

PATIENT

Luna Gunn

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

8 Years

WEIGHT

42.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Honsted

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Honsted

INVOICE

72623

DATE

12/16/25

PRESENTING CLINICAL SIGNS

Pt presented for clinginess to owners, heavy breathing, panting, excessive drooling, mucoid discharge coming from eye. the patient has had a lingering hack for a long time off. No v/d. Occasionally "hacks up loogies" per o

Abnormal PE/Chem/CBC/UA Results: PE: mild mucoid d/c OS, panting - Chem: glob 4.5, ALP 341 - EPOC: Ca 1.44 - Rads: Radiographic impressions: 1. The moderate diffuse bronchial and peribronchial interstitial patterns is most concerning for allergic/inflammatory lower airway disease, such as chronic bronchitis. Infectious tracheobronchitis could also be contributing to her creating these patterns. 2. Mild hepatomegaly. Preferential consideration is given to non-specific benign diffuse hepatopathy, with differential diagnoses of hepatitis or hepatic neoplastic disease. Correlation with current serum biochemistry values may be beneficial for further assessment.

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 **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. Right kidney measured 4.7 cm. Left kidney measured 6.4 cm.

Adrenal Glands

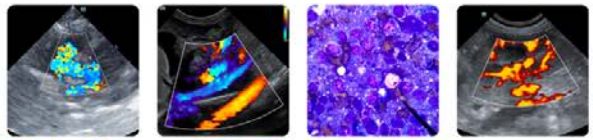
The regions of the **adrenal glands** were unremarkable.

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 were noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, some of which appears progressively shadowing and may represent foreign matter depending on when the patient ate prior to the sonogram. The echotexture of the material in the stomach may be ingesta. However, grass accumulation or similar may also present in this fashion. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

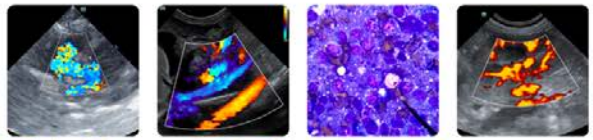
ULTRASONOGRAPHIC FINDINGS

- Possible soft foreign material in the stomach or post-prandial presentation.
- Vacuolar hepatopathy.
- Age related renal and pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unremarkable abdomen. However, some soft material noted in the stomach, which may be post-prandial ingesta, but soft foreign matter is possible given the patient history. Endoscopy may be appropriate. However, given the radiograph findings, primary respiratory disease is likely a more immediate issue.





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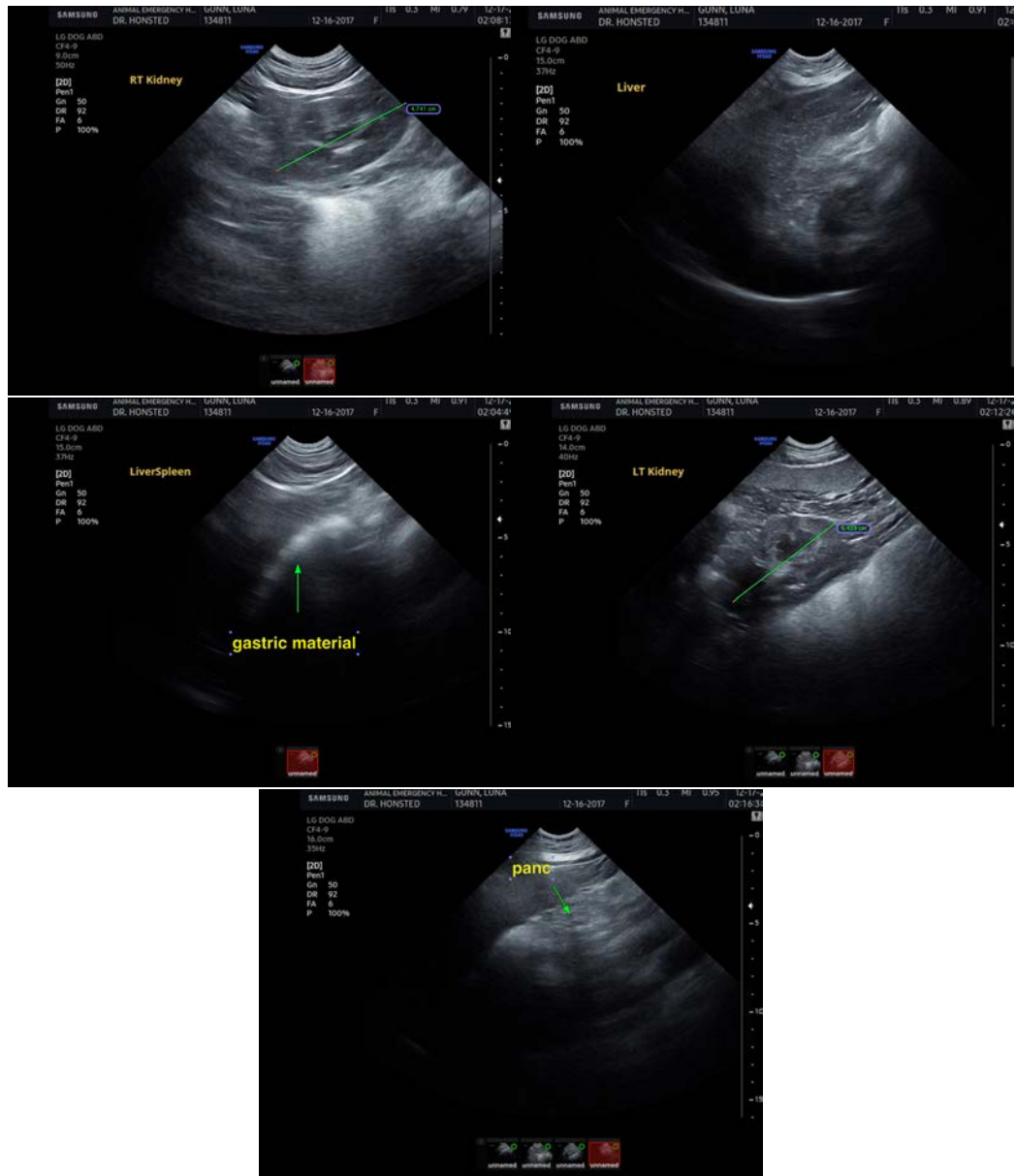
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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