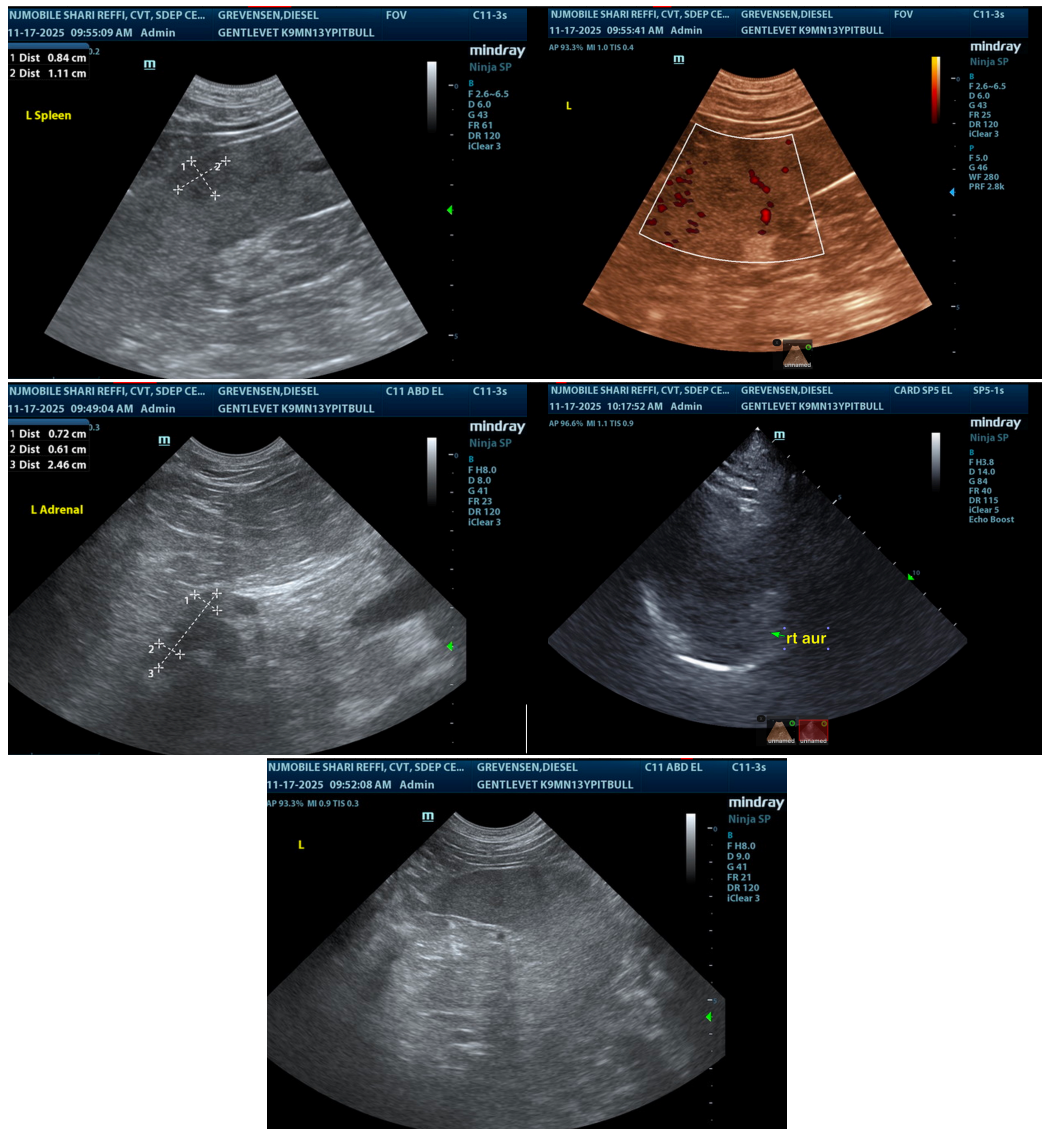
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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