



## PATIENT

Chester Lees

## SPECIES

Canine

## BREED

Terrier

## SEX

Neutered male

## AGE

12 years

## WEIGHT

15.9 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Nicole Goldstein

## HOSPITAL NAME

Hudson AH

## REFERRING VET

Dr. Goldstein

## INVOICE

68927

## DATE

11/20/25

## PRESENTING CLINICAL SIGNS

History: Patient has chronic history of waxing/waning IMTP, as well as IMHA as a puppy. He has been on chronic low dose azathioprine recently for management, but has new liver enzyme elevations. Azathioprine was stopped mid-October and platelets have remained stable with no clinical bleeding. For about 5-6 weeks pet has also had vomiting and diarrhea. Abdominal ultrasound to investigate liver and GI abnormalities.

Abnormal PE/Chem/CBC/UA Results: Chem: GGT 17 (1-12), TP 7.9 (5-7.4), Glob 4.5 (1.6-3.6), ALP 756 (5-131), PSL 313 (24-140), ALT 190 (118 high end of normal), Chol 340 (92-324) CBC: thrombocytopenia (74 k automated, 57k on path review) with some clumping present, nRBC present (2/100 WBC), remainder NSF. UA: 1.043, 5, 1+ protein, inactive sediment. UPC not run. Euthyroid\

## 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 **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 5.8 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 0.34 cm at the cranial pole and 0.41 cm at the caudal pole.

### Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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## Liver

The **liver** was subnormal in size. With mild coarse architecture and mild undulating contour. The left lobes of the liver were poorly developed. The right liver appeared to be adequately developed. Increased portal markings were noted and irregular capsular contour. There was no overt portosystemic shunting noted, yet this cannot be completely ruled out. The gallbladder presented a minor amount of sand. Lobar biliary calculi were also noted.

## 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 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 inflammatory hepatopathy with secondary cholelithiasis, non-obstructive. Some level of hepatic dysplasia may be present.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for emerging hepatic failure in this patient. Core liver biopsy would be ideal especially if bile acids are elevated. Leptospirosis titers are warranted to rule out underlying disease. FNA may allow for assessment of inflammatory cell type.

Ursodiol therapy and liver oriented diet are likely in this patient's best interest long term. Further management **would** be based on sampling results.



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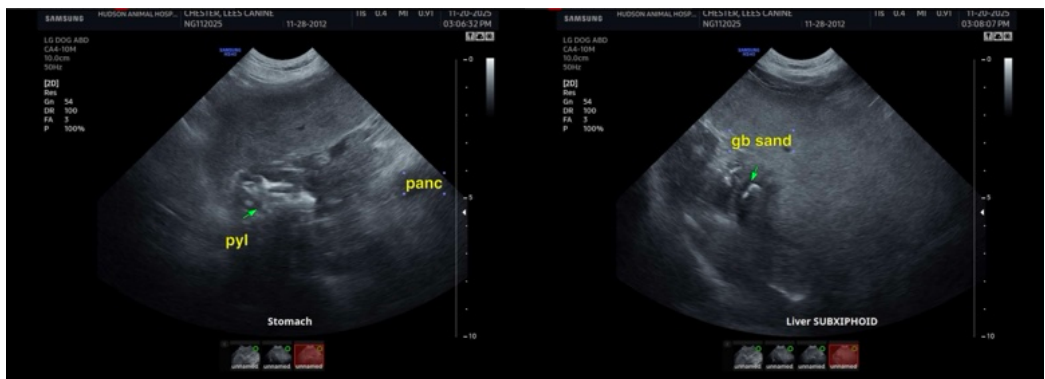
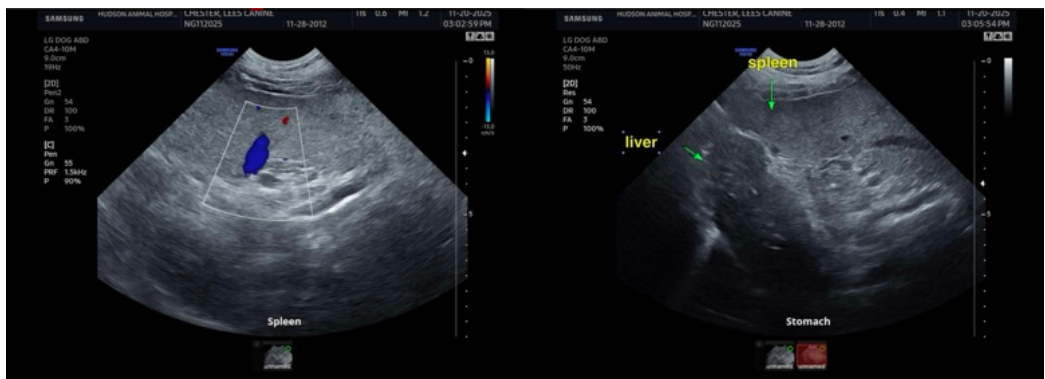
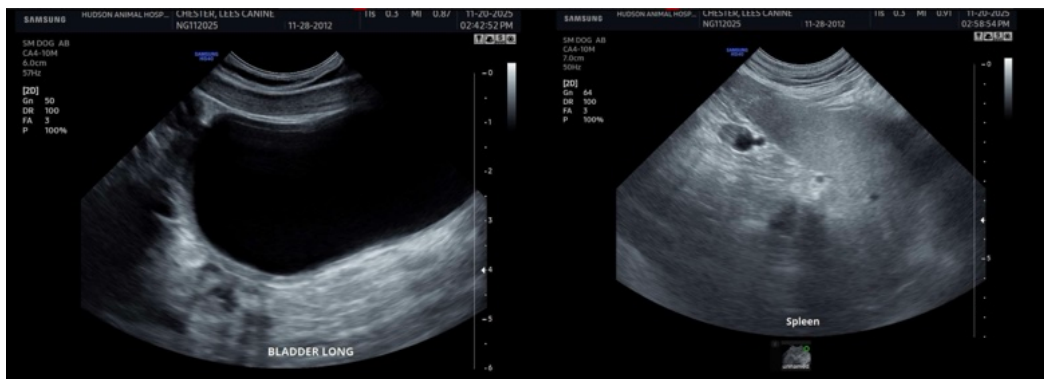
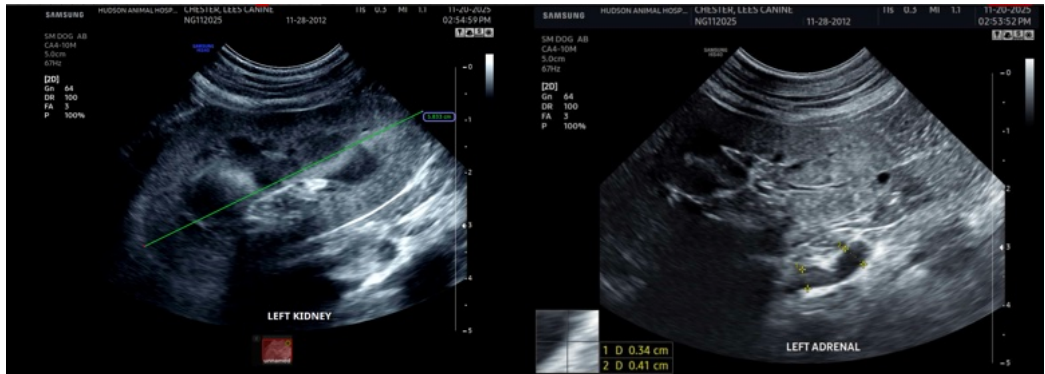
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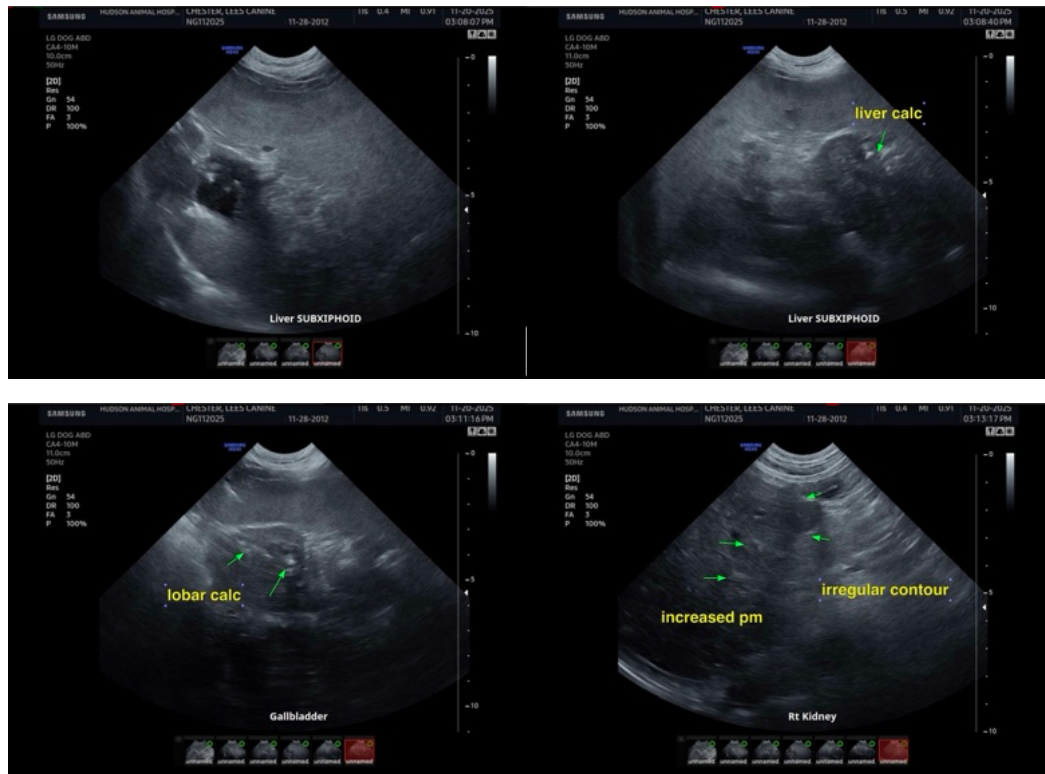
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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