



PATIENT

Volley Contis

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

6 years

WEIGHT

67.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Susan Lincoski

HOSPITAL NAME

University Drive VH

REFERRING VET

Dr. Lincoski

INVOICE

69591

DATE

12/11/25

PRESENTING CLINICAL SIGNS

Presented for annual exam, noted she sometimes stares into space, but normally a very chill dog. Bloodwork pending Radiographs show rounded liver? Ingesta in stomach, spleen margins are sharp.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.76 cm. The right kidney measured 6.5 cm.

Adrenal Glands

The left **adrenal gland** was 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 1.85 x 0.5 cm. The right adrenal gland was not overtly visualized.

Spleen

The **spleen** was mildly enlarged and folded upon itself. The spleen was slightly heterogenous.

Liver

The **liver** presented normal size, contour and vascularity. However, increased portal markings were noted consistent with hepatic remodeling. History of inflammatory hepatopathy is likely. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

The **stomach** was over distended with chyme and kibble. Transit of chyme into the small intestine appeared to be occurring; however, the stomach was over distended. The gastric fundic over distension



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appears to have obscured portions of the portal hilus and pancreatic base. This is consistent with large post prandial volume. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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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.

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Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium. Normal volumes and contractility. No evidence of pathology.

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ULTRASONOGRAPHIC FINDINGS

History of inflammatory hepatopathy is likely.

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Stomach overdistended with chyme and kibble.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted to assess for early hepatic dysfunction as cause of the clinical signs. Otherwise, full CNS examination +/- skull CT would be appropriate. The gastrointestinal findings should be paired with post prandial timing at the time of the sonogram.

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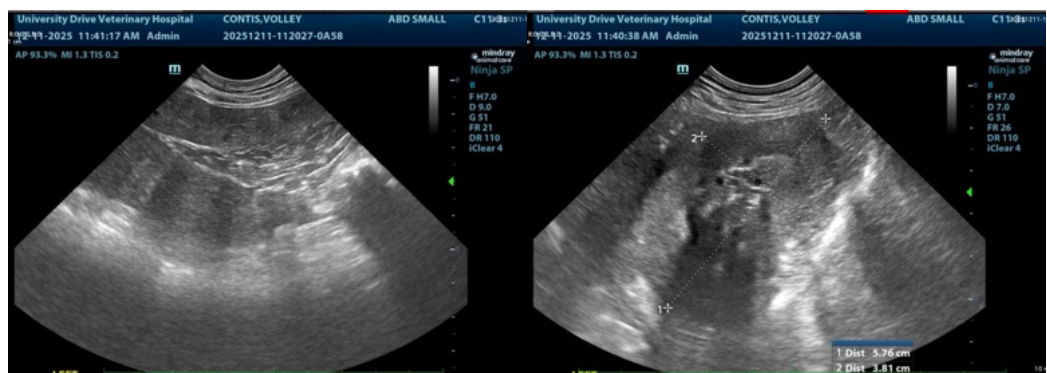
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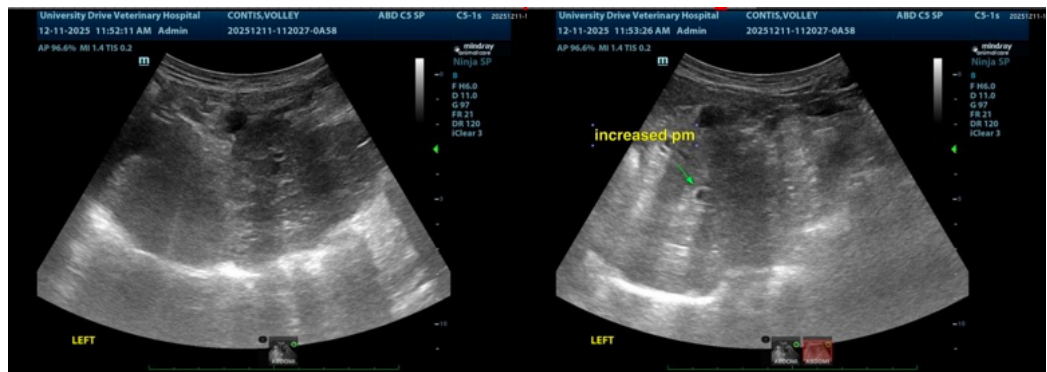
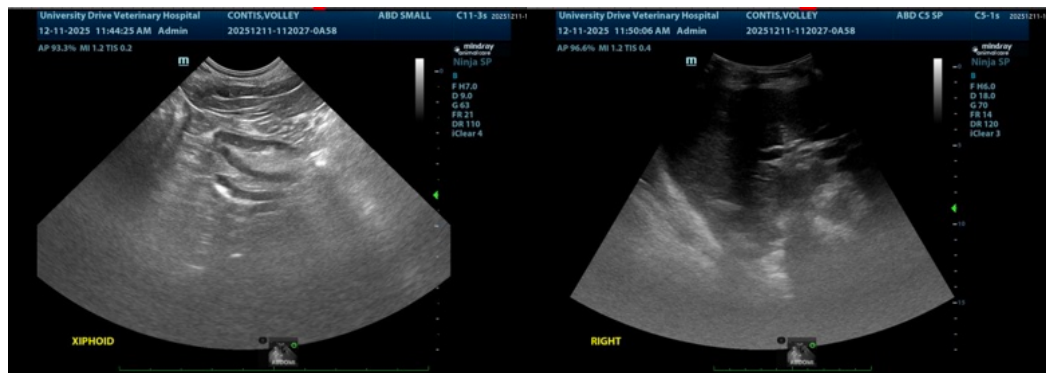
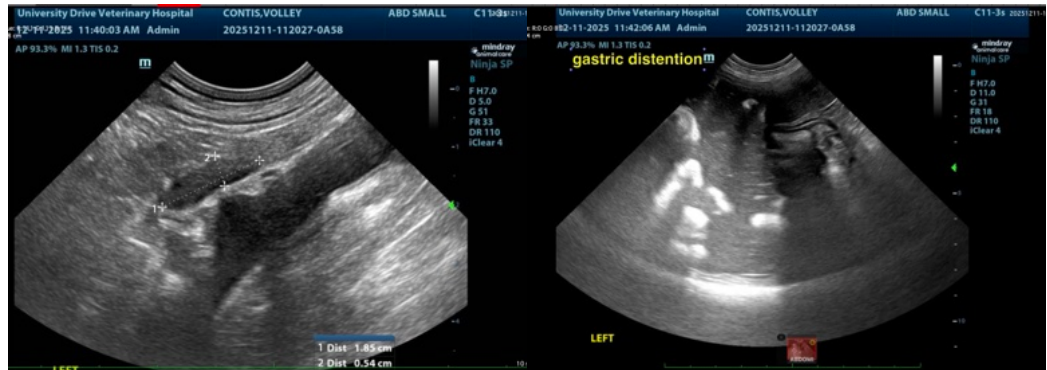
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The information and recommendations provided are based on the images presented by the



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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