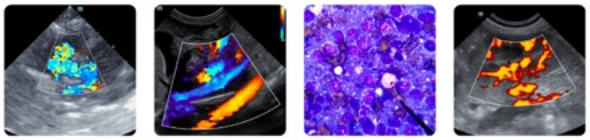


PATIENT

Harlie Quinn Harris

SPECIES

Canine

BREED

Chihuahua Cross

SEX

Spayed female

AGE

10 years

WEIGHT

10.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Gunther

INVOICE

69047

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: 1 week history of hyporexia. No vomiting or diarrhea. Afebrile
Abnormal PE/Chem/CBC/UA Results: CBC - no anemia but moderate reticulocytosis (235 - normal 10-110) CHEM - ALT 1192 ALP 1789 GGT 41 Tbili 2.5 rest WNL Pancreatic lipase - mildly elevated

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. Mineralization was noted in the kidneys. The right kidney measured 4.0 cm. The left kidney measured 3.64 cm.

Adrenal Glands

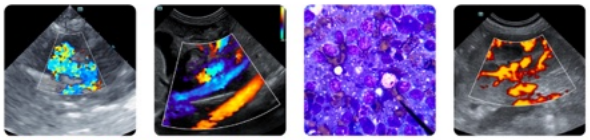
Both **adrenal glands** were flattened and slightly subnormal in size. The left adrenal gland measured 1.64 x 0.3 cm at the caudal pole and 0.26 cm at the cranial pole. The right adrenal gland measured 0.3 cm at the cranial pole and 0.25 cm at the caudal pole.

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.

Liver

The **liver** presented mild increased portal markings. The liver is normal in size, contour and vascularity. This is consistent with non-specific inflammatory hepatopathy. The gallbladder wall was slightly echogenic.



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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

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

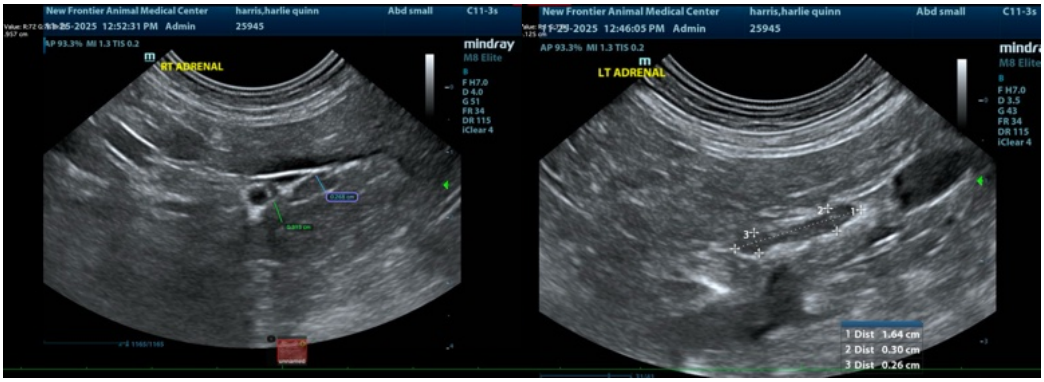
ULTRASONOGRAPHIC FINDINGS

Non-specific, fibrosing cholangiohepatitis.

Subnormal adrenal size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Core liver biopsy or FNA is recommended to assess inflammatory cell type. Leptospirosis titers are indicated. If any clinical signs consistent with Addison's disease is present then I recommend ACTH stimulation. There was no evidence or suspicion of neoplasia. Leptospirosis or other inciting cause should be considered.



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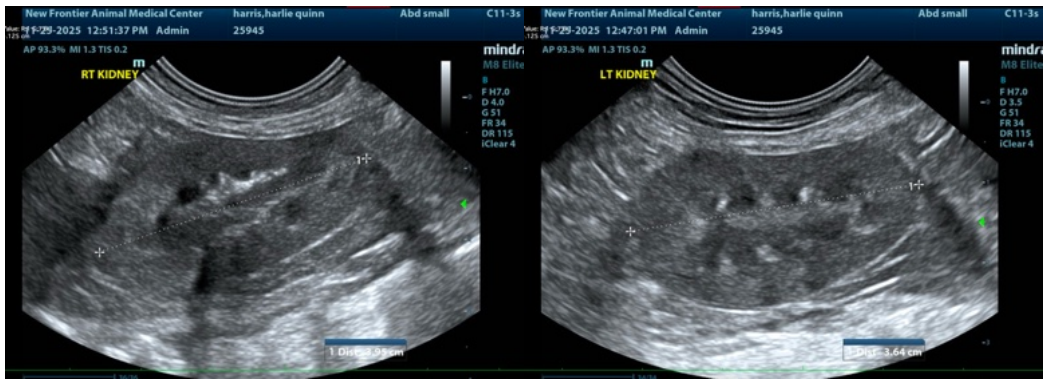

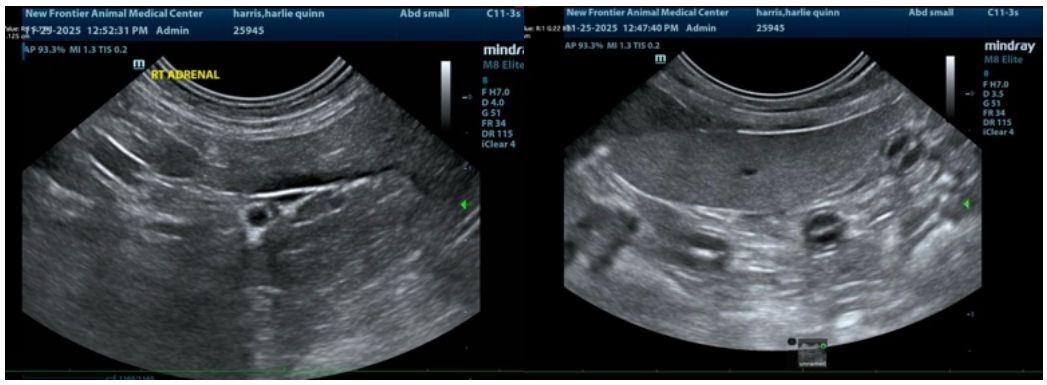

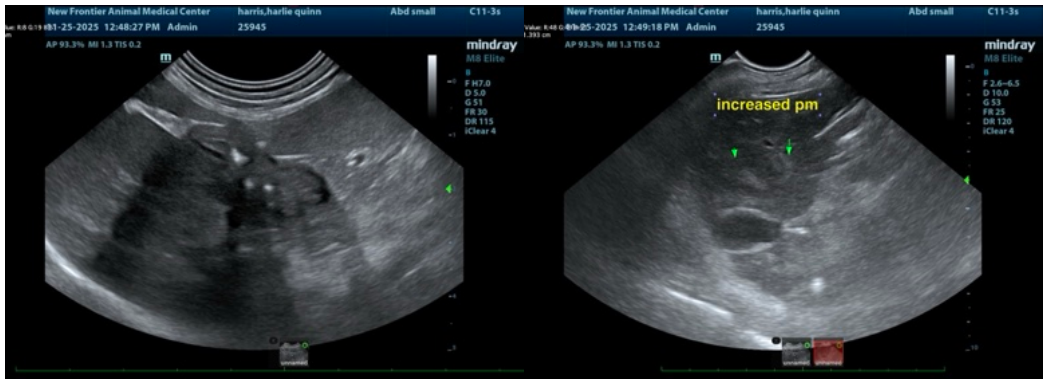

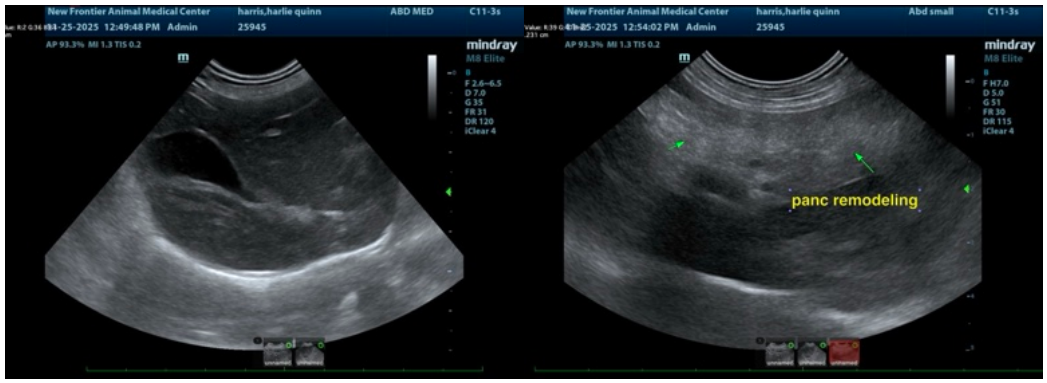

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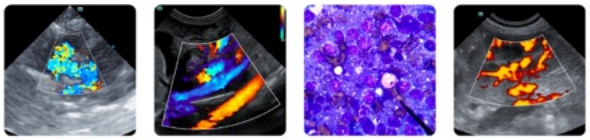

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com